

ADHD: A Diagnosis in Denial

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An epidemic is upon us. It develops too swiftly to be a disease of genetic origins, though some hope to “isolate the gene in the near future,” and others say it’s existed for years undiscovered and untreated. Anyone who can remember schools fifty years ago knows that children aren’t what they used to be. Something is happening to our children, and it’s not genetics.

The Epidemic

Richard DeGrandpre, PhD in *Ritalin Nation: Rapid-Fire Culture and the Transformation of Human Consciousness*, published in 1999 by W.W. Norton, tells us that in 1940 a Gallup poll of schoolteachers reported their two greatest complaints were chewing gum and cutting in line. Today, four million children are taking Ritalin or other psycho-stimulant drugs in order to reduce the symptoms of Attention Deficit Hyperactivity Disorder-Inattentive Type (more commonly known as Attention Deficit Disorder) and Attention Deficit Hyperactivity Disorder-Impulsive Type (more commonly known as ADHD). ADHD-Inattentive Type, difficulty focusing without hyperactivity, and ADHD-Impulsive Type, difficulty focusing and sitting still, have become household terms, as well as a catch all diagnosis for a multitude of children’s symptoms.

In some locations 20% of children are diagnosed, DeGrandpre reports, and some children are medicated as young as age two. Nowhere else in the world does such a push to medicate children exist. Just as significant, no where else in the world is there such a high percentage of children who are difficult to manage in the classroom. More Ritalin is dispensed in the United States than in all other countries combined. This has amounted to a 700% increase since 1990. Even so, Children & Adults with Attention Deficit Disorders (CHADD) and the makers of Ritalin, Novartis Pharmaceuticals, maintain that the disorder is under diagnosed and under treated.

The sudden rise began in the 1970's, as “experts” purported breakthroughs in the medical understanding of childhood disorders; women were leaving home and breaking into the market place, asserting their economic value and status; and the economy was hitting a low, requiring a two-parent income to maintain the family’s standard of living.

The Symptoms

Teachers see children of the epidemic every day. The symptoms are diverse, but CHADD defines the disorder—ADHD, Attention Deficit Hyperactivity Disorder or ADD, Attention Deficit Disorder—by how children behave in the classroom:

- *fidgeting with hands or feet*
- *difficulty remaining seated*
- *difficulty following through on instructions*
- *shifting from one uncompleted task to another*
- *difficulty playing quietly*
- *interrupting conversations and intruding into other children's games*
- *appearing to be not listening to what is being said*
- *doing things that are dangerous without thinking about the consequences*

Education or Propaganda?

CHADD literature offers parents a guilt-free explanation of their children's behavior by attempting to prove that ADHD is a "neurobiological disorder." The literature refers to the *New England Journal of Medicine*, 1990 quoting the National Institute for Mental Health (NIMH) and the use of advanced brain imaging techniques to compare brain metabolism between adults with ADHD-Inattentive Type (ADD) and adults without ADHD-Inattentive Type. CHADD literature states:

"The study documented that adults with ADD utilized glucose—the brain's main energy source—at a lesser rate than do adults without ADD. This reduced brain metabolism rate was most evident in the portion of the brain that is important for attention, handwriting, motor control and inhibition of responses.

"These brain metabolism studies, combined with other data including family history studies and drug response studies, have convinced researchers that ADD is a neurobiological disorder and not caused by a chaotic home environment."

Jonathan Leo revealed, however, another statement by NIMH *eight years later* at another conference. In an article in *Skeptic*, Vol. 8, Nola, 2000 entitled "Attention Deficit Disorder: Good Science or Good Marketing?" Leo writes of the NIMH consensus, "It's final report contained these cautionary statements:

"We don't have an independent valid test for ADHD; further research is necessary to firmly establish ADHD as a brain disorder; existing studies come to conflicting conclusions as to whether the

use of psychostimulants increases or decreases the risk of abuse; and finally after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains largely speculative.”

Dr. Harold Koplewicz, the “renowned” child psychiatrist, who spoke at the first White House Conference on Mental Health in June of 1999, coined the biopsychiatric slogan “no-fault brain disease.” This basically means that children who are suffering emotionally have nothing to do with what they are receiving or witnessing from the adults around them. His work was both supported and applauded by the Clintons and the Gores. Dr. Koplewicz is so invested in holding genetics responsible for bad behavior, he has a chapter of his book, *It’s Nobody’s Fault*, entitled, “Bad Seed.”

Dr. Peter R. Breggin, described as “the conscience of American psychiatry,” had this to say, “Ultimately, Dr. Koplewicz argued that all troubled or troublesome children are the product of defective genes. For example, again without citing a single scientific source he made yet another false claim at the Conference on Mental Health that a gene for ADHD has been identified.”

While there is evidence that a biochemical imbalance results from trauma and disappears with deep healing therapy, such as catharsis (emotional release, such as crying), there is no evidence that a biochemical imbalance is the cause, as opposed to the effect, of psychiatric or psychological disorders.

The truth was confirmed in the final report of the National Institute of Health (1988) Consensus Development Conference on attention deficit hyperactivity disorder (ADHD) and its treatment. After hearing all the scientific evidence, concluded that there is no “data to indicate that ADHD is due to a brain malfunction. Further research is to establish if the validity of the disorder continues to be a problem.” But then, to diminish the impact, the panel added in the next sentence: “This is not unique to ADHD, but applies as well to most psychiatric disorders, including diseases such as schizophrenia.” The panel’s statement was such an embarrassment to established psychiatry that, after the panel was disbanded, the National Institute of Mental Health edited the remarks about brain dysfunction out of the statement.

(*Toxic Psychiatry*, Breggin, 1991)

Theory Informs Practice

Since CHADD has assumed the role of “educating” the public on behalf of Novartis it

operates from the premise that ADHD is genetic or neurobiological, in accord with the medical model and claims Ritalin treats a chemical imbalance. It recommends “education” as an adjunct to medication, along with *behavioral management* of children, medication, and counseling *when needed*. All of these recommendations are in line with the presupposition that ADHD is a biological or genetic disease.

The Theory

Leo reviews the scientific reasoning behind the “biological basis” for ADHD, in which Dr. Alan Zametkin has asked, “Is there a particular gene linked to the disorder?” Leo responds, “To even seriously consider that ADHD is due to a single gene goes against everything that science knows about genes and behavior. As Caltech geneticist Seymour Benzer has shown with fruit flies, even a behavior as simple as moving toward a light involves hundreds of genes,..and to postulate that the ability to sit still in a classroom is due to a single gene, or even a small cohort of genes, seems preposterous.”

Leo addressed the Zametkin study to which CHADD refers. Leo states the point that “just because there is a difference does not mean there is a disease.” The same differences exist between men and women and when a person is focusing or not focusing. Further, when Zametkin tried to replicate these studies using adolescents, he found no differences in global brain metabolism. He rationalized this finding by noting that 63% of the normal adolescents had a first degree relatives with ADHD, in contrast to the absence of ADHD pathology in families of normal adults. Second, 75% of the adolescents with ADHD had been previously exposed to treatment. Yet, Zametkin never considered that his findings were evidence that there is no biological evidence to support a significant difference between the brains of adults or adolescents with ADHD and those without.

The medical model (including the American Psychiatric Association) upon which the ADHD disorder rests, holds that since medicated children with ADHD improve in the classroom, or rather, since the drug works, it means that the neurobiological basis for the problem is a valid hypothesis. Just because medication alters the behavior doesn’t mean there is a chemical imbalance. Psychiatrists often say, “Well, you know it’s an accurate diagnosis if the medication works.” There may definitely be a reduction of the symptomatic behaviors in some children. Psychiatrists frequently explain that ADHD is analogous to diabetes, for which the administration of insulin brings down the blood sugar level. “Aspirin relieves headaches, but that doesn’t mean that a shortage of aspirin caused the headache.” writes Jonathan Leo, in the same *Skeptic article*. “This would be the same as saying that because aspirin works on a headache, the brain was obviously short on aspirin.” So, the child with ADHD, they assume, has a shortage of dopamine, which leads to impulsive behavior. Administering Ritalin increases the dopamine level and normalizes the child. However, the analogy is flawed, as Leo argues. A blood test can be implemented to detect abnormal glucose levels, and for ADHD there is no such biological test to detect decreased dopamine.

