

## Tilt Parenting Podcast: Margit Crane Luria on the Myths and Realities of ADHD/ADD [Transcript]

Debbie: I always like to start these conversations by going back to basics. I know a lot of our families are probably at the very beginning of their journey and just discovering what ADHD is and figuring out how it might impact their children and family. So to begin, could you give us a simple definition of what ADHD is? And is there a difference between ADD and ADHD or are they interchangeable?

Margit: My definition of ADHD is that it's a brain difference. It's been documented that our brains—people with ADHD—are different than neurotypical brains. There are two camps of thinking—to some people it's a brain difference and it's a gift and it's wonderful. And to others it's a brain difference and it's a disorder and it's a pain in the butt. I happen to have a ridiculously positive Pollyanna view of ADHD because, having worked with kids with ADHD for so long both as a teacher and a coach, I see what can happen when somebody who understands ADHD helps the family to see what's possible. And when that happens, all of the negativity that you hear about, especially among adults who have been diagnosed as adults, it all goes away.

Debbie: I watched a video on your site where you mentioned you were diagnosed as an adult when you were twenty-three years old. Is that correct?

Margit: Yes, twenty-three. And with regards to the name—it's gone through a bunch of iterations. It used to be called hyperkinetic impulse disorder and when I was diagnosed it was called minimal brain dysfunction. And then it eventually changed to ADD, which makes sense because it's attention deficit disorder. And so they would say ADD with hyperactivity or without hyperactivity and then it turned into ADHD. And now people say something like "ADHD without hyperactivity." It's kind of what's "in vogue." So right now people are saying ADHD, but ten years ago it was ADD. So who knows what it's going to be in ten years from now?

Debbie: I know that there are different "types" of ADD/ADHD—inattentive type and hyperactive... all these different ways it can present. Could you share with us what some of the markers are? What does it actually look like in a child who has ADHD?

Margit: So the party line about the markers of ADD and ADHD are inattention or what some people call it "selective attention." So it could be inattention or it could be hyperfocus, which makes sense because a lot of people will say, well, you know, my child can hyperfocus on video games or coding, so I don't think he has ADHD. And it's like, well, okay—that's one of the hallmarks.

So there's selective attention or distractibility, which typically would look like somebody who moves their head a lot. You know, constantly looking up or looking to the side to see what's going on. That's a typical sign. And then there's impulsivity. And, in my experience, the impulsivity is nonviolent. In younger kids it might be a bit harmful, you know a kid between the ages of three and five might hit another kid. But impulsivity looks like a someone who thinks: *this is the best decision in the world and I must do it right now*. That kind of thing.

And then if they have the hyperactivity component, it can look like anything from picking at themselves, scratching, sort of a repetitive motion. It could be jiggling their leg or it could be somebody that can't sit still or has to walk around touching things. And then ADHD also occurs with so many other conditions, like sensory processing disorder, or Asperger's or high-functioning autism, or OCD. There is often a lot of overlap.

Debbie: And I know there's overlap with giftedness as well. I think that's one of the confusing things for so many people when they're first getting an assessment and they get feedback. When we first had Asher assessed when he was five, he was given preliminary diagnoses of ADHD and PDD(NOS). And the woman who presented these diagnoses to us said that technically speaking both of these things kind of cancelled each other out. It's very confusing. If you look at the markers for ADHD and you look at the markers for Asperger's and you look at the markers for profound giftedness, they're almost identical across the board.

Margit: Definitely. There are some variations but there is also overlap. And there are also other things that aren't conditions that can affect behavior, like going through a really difficult time in the family, like a parent's alcoholism or a divorce or moving a lot. So it's really important to have a professional do the diagnosis. I emphasize this a lot with teachers and counselors because it's actually illegal for them to suggest that a child might have ADHD.

Debbie: Really?

Margit: Yes. It is illegal for a teacher or a counselor or anybody at school to suggest that your child might have ADHD. Of course, they do it all the time. I've had people in school conferences say to me, "But we've been teaching for twenty years...we know what it looks like." And I tell them, "No, you have absolutely have no idea what's going on." Even me, having ADHD and working with clients who have ADHD, I could not look at somebody and just say, "Oh they have ADD or ADHD." It might look similar, but I can't say for sure. I'm not a medical professional. I'm not a diagnostician. There are so many factors that go into it in addition to observation. So it's really important if you're looking for a diagnosis to get a diagnostician to do it.

