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LOSING FOCUS

A LOOK AT
ATTENTION
DEFICIT
DISORDER



“FLASHERS of BRILLIANCE”

An update on ADD/ ADHD

MIRYAM Z. WAHRMAN, PH.D.

Mattes Weingast is a successful member of the Jewish community. He's even achieved some degree of celebrity. An original producer and frequent guest host of the acclaimed WFMU radio program “JM in the AM,” he lives in Passaic with his wife and two children and is the principal of the Fair Lawn Jewish Center's congregational school. Eight years ago, Weingast discovered that he had ADD, attention deficit disorder.

He gathered his first clues while listening to WFMU radio host Nachum Segal interview two ADD experts, psychiatrist Dr. Barry Holzer and social worker Ann Julian.

“I began to realize that I was hearing a description of myself,” Weingast said. “I realized then that some of the things [I] considered abnormal childhood experiences might fall under the category of ADD.”

Weingast says that ADD — or ADHD, Attention Deficit Hyperactivity Disorder, as it is also commonly known — probably was behind much of his childhood behavior, which he describes as a series of ups and downs. But he learned how to deal with his quirks on his own.

“It manifests itself in such a way that you have to work with it and live with it. I compensated. I came up with my own systems and ways of doing things,” he

Dr. Miryam Z. Wahrman is professor of biology and director of general education and co-director of the Center for Holocaust and Genocide Studies at William Paterson University of New Jersey. Her book “Brave New Judaism,” which explores cutting-edge topics in Jewish bioethics, has been published by Brandeis University Press.



said. "I was able to take the positive aspects of what ADD can do for someone and utilize that," he continued. "We are somewhat impulsive, quick-witted, think quickly on our feet. We can do things at the last minute and get accomplished what has to get done. A lot of people in the medical field and in media — radio and TV — have ADD."

He wonders, however, what his life would have been like if ADD had been studied when he was a child, and what would have happened if he had been diagnosed.

Dealing with ADD

The trouble with ADD is that it doesn't travel alone.

Oppositional defiant disorder, which may include outbursts of temper and overreacting, is found in nearly half of all children with ADD, according to Dr. Judith Guedalia, director of the neuropsychology unit at Shaare Zedek Medical Center in Jerusalem and the hospital's senior medical psychologist. In addition, ADHD is often attached to learning disabilities, anxiety, depression, and, in some ADHD children, Tourette's syndrome.

A few decades ago, children who misbehaved in class or did not perform well academically were often singled out and subjected to embarrassing punishments such as being forced to stand in the corner of the classroom, being sent to the principal's office, or being forced to write endless repetitions of sentences on the blackboard or for homework.

Now that ADD is better understood, parents and professionals are using more positive approaches to help affected children succeed in school and at home.

"Shani Gold" has two teenage daughters who were diagnosed with ADD/ADHD as children. While Tamar was diagnosed by a school psychologist and did not exhibit disruptive symptoms, Daniella, she said, was hyperactive in class. But the two children have been able to deal with their disorders.

"Once teachers understood there was a medical issue, they became very understanding," Gold said. "No one was pushing medication."

Once they hit high school, behavioral issues were no longer a problem, but when Tamar entered her junior year, she asked to be placed on medication.

"She came to us and said she thought she needed [medication]," recalled Gold. "She had trouble concentrating on her work. She felt it helped. It's not like any teacher or doctor had a knee-jerk reaction to medicate her."

What is ADD?

According to the American Psychiatric Association, ADD, also commonly known as ADHD, attention deficit hyperactivity disorder, is comprised of two distinct conditions: inattentiveness and/or hyperactivity/impulsivity.

A person is diagnosed with inattentive ADD if he or she exhibits six or more symptoms of inattention for at least six months, if that inattentiveness interferes with normal function, and if it is inappropriate to the age level. The behaviors are considered symptoms of ADD only if they are exhibited on a regular basis — for instance, if the child "often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities."

Other symptoms could include difficulty paying attention to tasks; not listening when spoken to directly; not following through on instructions; failing to finish tasks; having difficulty organizing tasks; often avoiding tasks, such as homework, that require sustained concentration; often losing things needed for activities or tasks; being easily distracted; and often being "forgetful in daily activities."



Mattes Weingast, frequent guest host of "JM in the AM" and principal of the Fair Lawn Jewish Center's congregational school, discussed how he had ADD.

The key to dealing with an ADD child, said Gold, is patience.