But, regardless of the **possibility** of modifying their *undesirable* behaviors, what does it say about our society, that we are so willing to encourage parents to allow their children to become guinea pigs in the hopes of making them easier to parent?

*Frequently listed as side effects are sadness or depression, social withdrawal, flattened emotions, and loss of energy. Consistent with the brain-disabling principle of biopsychiatric treatment, I believe that these subduing effects are not side effects but the **primary “therapeutic effect,”** rendering the child less troublesome and easier to manage.*

Other negative effects of Ritalin include growth suppression (both height and weight), tics, skin rashes, nausea, headache, stomachache, and psychosis.

The stimulants also produce a chronically elevated heart rate and blood pressure in many children. The long-term impact of chronically revving up the cardiovascular system is unknown.

(Toxic Psychiatry, Peter R. Breggin, MD, 1991)

The Practice

The standard treatment of choice is Ritalin. Dr. Lawrence Diller describes a phenomenon, whereby teachers refer parents to doctors, and parents arrive expecting a prescription for Ritalin. Dr. Diller has treated more than 2,500 children for behavioral and school performance problems. He says the pattern is that they receive advice, if not pressure, from school personnel to seek a “medical evaluation,” which he says is child-teacher-speak for “Get your kid on Ritalin.” Dr. Diller, author of “Just Say Yes to Ritalin,” prescribes it, but believes these children and their families need therapy or parenting help. Yet, some parents are not willing to put their children on Ritalin, and some of these have been reported to children’s services for medical neglect.

The Social Pressure

Dr. Diller writes about two cases in Albany, New York where parents were reported to children’s protective services for medical neglect. In one case parents took their child out of school, so they wouldn’t have to medicate him. In the other case, the parents gave in. Dr. Harold Koplewicz, Director of Child and Adolescent Psychiatry at New York University Medical Center, Vice Chairman of the New York University Child Study Center, and Director of Bellevue Hospital, said on “Good Morning America,” August, 2000 that a Children’s Protective Services referral was justified when a family refused to medicate a child for whom a diagnosis of ADHD had been made by an experienced evaluator. “Ritalin is simply the best treatment for this disorder,” he said. Dr. Diller disagrees.

Those of us speaking up are often met with indignation by those invested in the neurobiological-genetic explanation. One teacher from whom I requested feedback for my partially finished article, wrote: “I was quite shocked by your view. It concerns me that you express your views as gospel instead of ‘one’ theory.” In rebellions throughout history, the

insurgents have been discredited for bias or for daring to disagree by arguing well their own point of view. It is implied that the only ones who should have the privilege of a bias immune to challenge are the deeply entrenched theorists who have enjoyed popularity and a lack of challenge or criticism. Yet, if the conventional theory enjoys popularity and wealth, but stands on sand and is propped up by straw. When skepticism comes from the cutting edge and the daring few, a common reaction of the public is to protect the APA and the pharmaceutical industry. What is the public protecting, besides convention? The challenge to established psychiatry and the pharmaceutical industry's investment in medications for mental illness seems unfair to the general public. Why is that?

The Backlash

In the meantime class action suits have been filed in federal courts in California and New Jersey alleging that Novartis Pharmaceuticals Corp, the manufacturer of Ritalin and The American Psychiatric Association have conspired to expand the market for the drug, much like another lawsuit brought against Novartis in Texas. Evidence to support the marketing efforts of Novartis are evident in it's funding of CHADD. CHADD has received more than a million dollars from Novartis. Some schools hand out the pamphlets on behalf of CHADD to parents. Other schools don't hand out anything, but suggest children out of control visit their doctors. The non-profit CHADD has received between 3 to 4 % of their multimillion dollar budget from Novartis. These donations have reportedly gone into literature or propaganda and efforts to lobby the Drug Enforcement Agency.

Co-mingling of Interests: Pharmaceutical Wealth and Parental Immunity

CHADD appears to have served Novartis in two major ways as a result of donations from the pharmaceutical company. The first agenda was to develop the literature and arguments for biological causality, and the second was to lobby the DEA. After nearly one million dollars in donations, from Novartis to the non-profit organization, CHADD launched a campaign to persuade the DEA to "loosen its regulation of Ritalin by moving the drug to a less oppressive Schedule II class, which includes mild painkillers like Tylenol with codeine and headache remedies with low-dose barbiturates," reports Lisa Collier Cool in a Penthouse article. Presently Ritalin is grouped with amphetamines, opiates, barbiturates, and other drugs which has a high potential for addiction and abuse. Such a move would have freed Novartis from having to get DEA approval of its production levels, allowing it to turn out unlimited amounts of the drug.

Breggin uncovered a relationship between CHADD and Novartis, upon which the Drug Enforcement Agency looked dimly. A DEA probe into CHADD's finances called CHADD's relationship with the drug company an "unhealthy comingling of medical and commercial interests." It's obvious that Novartis is highly invested in the neurobiological, genetic, chemical imbalance theories of the origins of ADHD. CHADD and the medical and psychiatric

community have their reasons. Parents are invested in it for another reason. Given a choice between a therapist who will tell parents that their child's problem is inborn and a therapist who will ask them to make changes to heal their child, most will prefer the first expert. Russell Barkley, PhD has enjoyed a great deal of popularity as a result of his "expertise" in ADHD.

Dr. Barkley, a leading proponent of the genetic origins of ADHD admitted in 1998, "No one knows the direct and immediate cause of the difficulties experienced by children with ADHD, although advances in neurological imaging techniques [the Zemetkin pet scans previously critiqued by Leo] and genetics promise to clarify this issue over the next five years." ("Attention Deficit Hyperactivity Disorder," *Scientific American*) In such a high degree of faith that science will catch up with the drug, Barkley accused Breggin of violating the Hippocratic oath. Leo comments, "The fact that a leader of the push to medicate children, who admits we do not understand this disease, accuses a skeptical doctor of ethical impropriety says more about the Ritalin movement than Barkley's review article."

A video tape prepared by Dr. Barkley on "ADHD" endeavors to make the no-fault point that ADHD has nothing to do with parenting, and that it's so unfair to parents that some people think this. Barkley, interviews the mother with a series of questions which lead to a strong inference that there is nothing wrong with the parenting of her six-year-old, and this poor mother has a tiger by the tail (my terminology), which is not of her making. The point is thought to be underscored when they reveal that the child was adopted at age two, so that we can see that he is not of her genetic make up. Barkley then completely overlooked the profound importance of an attachment break for a two-year-old child in his haste to prove that only genes could account for this child's severely disruptive behavior. An attachment break so young creates a serious blow to the personality. Why didn't this expert on what children need know *that*? Why doesn't he, as a matter of course, make a differential diagnosis with Reactive Attachment Disorder? He appears so invested in ADHD as his expertise, that he appears to see it where other diagnoses clearly exist. Patients count on their doctor to make a correct diagnosis where other similar, but different, symptoms and conditions are involved, especially when such a diagnosis would lead to medication and improper treatment.

This is not to say that the adoptive mother is to blame for the way her child is behaving. It is to say that the child was *injured* by an attachment break, possibly including reasons behind the attachment break itself (abuse? neglect?) He may even do better with medication for awhile, and teachers and parents may be able to use the help of medicating the child until he gets therapy. However, the therapy needs to go beyond controlling the child's behavior. The therapy must deal with the underlying issues and injuries, and it is essential that parents be included and drawn into this process. But RAD is a disorder which needs to be treated by a specialist sooner than later, and it is acknowledged even in the DSM-IV, which is entirely based upon the medical model, to be a disorder born of early childhood experiences which affect a child's ability to bond or trust.