Debbie: That's great information to have...thank you. And I do want to talk about this idea of whether or not ADD/ADHD is being over-diagnosed, because that's something that's being discussed a lot in the media. But before we go in that, I actually want to shift gears for a minute to talk about the stigma of ADHD. I know that stigma is a big issue for families dealing with ADHD. And I think it gets in the way of families seeking out support for their kids who may have ADHD and are struggling in school. In my experience, ADHD is often seen as a negative. Why do you think that is?

Margit: Frankly I think it's because kids spend a ton of time at school and adults a ton of time at work. And in our society, school and work are supposed to look a certain way and that way is not conducive to an ADHD brain. And so we are considered disruptive troublemakers, out of control... that sort of thing, because we don't just sit still at attention and shut up. And the truth is, we are not the majority—we are a minority. My big push in the world is to reframe ADHD as something awesome. So that people will see we are the gifted ones.

Just because other people don't understand us doesn't mean we're the ones who have the problem. I hope that someday a parent will get a diagnosis of ADHD for their child and they'll be like, *Oh this is so cool! I can't believe it....this is awesome!* Because the truth is, people with ADHD have the capacity to be leaders and creative geniuses and game changers. But that's also a scary thing for people.

I had this one client in middle school who was asked to write an autobiography. So she thought it would be a great idea to write an autobiography from the point of view of a goose, which is awesome, right? Like who *thinks* of that? And, of course, she was asked to write her paper again because she didn't follow the assignment. And it's like, okay, you can't even appreciate that? That was genius! Who thinks of stuff like that? *We do*. So, just because you can't appreciate it doesn't mean it's not wonderful. But I think that when a child gets diagnosed, the parent knows that it's going to be an uphill battle, because it is.

That's why I come in and you know, having been a teacher and a school counselor, I know the school system. I know when they're saying stuff just to be convenient for themselves, like, "Well, we can't do that." Of course you can. And I know when they're being super helpful, too. So I can tell a parent, this person is fantastic use this person or on rare occasions, I have to say, if it were my child I would pull them out of the class, which schools hate. I've only done that once in my whole career, but you know, it's hard for a parent in schools.

Debbie: I love the way you explain that and your vision for reframing this conversation because it's so in alignment with what we're trying to do at TiLT, you know, shifting the whole paradigm of how we perceive difference in the way people are wired and realizing that it isn't a deficit. I'm so glad you're doing the work you're doing.

And yes, I know all too well. Having kids with ADHD in a traditional school classroom presents challenges to teachers. I've been homeschooling Asher for three years now, and I get it—my child needs to *move*. He is in constant motion, and that's fine...at *home*. But in a school setting, it's tricky.

Margit: So here's the other side of that. I went to an alternative elementary school, one that's still considered to be one of the best. And they did not understand it. And then for junior high and high school I went to a public school and I really liked it. I liked having the structure. I liked knowing exactly what was expected of me, because in the alternative school, I was called into the office a lot. You know, "She's so smart but she's not reaching her potential." I didn't even know what potential was. But that line was said about me all the time. So, in public school, where there was structure and I knew exactly what was expected—that doesn't mean I did what was expected but at least I understood—that worked better. So I really liked public school, but then I went to an alternative college and that was fantastic. Because by then I had had an idea of who I was and how I wanted to learn. And so I could choose the school that fit me instead of it someone just telling me, *here's your school*.

Debbie: I'd like to go back to this idea of the negative stigmas that push parents to be either in denial about what might be going on or, worse, feel compelled to hide the truth because they're afraid of judgment. And I'd also like to talk about the plethora of media that talks about ADHD being over-diagnosed or articles that go viral suggesting things like ADHD is a cultural thing or it's brought on by poor parenting. One article in particular that went viral a

few years ago was in *Psychology Today* and it was called *Why French Kids Don't Have ADHD*. And even though last fall they published a rebuttal piece called *French Kids DO Have ADHD*, it's hard to put the brakes on those ideas when they're shared so vigorously. And I should note that the follow-up article only got 2000 likes versus 2 million for the original piece. What are your thoughts about this idea of ADHD being over-diagnosed?