"For me, it's a matter of being patient and not blaming them. If they need to be told something more than once, don't do it in an angry voice. Get them back on focus," she said. "You have to understand that the times she's infuriating you, you ask her to do something and she doesn't — it's not her fault," Gold continued. "Don't punish her. Don't restrict her other activities, since she knows what she can handle. The psychologist's advice on how to cope with it, how to look at it, was very helpful and sympathetic."

Elaine Keigher has a son, now in his 20s, who was diagnosed with ADHD as a child.

"He is exceptionally bright," she said, but "he found it hard to sit still for school, movies, shul." Keigher, who was an elementary school learning specialist for many years and is now the associate principal at The Frisch School in Paramus, said that her son had to learn how to work with ADHD and use it to reinforce his strengths.

"He made sure to pick a profession he could adapt to very well. He's a musician — a percussionist and a trained lyric tenor who can sing [anything], from opera and Jewish music to pop and jazz," said Keigher.

He now works as a political consultant — a job that offers great flexibility and draws on his creative strengths.

As the parent of an ADHD child, Keigher said that it is important to pay attention to how such children develop social skills. "They don't always read social cues [and

they] have to learn how to pick up on them," she said. "It's important not to harm their self-esteem and not to generalize, because every child is different."

Dealing with students

Dr. Jed Luchow, who serves as head of the Special Education Department for the New York-based Board of Jewish Education, is in charge of setting up some of the teacher training programs for Jewish schools in the New York area.

While many parents have their children tested for ADD on their own, he said, "there's no central [Jewish] school system and there's no requirement to have children evaluated."

Between 10 and 15 percent of all children in the general population have learning disabilities, he said, and five percent of the population has some form of ADHD. In the Jewish community, "there's no reason to suspect that there's any difference from the general population."

But, said Luchow, a former professor of special education at the College of Staten Island, there is no central repository of data on children in Jewish schools.

Keigher said that the general numbers are probably mirrored at Frisch, but she cautioned that ADD can be misdiagnosed.

For example, children who have hearing problems or issues involving auditory processing may behave the same way as those with ADHD, she said, adding that girls are more likely to go undiagnosed for ADD "because they may be inattentive, but not be noticed in the classroom."

In addition to his own personal issues with ADD, Weingast has to deal with students with special needs at the Fair Lawn Jewish Center's congregational school.

His after-school and Sunday programs for first-through seventh-graders provide Judaic studies classes for 85 children. Weingast said the school does not have the resources to test students on its own, but he may suggest that parents have their children tested if they exhibit symptoms.

"It's important that we know about the educational issues for each child," said Weingast.

Gayle Clachko, a social worker at Yavneh Academy in Paramus, works with early childhood through fifth-grade students.

"We treat all children as individuals," she said. "[Children with ADD/ADHD] need more activity. They need to be more stimulated and change activities more often. If we can accommodate that, we're doing them a great service rather than punishing them."

Clachko described a number of unique activities Yavneh provides for children with special needs. In the "Lunch Bunch Group," children meet with her at lunchtime and "talk about different strategies we can use for everyday life activities, including academics."

She also involves children with ADD by taking advantage of their particular talents. "I feel that it's very important to recognize each child's individual needs and go with their strengths. They are often more creative, they have a lot of energy and are willing to try things. We try to be positive. Their emotional intelligence is very important to us."

Clachko recruits some of the children to help out with projects such as the annual Newcomers Party held for new children, staff, and teachers.

"Kids organize the entertainment, some play in the band.... Some are on the refreshment committee, decorations, or invitations committees. Some interview newcomers and put together a booklet," she said. "The leaders of these activities are kids who in other situations may have difficulty staying on task."

Treating ADD

Mental health experts generally recommend three basic approaches to treating children with ADD. First, they may suggest classroom strategies such as putting a child into a smaller class, positioning the child's desk next to that of the teacher, and carefully structuring classroom activities to help the child cope and improve academically.

Hyperactivity/impulsivity is diagnosed when a person exhibits six or more of the following symptoms for at least six months on a regular basis, and once again the behavior interferes with normal function and is inappropriate to the age level.

Symptoms include fidgeting, and inability to sit still; getting up in the middle of class or other activity; running around inappropriately; having difficulty playing quietly; talking excessively; blurting out answers; having difficulty awaiting a turn; and interrupting or intruding on others.