Many experts are inspired to disagree with Dr. Barkley, that no one knows the cause of this epidemic. The International Narcotics Control Board asserts, according to Dr. DeGrandpre that "children in the United States have been experiencing an epidemic of behavior and emotional problems, which by itself is disturbing. Even more disturbing is that the United States is in almost complete denial about the meaning and source of this development."

Some know generally the issues are developmental. Others know the specifics of the developmental injuries and how each type of injury will generate each type of trait in the child, as

well as in the adult. Some know how to prevent the injuries. Others know how to heal them. But those of us who understand that children need their parents, see Drs. Barkley, Zemetkin, Koplewicz, and other so-called experts who are getting paid the big bucks, as whores. They appear, albeit from a great distance, to be narcissistic psychiatrists who are still acting out to protect their parents' identities. They promote superiority and inferiority as an ideology. They promote repression and control of feelings rather than authenticity. They reap the benefits of baring "good news" to parents, pharmaceutical companies, psychiatrists, and schools, while they sell injured children out as "bad seeds."

The Uncomfortable Discussion

Deborah Jacobvitz, Alan Sroufe, and their colleagues tracked several dozen children from birth through middle childhood, and found that "in early childhood, quality of care giving more powerfully predicted distractibility, an early precursor of hyperactivity, than did early biological or temperamental factors." DeGrandpre summarizes, "Indeed, the parents marital status at the time of the child's birth, the level of emotion support received by the care givers, and care giving style were shown to be predictors of later problems with distractibility and hyperactivity."

At issue here is not whether there is an epidemic, but what is the *cause* of this epidemic, and do we know how to properly treat it?

A major rise in the percentage of very young children in the hands of babysitters or nannies and the time constraints of their harried, over-worked parents, may turn out to have more to do with the exponential increase in children labeled "ADHD" than any biological factor.

--Richard J. DeGrandpre, PhD,
"ADHD: Serious Psychiatric Problem
Or All-American Cop-out?"

In a May 31, 1999 *Time Magazine* article, John Cloud writes, "There is surely some connection between the fact that parent's spend 40% less time with their kids now than 30 years ago, and the violence that some of them commit."

ADHD exasperates probably the oldest of philosophical arguments. Who or what is responsible for a person's out-of-control behavior? Defense attorneys often argue in courtrooms that behaviors of adult criminals result from insanity or childhood injuries, and thus, mitigate responsibility. Prosecuting attorneys appeal to an almost inborn disdain for blaming parents and abandoning personal responsibility for one's own actions. Blaming parents is often considered abhorrent. The Bible instructs children and grown children alike to Honor Thy Father and Thy Mother. In the same book, however, parents are warned not to spare the rod. One can infer that this admonition was an acknowledgment that parenting matters, that how a child turns out has

something to do with how the child is parented and what the child experiences. At this point, it seems to matter little what the intentions of the parents were, because well-intentioned parents are often directed to wrong choices by their advice-givers and are the products of their own parents, as well. At the same time, parents who are well-instructed, sometimes decide to do what they want to do anyway, figuring their children can deal with it. These parents, in denial about cause and effect, may later regret their choices. The question still remains, who is responsible for how the child comes out, once he or she is an adult? Adults have to be responsible for their choices, but, taking the question to the edge: Would the most abused, neglected and abandoned child in the world still be culpable for his or her behavior as an adult? Would the parent be responsible? Because we hold all adults responsible for how they turned out, are we immunizing parents? Are we turning our backs on prevention? Are we embracing denial? How do you reach parents who are defensive? Are psychotherapists responsible for getting preventative information out to parents? Does the media need to help? Are psychotherapists responsible for colluding with the pharmaceutical industry, keeping parents ignorant of what a difference they could make and how?

Some parents are extremely defensive about the possibility of being “blamed” for how their children turn out. It seems that our egos are most fragile around our children. Parents would probably rather hear that they are ugly than their child is ugly. They’d rather hear that they are out of control than their child is out of control. Our children are such an extension of us and such a reflection on us, that in some regards, they are more us than we are. By the same token, many of the most brutal of disciplines have come from parents who were humiliated by the actions of their child and how it made them look.

So, many, if not most, parents feel defensive to one degree or another about how their children are behaving at school and about being blamed. Some parents are too proud to get parenting help or counseling. Add to that, state-of-the-art psychology has not caught up to the demand. Most psychotherapists are not experts on the origins of children’s behaviors. The experts on this subject are “attachment therapists,” and there are only five are on the internet listings in the CAMFT, California Association for Marriage and Family Therapist, website: “www.camft.org” in the categories of developmental/depth/English, whereas 347 are in the same categories for simply “children.” In other words, Dr. Barkley is not alone, many in our profession treat children without knowing the different disorders of childhood and the experiences which engender them. In our opinion one cannot be an expert on children’s behavioral issues if one is not highly familiar with bonding, attachment and separation issues and what the symptoms of these issues looks like. The DSM-IVR, from which we get our criteria for identifying disorders is written solely psychiatrists, that is, medical doctors. They are so completely influenced by the medical model that one would be hard pressed to find the word parent in it anywhere. The bias is inherently skewed toward genetics, as well as the funding for research is skewed toward pharmacology. Because of defensiveness, lack of time, and a lack of direction, many parents are relieved when their children are told that, though they appear to have ADHD, these behavioral traits are the result of a “neurobiological disorder,” according to CHADD, and “not caused by a chaotic home environment.”

In trying to clarify the origins of the real phenomena labeled ADHD and the best treatments, people’s feelings get hurt. This is hard to break through, because we don’t want to hurt anyone’s feelings, adultwise. All we have to do, is go “Whoops,” and get back on track for

the children. We can't give up addressing the problem just because Novartis Pharmaceuticals got to the public first with a solution.

As a "disorder of the classroom," teachers make the original complaint or lay diagnosis. Some teachers tell me they know nothing of the CHADD literature. They are instructed by the administration to simply refer parents of difficult children to their doctor. Other teachers say that they are evaluated for their teaching abilities by how their children do, and the disruptive children bring their performance down, cheating the other children in the classroom. Medicating children is their only real option.

But, for now, we drug our babies throughout their childhoods, so teachers can live with them, and classrooms can function. We are led to believe that medicating our children with speed will help our children academically, while there is no research to support this notion. As a matter of fact, the proponents of medicating our children admit that the studies show there's no evidence that students get better academically in the long run. They simply become easier to manage, and their short term capacity to focus is improved, as part of their brain is *disabled* by the drug. No doubt about it. Ritalin kills off distraction and inner dialogue, as it disables part of the brain. That part which is disabled is the part which endures inner dialogue around unresolved and repressed conflicts (ADHD), especially related to separation anxiety. It may or may not be the part of our brain which learned to "change the subject" (you can see an unattached infant do this when they get too close to the parent's face, looking around at anything by the parent's eyes) in order to distance from parents or adults who they have become afraid to trust (RAD).

One could argue that mental health care professionals need to try harder to get the word out to parents about children's developmental needs for secure and continuous attachments. Child therapists need to become certified in bonding and attachment, if they are to be experts on children at all.

Yet, we are not blaming psychotherapists for this lack of expertise. The training has not been made available at the graduate schools. At one time attachment theory was taken seriously across the board. Dr. John Bowlby, Mary Ainsworth, Rene Spitz and some others made earthshaking reports about the importance of attachment, separation and loss. However, just when it was beginning to be an important piece of the psychological puzzle, and as such, was becoming available to parents, some other theorists came along and reported that it wasn't *all* that important and that information and warnings had been exaggerated, and some children were simply more resilient than others. That is not true. Some children have had more mitigating factors in their home life than others. Attachment therapists can tell by looking at a child how much separation they have endured. That's because it shows. One can perceive the difference between secure attachments, insecure attachments, and lack of attachments. One can see the gradations between them and the extremes on the continuum. One has to know how to *see* children to know that the early revelations reported by Bowlby, et. al, were not exaggerated. Given the pharmaceutical collusion with parents, there is little wonder how easily was the research funded behind the nay sayers who came out against attachment theory and how they got away with it so easily. Research is sorely needed to demonstrate the correlations between daycare and ADHD, especially the earlier the age of daycare the stronger the child's symptoms.