Margit: I think it's being both over-diagnosed and under-diagnosed. I think there are people being diagnosed with ADHD who probably have other things going on or who may have ADHD but the prevailing issue is something else. And then, because there is a negative stigma attached to an ADHD diagnoses, some people are just choosing not to get their kids diagnosed at all. I was talking with someone last week and her child had said, "Oh no! I might have ADHD!" and this mother responded, "Well, let's not jump to conclusions." If you think about it, people with ADHD are the only people who are asked to change who they are. Foreign students or English as a second language students are in the majority of American schools, but they're not asked to give up their culture. Instead, they are asked to take on additional skills. Kids in special education aren't asked to change their learning differences but instead to learn additional skills. But we are asked to change. We are wrong. The fact that it has the word disorder in it does not help. And I don't like that work, except for the fact that legally it makes it possible for people to get accommodations. But other than that it's not a disorder. And it's called a disorder.

Debbie: That really rings true for me, this idea that students with ADHD are the only ones asked to change who they are. I know that there are many private schools where, at a certain point, they will insist your child go on ADHD medication if they want to continue at the school.

And just to be completely transparent, Asher isn't on any medication for ADHD. Right now we're trying other approaches and, because we're homeschooling, the expectations placed on him are much different than if he were in a traditional classroom. But with that said, we do talk about medication with Asher and he knows it's an option if and when he decides to try it. But I wanted to bring up a recent article talking about the Center for Disease Control in the US coming out with a warning about the fact that Americans may be overmedicating young children with ADHD. The CDC is now recommending that parents of young children, especially those under the age of six, try behavioral therapy first. And if they do use medication at a later point, they should do it in conjunction with therapy. What are your thoughts on medication?

Margit: I think medication is a family decision. I have seen it work fantastically, including with me. I'm not on medication now, but I was on medication for seventeen years. And for me it was like a piece of me that had been missing was put in place. At the same time, I've also seen it not work, and we hear about that all the time. When the medication is the right medication and the right match, it will make someone feel like a better version of themselves. But if you don't feel better, then don't use it.

But I also believe that what we really need is a treatment plan, and that can involve medication or it might not. It can involve essential oils, or homeschooling, and other various things that parents find works for their child. I use a whole family approach in my practice, because when you send a child to therapy, it singles out the child as the one who has the

“problem.” And I don’t think of ADHD as a problem. I think of ADHD as a difference. But when you coach the whole family, the whole family understands each other better—what their expectations are, what their needs are—so they can get along better and the parents can channel their child’s ADHD in the way that works for their child.

Debbie: Can you tell us more about how you work with families? Say a family comes to you with a child who has ADHD and they’re just kind of starting out and realizing they need support. What would that look like?

Margit: Some of my clients are starting out with the diagnosis, while others have tried everything and nothing is working and they’re at the end of their rope. The first step with me is what I call a Brilliant Discoveries Session, and the family fills out some pre-questionnaires so I can come into the meeting with a good deal of knowledge. So I come into that meeting with a bunch of strategies they can implement right away. Those strategies could be anything from your child definitely needs more sleep to try feeding him or her more meat...there are a range of things that can make a difference and that can stand alone, and often people are like, *Oh my gosh you’ve just given me a ton of strategies that I’ve never tried before*. So that’s the standalone Brilliant Discoveries Session. For people looking for more ongoing skills building, I do that work too. You know, the brain is accustomed to behaving a certain way and it doesn’t naturally want to change. But if we keep introducing new behaviors, the brain will change over time and those new behaviors can become habits. Also, the way I work is noninvasive. I’m not doing anything except encouraging parents, supporting parents, and offering tips and strategies tailored to each family. I want parents to feel how awesome ADHD is.

Debbie: I’m such a huge advocate of people getting support when they need support, so I really love the work you’re doing. I’m grateful there are people like you in the world!

One last question for you—for parents who suspect their child might have ADHD, what do you recommend their first course of action be? Where should they start?

Margit: I would recommend that they go to a naturopath, and here’s why. Medical doctors are fabulous. I have nothing against them. But based on my experience, what typically happens is a parent will go in to a doctor, tell them they think their child has ADHD, and that medical doctor will either recommend testing which cost thousands of dollars or they’ll subscribe a pill. Whereas if parents start with a naturopath, that naturopath will look at behaviors and symptoms and treat those rather than the label. For instance, I had one young client who does have ADHD. But even more than that, he has adrenal exhaustion and a diagnosis of anxiety, which kind of go hand in hand. So if he were prescribed ADHD medication, yes, it might work, but it’s not going to do anything for his adrenal glands. And this client is a teenager. Adrenal glands need to work for your whole life. So a medical doctor would be missing that important piece.

Debbie: That’s great advice, Margit. And thanks for sharing such useful insight today. You’ve given us a lot to think about.

Margit: Thank you!