In either case, the severity of symptoms must be inconsistent with developmental level and must cause clinically significant impairment in two or more settings (i.e., at school or work, and at home).

Some of the symptoms must have been present before the age of 7, and the conditions must be independent of other serious psychological disorders (e.g., schizophrenia or other psychotic disorders). A combined diagnosis is also possible, that is, both inattentiveness and hyperactivity/impulsivity in one individual.

work at Yavneh, but to avoid any conflicts of interest, she does not take on Yavneh children as private clients. Most of her private clients attend public schools, and she has found that parents of public school children are more likely to blame teachers for a child's trouble with a school than to try to work with the teacher.

"I find that more than the general population, Yavneh parents are extraordinary; they're open and respectful and willing to try whatever we suggest; at the very least, they will consider it. They're less blaming. They don't say that the teacher isn't good, or they're in the wrong class," she said. "In public schools I've met so many people who have switched [their children] from elementary school to elementary school because they've been told their child has ADD."

There is a tremendous advantage for children of parents who are cooperative, said Clachko. "Kids get more of what [services] they need and faster."

Coping and succeeding

Over the past few decades, ADD has gone from being termed "minimal brain dysfunction" at a 1978 conference chaired by Dr. Leopold Bellak, to being described by criteria that include "often creative, intuitive, highly intelligent" in Hallowell and Ratey's landmark 1994 book about ADD, "Driven to Distraction."

Recent studies have shown a biological basis for the disorder and have documented that it is genetically transmitted. Many children and adults with ADD who were stigmatized in the past have become aware of their unique strengths and have learned strategies to minimize disabling symptoms and capitalize on their abilities.

One novel approach for coping with the disorder involves using an ADD "coach," such as Keren Bellak Adams of Englewood. Adams, who is the daughter of the ADHD research pioneer Bellak, was diagnosed with the disorder when she was a child. She wants to help others with strategies she has found effective.

The "coach approach" incorporates three steps, "encourage, strategize, track," or EST.

How can I learn more?

The Board of Jewish Education of New York is sponsoring a half-day workshop, "Real Solutions for Real Students Using Cognitive Social Integration Therapy." Designed for educators and parents, it will address techniques useful for children with Asperger's syndrome, high-functioning autism, and ADD/ADHD. It is scheduled for Nov. 21, from 9:30 a.m. to 1 p.m. (admission, \$50, or \$35 for members of the Association of Jewish Special Educators). Contact Phyllis Miller at 646-472-5341.

The BJE is sponsoring a full-day workshop, "ADD, Anxiety, and Depression in Students," for elementary and high school teachers and guidance counselors, to be held Nov. 29 from 9 a.m. to 3 p.m. The free workshop will feature Dr. Steven Kurtz of the NYU Child Study Center. Contact Janette Sassoon in the Department of Health Services at (646) 472-5336.

Both workshops will take place at the BJE headquarters, 520 8th Ave., 15th floor, New York, N.Y. For more information about these and other programs scheduled for 2006, visit www.bjeny.org.

For more information about ADD, visit the Web site of the advocacy group Children and Adults with ADD, www.chadd.org.

Information about Keren Adams' Coach Approach can be found at www.ReachBeyondADD.com.

The National Sleep Foundation can be reached at 202-785-2300. The American Sleep Disorders Association can be reached at 507-287-6006.

Coaches help their clients with organization and time-management skills and encourage proper eating and sleeping habits. They can help adults with ADHD learn how to meet deadlines and avoid procrastination. Adams runs a discussion and support group for adults with ADD that meets monthly at Teaneck's Cong. Rinat Yisrael. "The Orthodox community likes to retain its privacy," said Adams, referring to the group. "What you hear here, stays here."

A mother of a college-age daughter with a learning disability, Adams said that she is expanding her coaching services to help her clients become ADHD advocates when they reach college campuses. She has recently been elected to the board of Bergen County C.H.A.D.D., Children and Adults with ADD (www.chadd.org).

In "Driven to Distraction," Hallowell and Ratey describe both negative and positive facets of ADD. "In the midst of their disorganization and distractibility, they show flashes of brilliance," they wrote. Their recently published sequel, "Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder," projects even more hope that people with ADD can succeed.

"I tell [parents of my clients that] I have ADD. Many are relieved to discover that a person with ADD can accomplish anything," said Weingast. "I look at it in a positive way. It's not something to be looked at as a disorder. It has to be worked with, identified, and put to good use. Many creative people have ADD."