Our children are suffering not simply from a disorder of the classroom, but a disorder of parenthood. This is not to blame parents, it's to tell parents how profoundly they are needed by their children. Parents are over-extended in an economy which recently came to require two

working parents in order to maintain established standards of consumption. Our society has become fast-paced, even more competitive, and children who once played with one another in their neighborhoods now have play dates, Gymboree, and other appointments to keep among the errands. These children have been raised on action, from the first year when many parents, impatient for let-down time, walked or paced their children to sleep. A year later these same parents would have to drive them around the block multiple times to get them to fall asleep. Children spend large amounts of time with action-based video games and television. Parents often explain the reason they burn their candles at both ends is so their *children* can have more, as well as, afford college later.

Truthfully, no one is blaming teachers for needing expedience to control disruptive behavior with limited means to discipline in overcrowded classrooms. No one is blaming therapists for lack of expertise in relatively new and conflicted field of attachment theory. No one is blaming parents, who were once children, for doing what they were socially expected to do. No one is blaming the media for not “bombing” the public with correct and necessary information. When we are ready to give up our defensiveness, we can simply self-correct.

Identifying the origins of behavior and disorders in childhood is so that parents can be educated to understand how essential they are to their children and that noone can replace them. It's so that future disorders prevented. It's so that children can be treated earlier and more efficiently, with the parents' help. It's so that parents can be trained to be the most important part of the healing team. Identifying origins will allow the child to acknowledge her injury without worrying about whether her parents will become upset. No one wants to blame parents, and guilt is the most useless of emotions. We just want to get on with the necessary work that will exclude drugs whenever reasonable or possible. To reiterate, identifying causes of symptoms and childhood disorders is not to blame, but to prevent and heal. (We'll discuss natural healing techniques later.)

Many parents are already doing everything the can to find out what they should do to help their child, and most teachers are doing everything they can to help all their children learn. When both parents and teachers feel blamed that what is causing their children to suffer may not be genetic, but may have been caused in childhood, there is a scary barrier between them and attachment therapists. The barrier isn't just put there by parents and teachers, it's been there throughout the ages, and it's the world's most uncomfortable subject. We have to get through this without trading the child's welfare for the parents' fragile pride and the teachers' valid need to teach all their students.

The parents who most welcome this information, and who care least about feeling blamed, will be the ones who will make the most progress in healing their children. Frankly, these are the healthier parents, and can be recognized for having fewer defenses and less denial. The one's who most reject this information are still protecting their own parents.

Birth of the Causal Theory

When Faye Snyder, the author of the Causal Theory, was in graduate school in the mid 80's, she took three different classes on diagnosis. In each class, she would ask what were the causes behind the diagnoses. Sometimes causes were hinted at or implied. Sometimes,

professors simply declined to speculate. Other times, the speculations presumed genetics.

We certainly have an attraction to the genetic explanation, as a culture and as a profession. The less one rests on a genetic explanation, the more they commit to helping the child and the fewer symptoms get written off. It seems to be our responsibility to inquire into environmental causation or parenting before we assume genetics or chemistry. If we had already exhausted that route, it would then make more sense to go the genetic route. If we haven't done so, it may be neglectful to steer clear of the environmental and developmental explanation, especially since it can account for most, if not all behavior, healthy and unhealthy. The authors have found this approach to be more productive in absolutely every case, barring none. Our amazing biological design allows us to heal from experiences, no matter how traumatic. When we look for the pathology with a knowledge of how healing works, people heal. If we believe in genetics, we won't try so hard.

As a child advocate, the author of the causal theory had to inquire into why we don't identify the traits of personality disorders in children before they grow up? Certainly, most, if not all, narcissistic personalities showed evidence of narcissism in early childhood, and obsessive compulsives have obsessive compulsive traits by age five, and histrionics show signs of a histrionic personality early in life, and so on. "Oh! We don't label children! That would be unethical."

But we *are* labeling children, just not specifically, not accurately, and not for the purposes of healing injuries as much as for the purposes of managing behavior. It seems that almost all the disorders children will grow into are lumped into a few childhood ones, the most favored being ADHD.

If child therapists haven't seen the value in diagnosing children, they must not really believe that disorders are born in childhood at the hands of parents. They must believe that disorders are born, not made. It seems to the author of the causal theory that genetics rules out the possibility for change, so you might as well give up on the child. By that, I mean, medicate him.

The aversion to identifying personality disorders beginning to manifest in children may also be, in part, because few experts know how to read children well enough. They haven't seen the value in it, or it may be that we are only able to perceive children well if we were perceived well in our own childhoods. Many in this profession enjoy the role of the emotionally unavailable, yet "helpful" expert. Thus, we play the familiar superior parent by assessing, labeling, controlling, advice giving, advice withholding, and even force feeding. Those best intentioned, who just don't want to label or stigmatize a child, still believe that the problem is in the child, not in the child's environment, so best not to label the child, just hope it's a phase out of which they will grow. Wait and see. We do not look at diagnoses for children as a way to prevent further damage, heal, and inform treatment. We have not seen the experiential causes behind childhood and adulthood traits (which do actually look very much alike). However well intentioned, this verges on malpractice. According to neurobiologist and psychiatrist Dr. Bruce Perry, "It takes 1000 hours of service to reverse a three hours worth of negative input in the first three years." That is to say, a trauma which lasts less than 15 minutes or a simple chronic pattern of interaction, especially around bonding, could alter the course of their child's life for the positive or the negative.

However, we don't diagnose children with Childhood Narcissism, Childhood Obsessive

Compulsive Personality, Childhood Dependent Personality, or Childhood Avoidant Personality in order to swiftly and specifically correct them. Easier on us, and less sensitive to children, we diagnose them with a catch all, ADHD, and then medicate them for their genetically based, no-blame, “chemical imbalance.” It’s more profitable, expedient, and less insulting, to follow the “bad seed” track. We, at The Institute for Professional Parenting (TIPP), believe that a specific diagnosis which predicts permanent or long-term features (if they don’t get addressed) is more ethical than labeling a child with a diagnosis which is considered only treatable by medication.

Faye Snyder, in formulating the Causal Theory, has taught how to make every personality disorder, and other disorders, as part of her parenting class since 1988. This has become a powerful preventive technique, as well as a profound tool for teaching parents and students to become observant and self-observant. We have further taught parents and students that you don’t have a diagnosis if you don’t have cause and effect, that is childhood experiences with corresponding traits. We have observed children’s traits and watched them grow informally over the years. We have no trouble tracing the specific behaviors in children which prophesy personality disorders in the adult. We have observed children around our lives we didn’t get to help, as well as the ones who did. We believe identifying these prophetic behaviors enables us to intervene in specific and appropriate ways. Each diagnosis indicates the role parenting plays in the unfolding personality and informs us as to what parents can do to reverse these traits.

Common Place Neglect

Before we become comfortable with the belief that our children have an inherent genetic defect or biochemical imbalance, let’s have the courage to do the necessary investigating into the origins of behavior. Before we subject our children to pharmaceuticals let’s confront our own egos and ask the question whether we are hoping for a diagnosis which would vindicate us. Let us ask ourselves whether we were hoping for a quick fix, like Ritalin, Prozac, Xanax and other psychostimulants, antidepressants and tranquilizers. Let’s have the courage to see our children’s *symptomatic* behavior(s) as external pieces to an internal puzzle that they are *counting* on us to put together.

The authors have become convinced that children with ADHD have a trauma to tell about, even though they are not abused by normal standards. The most pervasive trauma is having to attend day care and preschool, that is, being required to separate from their parent before they are physiologically ready. Another common childhood cause of ADHD is having to hold in painful feelings, rather than getting them out. Finally, common place experiences of parents failing to perceive their child and her needs often leads to ADHD. Stressful experiences which amount to trauma, because they are so chronic, create ADHD, as well.

In our experience about one-third of the parents of children with ADHD are relieved that there is something they can do, another third would rather believe there is nothing they can do (and so decline treatment at TIPP), and the last third are open to helping their child, but are incredulous that there could be any such trauma in their child’s life. So, does that mean all children who suffer trauma will appear to show signs of ADHD or ADD? Absolutely not. It means that all children process a single traumatic event differently based on the coping skills they have previously learned. Depending on the mitigating factors and family system surrounding a

child's distress, starting from birth, a template develops as to how each individual child processes traumatic events. The child who processes the traumatic event to completion will fair far better than the one who internalizes and represses it, sometimes for the parents' sake.

We can't prevent daily outside stressors, nor should we try to. Dealing with stress in a healthy way is character building. Children and infants, who are met with nurturing and empathy when distressed, become older children and adults who can process stressful events constructively. However, when chronic stress pervades childhood in small, but continuous doses, it meets the criteria of trauma. It doesn't have to be a serious event. Unfortunately it is a trauma invisible to most observers, especially the parents. It can be momentary, yet frequent, interactions with a child which makes him feel completely unseen and misunderstood. It can be one event that breaks the camel's back. Validating, acknowledging, or hearing our children's feelings and experiences, no matter what they are, prevents them from having to hold it all inside. When children hold feelings in their ability to focus, stay connected and feel comfortable in their own bodies is impaired.

We could very well be describing loving, but insensitive or unperceptive parents. A snapshot of one moment or a window on the chronic pattern may look something like this: A child whose parents are visiting relatives for the first time allow her to be passed around to Aunt Jane and the others to say "hello". When the child asks to be put down or pulls back, she is admonished, "Honey, don't be rude. Aunt Jane loves you. Now say, 'hello' and show her what a nice little girl you are." The child then withdraws and the mother dismisses it as her daughter being "shy". These *small* events added together send a very *big* message: My feelings aren't seen, honored or valid. I am alone.

The above mentioned examples are what we consider at TIPP "commonplace neglect," because they happen everyday, everywhere and are, for the most part, socially acceptable. Hundreds of these occurrences happen throughout childhood, chipping away at a child's sense of trust and secure self-esteem. This point is not easy to impart without seeming off the charts with parental expectations. As a matter of fact, we expect the majority of readers to rebel over this issue. Nevertheless, we are convinced that how well a child feels seen and regarded affects their security and personality formation. Children who enjoy such sensitivity from their parents are usually mellow and happy children—those who don't show stress at an early age. We are talking about invisible conditions which many childhood experts cannot see. This is where advocates identify with the child in the crowd exclaiming, "Why! The emperor is wearing no clothes!" If you see it, you see it. If you don't, you don't. Most of us who see it didn't always see children so clearly. Seeing this clearly necessarily entails working through one's own childhood neglect and spending some time with a person or two who does see clearly.

Another important aspect of seeing clearly is having the capacity to swiftly bust a child who is testing you. We often see a two or three-year-old hug their new baby brother too tightly. The parents explain that she doesn't realize that it hurts the baby to squeeze him that tight. Of course, he does. Perhaps the parents feel guilty that they brought home a sibling for their first born to deal with. Certainly, their daughter has a right to feel betrayed. That's how she feels. Yet many, if not most parents will insist that their daughter simply loves their son so much that she accidentally squeezes him until he cries. Again, that's parents in denial who aren't seeing what's in front of them to see.

One young man written up in the Los Angeles Times back in 1979, I believe, wanted his

father's attention, so he wrote his name on a bridge near their home. When that didn't work, he took his graffiti to a wall across from their house. Still his father didn't take note. So, he decorated the garage door with his name to get his father to see him, and yet, there was no response. He wrote this name in the hallway inside the house, and his father was too preoccupied to comment. At last, he spray painted his name on the mirror where his father shaved. Finally, his father got the message that his son wanted to be seen.

The more severe the experience, the more severe the acting-out behaviors will be. To reiterate, there doesn't have to be a horrific trauma behind a child who appears to have ADHD or ADD.

Another Case Study

One of the authors worked with a family whose son was not able to focus, stay on task or pay attention at school. He was intellectually capable of doing sixth grade work, but would often not turn in his assignments. The school encouraged the family to seek help from a physician about this "issue". He was prescribed Ritalin and stayed on it for about eight months. Right away the family noticed a change in their son. He became hyper and agitated. His mother perceived his behavior comparable to someone taking speed, not to mention that his dosage was to be increased frequently because he was already building up a tolerance. These well-intentioned parents were uncomfortable with their son being medicated for being an unmotivated student. Their son also hated taking medication. He really wanted to be his "natural self." What a mixed message we send our children: Just say NO to drugs...unless we give them to you.

Shortly after this family came to parenting classes at TIPP, they did some investigative work. They remembered that, when their son was about 9 months old, the mother went away for three days without him. She had been at home with him everyday until that trip. He was nursed and very well bonded with her. She was content being a stay-at-home mom. She adored her son. But when she returned from her trip, he stopped nursing and he wouldn't allow her to get that close anymore.

They also recall doing everything for their son, never allowing him to become frustrated. Never letting him figure things out the long, hard way...until he mastered it. If he couldn't do something for himself, they jumped right in to rescue him. The mother was extremely neglected in her own childhood, so she made sure her son would never feel that way. Unfortunately, they had created a very dependent child, who couldn't trust, who was at risk for Childhood Dependent Personality (labeled ADHD-In Attentive Type), on the way to an adult diagnosis of Dependent Personality. He had developed into a child who couldn't problem-solve, a child who became distressed as soon as something took too long or too much effort, and a child who couldn't sit in his own feelings, because he was always rescued out of them.

His parents took him off Ritalin so he could get back to his "natural self." They began allowing him to express his feelings more. Yet, when he would do his homework, he still believed there was something wrong with him. A self-fulfilling prophecy had developed, in which he had come to believe he couldn't do hard things. With more therapy on this belief, he was finally able to let go of this idea of himself.

In childhood, if we are not allowed to make a mistake and then fix it, we don't wire in

competency. We begin having thoughts like, “Mom and Dad must think I am too dumb think for myself.” We begin feeling inadequate. We begin avoiding taking responsibility for mistakes we do make because we don’t know how to problem-solve. As a result of their self-reflection, this family realized there was nothing *wrong* with their son. His poor school habits directly related to his poor self-esteem, which was created by his life experiences. His coping mechanisms were perfectly *normal* considering how he felt inside. These parents became heroes for their son as they became able and were willing to *see* instead of defend.

In another example of common place neglect, a child of three became frightened by the thunder and lightning of a rainstorm and was told by his loving parents, “Honey there’s nothing to be afraid of. We have our house to protect us. See, Mommy isn’t afraid.” Instead, mommy could have said, “Oh, my baby is frightened by the lighting. Mommy knows. Let mommy hold you, while I tell you that we have our house to protect us and there is nothing to be afraid of.”

So, as we talk about bonding, secure attachments and healthy separation, what does it all have to do with these children who are bouncing off the walls, can’t stay on task, or seem to lack impulse control? Everything. A five, seven, ten or fifteen-year-old will *not* be able to sit still, pay attention or be comfortable with delayed gratification if she doesn’t feel *seen* for their feelings and needs.

One More Case Study

Child advocates endure ongoing tales, one after another, of parental blindness. We have to get used to something we want never to accept. It can be quite disturbing how much people are bound to see what they want to see. Denial can be the bedrock for the creation of a sociopathic personality. It was certainly the family system for Harris and Leopold at Columbine High School in Littleton, Colorado where these two students were preparing their murder suicides in full view of their parents who chose not to see the munitions in the garage and their plans on the internet.

There was a married couple who had no children in common. His grown daughter, with whom he had little or no contact, reportedly committed suicide. He helped his wife raise her biological children, so she let him whip her youngest daughter. This same child, who had been molested by a previous “father,” was harshly disciplined, shamed, judged, teased and repressed by her mother and step-father. It also appeared that there had been some religious abuse in her childhood. She rebelled, becoming involved a number of other damaged souls abusing drugs and alcohol. She married and divorced young. She became pregnant at twenty years of age and gave her baby to her parents to “watch” for awhile. When she wanted her baby back, her parents refused and proceeded to adopt their grandchild. This grandchild (never knowing her biological father), who was being raised by the same parents who raised her parents, became difficult and hard-to-handle. She was finally put on Ritalin. The mother of this first child went on to get remarried and have another baby. By the age of eighteen months this child was angry, aggressive and unattached. This child’s behavior only got worse. Unprotected, the child became another victim of a sexual assault and developed symptoms of RAD, Reactive Attachment Disorder. He was at high risk for becoming a sociopathic personality, if not an Anti-Social Personality Disorder. The threat of Ritalin was right around the corner. By now the mother was divorced

and remarried yet again. Another child was born. This baby also became the product of divorced parents and the mother's remarriage. This child, too, became aggressive, angry and hard-to-handle. These three children, as well as their mother, had many problems in the school setting, and were all diagnosed with ADHD by "authorities."

So, getting back to the maternal grandparents, their firm belief was that these three children had the same behavioral genes as their mother, because they were all out-of-control, hard-to-handle, and aggressive.

A meaningful parent-child relationship—where parents give unconditional love and genuine attention to the child—is the single most important factor in producing a child with a secure, emotionally stable life. Conversely, the loss or absence of beneficial relationships with significant adults is the single most important source of suffering in a child's life. Almost all the other causes are derivative: They have their impact by impairing relationships."

-- Peter R. Breggin, MD, 2000
Reclaiming Our Children

Intellectually, we know why the maternal grandparents would view their legacy the way they do. But, it's chilling. These children, as well as their biological mother, appeared exactly the way the grandparents described them. But to not see the impact of the inadequate parenting their daughter received, which in turn created her inability to parent in any functional manner, creates a disturbing phenomenon for child advocates.

Sadly, it wasn't only the grandparents that viewed these children this way. The public school system and day care facilities (the two youngest children attended full-time day care as infants and toddlers) had parallel thinking: It must be genetics if all three children have similar behaviors. Nobody seemed to bat an eye at the surrounding circumstances or consider the multi-generational transmission process, as we call it in the field of psychology and family systems theory. With such a history, how could anyone expect these children to sit still and pay attention in a first grade classroom, not scapegoat other children, or have impulse control? It would be impossible. For the most part, they were seen as "bad" or disruptive children. Nobody in the school systems openly dared to wonder what had happened to these children and how that directly related to the behaviors they were acting out.

Children will literally or metaphorically spell out what is happening to them. It is our *duty* as the adults in their lives to *see* them and decode what they are saying.

For millions of abused and neglected children, the nature of their experiences adversely influences the development of their brains. During the traumatic experience, these children's brains are in a state of fear-related activation. This activation of key neural systems in the brain leads to adaptive changes in emotional, behavioral and cognitive functioning to promote survival. Yet, persisting or chronic activation of this adaptive fear response can result in the maladaptive

persistence of a fear state. This activation causes hypervigilance, increased muscle tone, a focus on threat-related cues (typically non-verbal), anxiety, behavioral impulsivity—all of which are adaptive during a threatening event yet become maladaptive when the immediate threat has passed.

*(The Impact of Abuse and Neglect on the Developing Brain,
Bruce D. Perry, M.D., PhD and John Marcellus, M.D.)*

A child is not capable of separating a distressing experience that happens at home from their academic and social responsibilities at school. As the above quote explains: When a child is experiencing distress, their brain will adapt in ways necessary to survive the event. If distressing events happen often enough, these adaptations become hard-wired in the brain and stay with the child throughout all experiences causing undesirable behavior at inappropriate times.

In infancy and early childhood 90% of our brain is formed. The tone is set systematically and structurally for all future emotional, behavioral, social, and physiological functioning for the rest of our life. The interactions that children experience in their first three years of life become hard-wired in their brains. During the attachment stage, in our earliest years of life, when we are most vulnerable, we are supposed to wire in: *empathy, intimacy, identity, inhibition of aggression, capacity to love and the ability to trust*. The quality of a child's attachment stage will determine their functionality in all future relationships. From the moment we come into the world, we are completely dependent on our primary care giver to give us what we need to succeed in life. Just as we are able to wire-in the above series of qualities, we are also prone to wire in opposite qualities, ranging in degrees from mild to severe, according to experiences.

Day Care

The leading cause of this epidemic of ADHD is day care. Make no mistake about it.
And please don't kill the messengers.

One of our Master Parents at TIPP told Faye story about her difficult decision to advertise herself as a childcare provider in order to stay home to take care of her own young son. She had four calls from her ad. Two were from therapists. One was from a social worker at The Department of Children and Family Services. One was from a father who explained that they needed a childcare provider from 6 p.m. to 9 p.m.. He explained that their baby went to day care from 6 a.m. to 6 p.m., and they needed someone from 6 p.m. to 9 p.m. Our Master Parent commented, "Wow, what a hard day that is for your baby," and he retorted, "Not nearly as hard as it is on his parents." Clearly none of these parents could *see* their child's point of view, probably thinking that the child would be find just "playing" all day. None knew how excruciating it is to be away from one's parents so young.

We wish we could have been a fly on the wall when these parents were deciding to have and keep their children. Did they think they could have it all? Did they think they could have a

child and work long hours too? Did they consider, since their careers were so important, giving the child up for adoption? Some pregnant parents tell me they could never accept that their own flesh and blood is out there in the world being raised by someone else. Is that ego? Is that about the child or is that about them? Somehow that would be wrong, they believe. These are people who don't realize, perhaps because no one ever told them, that it doesn't work to have someone else raise your child every day until night and then keep him or her on the week end, like babysitters of their own child. They are going to have a very disturbed child to raise. They will be over their heads in no time, like many, if not most parents these days.

The foremost leaders and advocates of what children need address the importance of stimulation to the brain in the first three years. Both Dr. Bruce Perry, neuropsychiatrist, and the Carnegie Foundation "Starting Points" report gloss over the terminology "secure and *continuous* attachment." While covering the necessity of stimulation and a *continuous and secure attachment*, the focus becomes the importance of stimulation from zero three years, that is interaction, implying anybody's interaction will suffice. Perry, a child advocate, himself, leads us down another wrong corridor when he came so close to showing us the way out. He simply fails to emphasize the importance of secure attachments and allows us to conclude that quality day care can provide the necessary stimulation a child needs, ignoring the fact that the stimulation of babies and small children needs to come from adoring, protecting parents in the early years. Babies and young children tune strangers out in large part and shut down significantly out of betrayal. Stimulation is taken in by curious and trusting minds, not injured minds with wounded hearts. Sure, babies may be temporarily distracted from expressing their pain when colorful plastic keys are dangled in front of them as they lay helplessly in a bucket. But as they learn to focus on colorful plastic and lessons from strangers, their character grows shallow, even if they manage to develop normal or even accelerated intellects. The more critical developmental need of a continuous and secure attachment is lost on parents and professionals, obviously because it's unpopular these days, mostly, because professionals are too political to tell the truth.

The pro-daycare and stimulation new experts, such as Dr. Perry and the Carnegie Foundation report, along with Rob Reiner and Proposition 10, have wonderful things to say for the most part, reporting that the child is born without genetic predispositions to be good or bad and that education is what children need. They lead us to a "push down" curriculum where the emphasis, for our children's sake is education at younger and younger years.

One of our Master Parents filed for divorce, because her husband was emotionally abusive. She wanted primary physical custody until her son was five years old. The father wanted primary physical custody also, even though it was his intentions to leave the boy in school during the day while he worked. The school told him that the mother was proving to be unfit since she was unwilling to leave the child in preschool and preferred to keep him at home. They even told the child custody evaluator that the child needed the socialization and stimulation which preschool offers more than his mother's mothering. We believe they believed what they were saying.

So many good and thoughtful parents are led to their children in the hands of daycare providers who best challenge their children's intellect during the day. Experts, they believe, will be better than they can be at stimulating their child's intellect. Funding for day care becomes as important as ever. Actually, it's hard to tell which set of experts is more harmful to our children,

the pro-pharmaceutical experts or the pro-daycare professionals. Actually, they go together.

To a baby, parents are the ones or one who is their primary care giver during the day, from the beginning, without breaks or weekends. *Babies count on continuity*. If there is no continuous care giver day after day, including weekends for infants, then the attachment is not secure. In other words, if the primary care giver takes a break during the weekend, or the parent becomes full-time during the weekend, there is no secure attachment with anyone.

Studies have been available for years (See Dr. Mary Ainsworth's filmed studies on toddlers when their mothers leave them with strangers) demonstrating on film the fragile personalities of toddlers, and the despair into which they enter when their mother leaves the room for even a small amount of time. *Babies and toddlers suffer without their parents*. Their suffering is excruciating, and they find ways to cope. Some split off from their feelings, some bounce off the walls, some become depressed and withdraw, some become shy, some become little control freaks, some become little adult-like islands that don't need anyone anymore, some become these islands by becoming unwilling to trust or be bossed by authority, some become these little islands without a conscience, some become these islands without an conscience and with anger, and some become little clingers who may some day cling to an abusing spouse or may even become a stalker to one degree or another. All of these dispositions are the result of the types of separation they have to endure, including length and frequencies.

But parents are led to believe that "high quality" day care and lots of interaction by somebody with the children will cover those bases. The anti-attachment theorists believe that all that children from birth to three is stimulation and occasional parenting. What they fail to understand is that the stimulation is digested best when the child is open and safe. A child is open when she is in the safe arms of her parents without worry that they will leave. A child who is in preschool, competing with other children for someone's attention is not safe to learn in depth. These children are in hypervigilant states. Their rotating stranger-caregivers replace their over-committed "parents," who will necessarily abandon them on weekends, holidays and at the end of the year. Our children are under bonded, have attachment disorders, and separation and abandonment trauma.

Daycare children are disciplined by their biological parents with a backdrop of guilt or impatience, and finally, they are required to control themselves and repress their huge, unbearable feelings.

The authors would add that when an infant has been betrayed by her parents and the bond of trust has been broken, she will not make eye contact with them in their arms. She will appear to "change the subject," looking around the room at anything else, as if it is stealing her attention from them. She is pretending, but later her distractibility will be a lifestyle.

In our rush to feminism and fair play for women (which I, myself, still advocate) and financial solvency, the critical role of mothering has been relegated, and children are now raised by rotating care givers rather than mothers and fathers. It's against our design, and it doesn't work. *Our children are becoming insecurely attached and unattached enmasse, which has dire consequences on their forming personality*. At this point, the momentum is so strong toward day care and a two-parent-working family economy, that the popular belief is that perhaps the best we can do is try to make day care providers easier on children. The authors intend to address that issue as well.

To be clear, as we have previously indicated, not all the symptoms of ADHD come from

children who had to go into daycare at a tender age. Some stay-at home parents are weak in parenting or insensitive, and also create ADHD symptoms. Some children whose parent is at home are bouncing off the walls, because they are repressing trauma, such as sexual abuse, physical abuse, or they are sitting on their feelings on a regular basis, because expressing feelings is not done in their home. Actually, a stay-at-home mom can fail to adequately bond. Repression of trauma, chronic or acute, resulting from abuse or neglect or abandonment, is often behind ADHD, and ironically or tragically, the “standard of care” for ADHD counseling by behavioral psychologists or psychotherapists is an emphasis on controlling behavior further.

Dr. Russell Barkley’s book, *ADHD and the Nature of Self Control* gives away his prejudice. We fantasize a different title, *ADHD and the Repression of Trauma*, the foremost trauma being abandonment and separation trauma. The authors, conversely, advocate expression of emotions in a healthy context as a vehicle for healing ADHD.

Bonding, Attachment, Separation and Loss

The child’s personality is predominantly formed by age five, but mostly by age three. In these early years children need one, perhaps two, *continuous*, reliable, loving, nurturing care givers, who know them intimately and regard them well. If they get this, they become easy, happy children. On the other hand, if they spend their early days in day care, even *good* day care, the emotional pains of emptiness and lack of trust eat our children up, because whether we want to know it or not, they are longing for us, rather *needing* us. Thus, our children fidget, tantrum, rebel, space out, or get depressed. Worse, their ways to tell us about their pains become behaviors to be disciplined and controlled. The school experience itself, is a thorn in the pre-existing injury of abandonment trauma.

Coping with their own pressures, parents can’t *see* their children crying out for them. Overwrought teachers and day care providers refer us to our doctors or dispense pamphlets to us about ADHD, it’s genetic “cause,” and it’s solution, as if they were speaking on behalf of science. We are at once embarrassed for our children, but relieved. Since it’s a disease, it’s not our fault. In order to accept this dispensation, we have to join the assumption that there’s something inherently wrong with our children. It’s like making a pact with the devil, one which lets us turn a blind eye on our children and continue working.

As parents continue to work, we fail to develop the cue-reading abilities that parents developed in previous generations. We are encouraged to believe that our child’s symptoms have nothing to do with our working, and that the solution is to medicate the child, keep on working, and continue to leave her at day care, because day care is so good for her intellectual and social development. There is now even a growing ethic that if a parent stays home with their pre-schooler, we are actually depriving our child of day care! Daycare is not in accord with the human, or even, animal design. All we need to do is look at how neurotic is a dog or cat who was weaned too early. It’s the same for our children, only more so.

Generally speaking, if no other trauma has taken place, a three month old can handle about three hours away from her mother, without suffering core damage to her personality. That doesn’t mean that she won’t suffer, but it does mean that the infant’s core personality will not be permanently damaged. Sometimes she can’t take that much time if other things have previously

gone wrong. We have to watch for the signs. Does she push her mother or father away when they hold her close, or does she still drape her little arms around her parent's neck limply, like a healthy child. Does she avoid making eye contact up close, or does she enjoy gazing intimately into her mommy and daddy's eyes while in their arms.

By the same token, a six month old can handle about six hours away from his primary care giver before he develops difficulty trusting. It will be excruciating, but he will survive. He will be a bit insecure about where you're going and what are your intentions, and wonder why you would leave him and if he's not good enough to keep you interested. But other than that, his core self will survive, unless he's had to endure too many of these separations. Again, watch for the signs. If they have already begun, you can try to reduce the separations and see if you can earn your child's trust back. If he's not responding, seek an attachment therapist for help. Time is of the essence, unless you'll accept any personality adaption he comes up with. TIPP's sense of urgency is related to wanting children to be happy and mellow at the core, not just coping and doubting.

This is because the baby has lost his faith that he can count on his mother's commitment to be there for him and with him. Mother's absence creates a breakdown in the ability to give himself over to interaction.

A one-year-old can handle a whole day without damage to her core personality, even though she will suffer in the unknown. A two-year-old can handle two days, assuming she has not been worn down by chronic shorter absences. A three-year-old can handle three days; a four-year-old, four days; a five-year-old, five days; a six-year-old, about ten days; and so the increase begins.

Of course, most parents don't see the difference or the problem. Sometimes they assume their child's adaptations or maladaptations are simply the child's inherent personality or a phase. Yes, this is what the child's core personality is becoming, without therapy. But, it isn't what the personality could have been. It could have been a mellow, happy personality. Some may say they are simply different temperaments. No, they are not. These personalities are the "temperaments" which result from security and insecurity. They account, in large part, for the increase in ADHD. They are not genetic.

Pretend that you just found out that your mate was having an affair behind your back and you have to write an essay for your college class. How much do you think you could concentrate, especially if talking about it was forbidden or never modeled for you. The distracting forbidden inner dialogue and physical restlessness is part of the symptoms of injury. It is a dialogue which needs to come out of the child. It's about needs and emotions which have been repressed. As long as a child has this kind of material held in, it's hard to concentrate. It would be better to have a padded room, where children could go and scream and rage, before they start their day.

The Causes

One type of child, the **insecurely attached child**, has been in day care since birth or before she turned one. She's probably had rotating care givers in and out of her life, but she still comes home to the same parents (a positive) who don't get it (another negative). This child may be self-loathing, perhaps self-destructive because she can not be good enough or perfect enough to win her parents commitment. This child will likely try to act perfect as possible throughout her childhood so no one will leave her, but she holds within her severe emotional problems, perhaps even psychosis. As an adult, she'll take any love she can get, and either drive her lovers away or hold on to the ones who she'll let abuse her.

The most common form of ADHD stems from **separation anxiety** and feelings of insecurity and mistrust, having had working parents by age one to three, and rotating care givers. This child, also suffers from an insecure attachment, focuses on comings and goings, rejections and abandonments of teacher, friends, and parents. Often these feelings have been driven underground, because the child learns that clinging drives others away. Sitting on his feelings makes him even more distractable and inauthentic. He is headed for an anxiety disorder and

Another symptom which shows up is a child who has an overwhelming **need to be seen**, and will thus be continuously disruptive. This child needs more time with his or her parents, feeling seen and understood by them. All the behavioral modification techniques of adding points and taking them away are meaningless to a child who wants to be seen, rather than rewarded with privileges.

Another child is the one who has **weak limits** at home and parents who, perhaps, filled with guilt for being gone so long, tolerate any behavior. Maybe his parents set limits and then give in, inviting the child to push the limits. Perhaps, the parents don't have a feel for their child, that she is a mystery, and so they act helpless around discipline issues. Possibly the parents are emotionally weak and or absent, so the child has no limits. Maybe they think their child's budding arrogance and bossiness is a sign of self-esteem or a personal idiosyncrasy until the teacher informs them that their child has become unmanageable.

Another type of child is a **hard, angry, hurt child**. He hurts other children. He already looks hard and unlovable. He is not only under bonded, but he is probably suffering emotional or physical abuse.

Another type of personality which is being medicated as if it were ADHD is the child who has suffered a complete **attachment break**. This is the most unbearable child, because he or she is the most angry. Further, this child will not surrender control to anyone. There are degrees of attachment breaks. A severe break would depend upon the age of a child and the length of the separation. Theodore Kazinsky was hospitalized in isolation during his first year of life for three weeks, and was never the same after that. All of our major killers suffered attachment breaks.

Another major cause of ADHD symptoms is **repressed trauma** or **chronic repression of feelings**. Children who had been molested or who were being abused will bounce off the walls trying to keep their secret, creating Childhood Borderline Personality or Childhood Paranoid Personality, if not Childhood Antisocial Personality (often diagnosed in latency or adolescence as a Conduct Disorder or Oppositional Deviant Disorder) You can simply imagine having been abused by someone you love and then having to perform as if nothing had happened. This would create a Childhood Hysterical Personality. In other cases, children are raised by

stay-at-home parents who believe that children should be seen and not heard or modified rather than seen. The other day, one of the authors was at the post office, and a mother appeared with her fidgety little three-year-old daughter who was dressed immaculately. The little girl said, "I'm hungry." and the mother responded sternly, "You know how to say that. 'I'm hungry, *mother.*' Say it, 'I'm hungry, *mother.*'" It may just be a matter of taste. Maybe it wasn't anything, but I suspect that if I could have interviewed them, I might have discovered that the mother is already in the process of modifying her daughter's personality so tightly, that her daughter might already be developing ADHD-like symptoms, which we might prefer to identify as Childhood Narcissism. Children who are not allowed to express their authentic selves, bottle up their feelings to please their parents. Bottled up feelings make children hyperactive and inauthentic.

There are no long-term studies on the effects that drugging our children throughout their entire developing years will have on their adult minds and bodies. A new trend is developing wherein older children have been turning into methamphetamine addicts, and ritalin is worth about \$5 per pill on the black market. We do know that many of our teenagers turn more quickly to medication for solutions. Some complain they feel stigmatized and "less than." Some develop physical diseases, including heart problems, and some even die. We don't know yet what the first wave of middle aged adults raised on Ritalin will look like. We know one thing: with both parent's working and teachers overwhelmed with crazy classrooms, there's a whole new breed of Americans on the horizon. And, we were there.

Teachers hands have been tied by restraints against disciplining children. Once they had this authority, but a few educators abused the power to discipline. Now teachers are practically victims of the classroom. Perhaps, the student-teacher ratios are too high. School districts often determine that each teacher should have his fair share of ADHD students.

The Solutions

It would certainly be more beneficial to all teachers and all students if there were no ADHD children in with normal children. Normal children could would have a better opportunity to learn, like the old days. The children with ADHD could have specially trained teachers who would also have a smaller teacher-student ratio. Ideally, the parents of the children with ADHD should be asked, if not required, to take parenting classes to include the causes of their children's problems as well as how to address these problems without medications.

We suggest parents get counseling around ways they could stay home with their children. We have seen parents trade shifts to be home with their child. We've seen parents set up home offices and home-based businesses. We've used counseling to show parents the high costs they may incur at a later date when they don't stay at home in the early years. The secure child enjoys scholarships, good grades, and becomes a low-maintenance child. The insecure child costs money in therapy, and the angry child costs money in legal fees, as well as therapy. We've been able to show parents that they are spending so much money on childcare that they have to work to pay for the child care and private schools, when if they gave up the private schools and

childcare, they could be home with their children. We've had a chance to make the argument that some of the niceties they seek for their children don't matter to them now, and good schools are irrelevant to a suffering child. Academic performance can be bolstered dramatically at any school by parental involvement or even tutoring. Parents won't necessarily lose ground in their careers if they study on-line and increase their education while staying home. They can go back to work later with even better credentials or qualifications.

Let the day care facilities and preschools create rage rooms in the schools for children to get their feelings out. Let them pick an adult to hold them "loosely tight" while they rage, if they wish. Make it against the law for there to be "infant rooms" without a continuous caregiver. Create a significant penalty for any employee who leaves a day care facility, and create major incentives for staying. Screen employees well in the beginning. Be sure they truly love children.

Provide parenting classes for parents of newborn and preschool age children, explaining how detrimental it is for someone else to raise their children. Fund home visits or bonding coaches at maternity wards. Adopt a goal to end preschool, though it will probably never happen. Give credits and recognition to the schools who advocate stay-at-home parenting and other parent healing skills. Let preschool teachers transition into bonding and parenting coaches and play places for parents to come with their child.

Put children with ADHD in separate classes with teachers who are specially trained to help them, and leave the "normal" children to have normal classes. Make it a goal for the same teacher and her aides to be with same child until the child leaves, that is, to reduce the number of rotating caregivers in a child's young life.

Refer parents to attachment therapists and parenting classes which are not oriented toward simply controlling children, but rather healing them, which would include setting up structures and freedom within, along with natural consequences for discipline.

Parents should choose therapists who include them in the healing process, rather than those who see the child separately on their own. Attachment therapists never leave a parent out of the therapeutic work.

Therapies should include methods to help children discharge emotions and learn to talk freely about their needs and feelings. There are several techniques which many children love or accept because they help discharge large amounts of emotion. It is amazing what a calming effect it has on a hyperactive child to get pent up emotions up and out of their body. Once those feelings get expressed, they never need to come out again. Any feelings that are left are the unexpressed ones.

Children should be ignored for inauthenticity and enjoyed and seen for their authenticity. Parents should be taught how to recognize when their children are in their "real self" and their "fake self."

The Prognosis

If children are raised in preschool, for the most part, then our culture is going to change. Human character will change. It will backslide into a more primitive human “nature.” Germany had a style of parenting Christian children which preceded World War II, creating a society of sociopaths or Nazis. If we move further into the direction of creating weak attachments and attachment breaks, we will also engender a substantial change in the make up of our society.

These recommendations obviously *seem* extreme and will be unpopular for now. As a matter of fact, these recommendations will enrage many. Recommendations such as these could even be perceived as more treasonous than communism used to be. However, the truth screams at us to be heard, and our children will continue to send us messages that they need to be seen. Eventually we will see. Perhaps, our society will have to backslide further first for us to wake up. Nature has a way of getting our attention. Hopefully we’ll live to see it.