



Episode #144:

**Dr. Sharon Saline On
What Our ADHD Kids Wish We Knew**

February 12, 2019

- Debbie: Hey Sharon, welcome to the podcast.
- Sharon: Thanks Debbie. It's so great to be here. How are you today?
- Debbie: I'm trying to stay warm, but doing, doing pretty well. How about you?
- Sharon: About the same.
- Debbie: Well, I have so many questions in going through your book and I actually haven't had that many guests on specifically to talk about ADHD, so we'll see what we can get through. But before we dive into that, will you just take a few minutes and tell us about who you are in the world and maybe a little bit about how you came to be doing the work that you do?
- Sharon: Absolutely. So I'm a clinical psychologist and I live in western Massachusetts. I've worked with children, teens, young adults, adults, families, living with ADHD and anxiety for many, many years. Um, I love the creativity and the humor that comes along with having a, a neurodiverse brain. And I'm very excited about my book. I grew up in a family with a brother who had, a younger brother, who had undiagnosed and untreated ADHD and it was a stressful childhood in some ways, and a wonderful childhood and others of course. Um, but he struggled and my parents struggled with him and I watched the whole thing, you know, go on. And there wasn't a lot I could do. And I think, of course that's why I became a family therapist so that I could work with families who were struggling and try to help them.
- Debbie: Oh, that's great. So it's personal to you.
- Sharon: It is personal to me. And the reason that I wrote this book was because I was seeing over and over again in my practice and talks I was giving to parents that parents and kids were missing each other's signals that kids weren't, you know, sharing or feeling understood by their parents for what it was like to live with ADHD or what their experiences were like. And parents were frustrated that they weren't able to help their children in the ways that they had desired. So this book came out of my, my real interest in trying to create better, better communication, better collaboration, and ultimately more happiness in families living with ADHD.
- Debbie: And listeners, the book just so you know, is called *What Your ADHD Child Wishes You Knew: Working Together to Empower Kids for Success in School and Life*. And so again, I have so many questions, but even just to tackle that big one, when you came up with that title, *What Your ADHD Child Wishes You Knew*, what, what was it, you know, if you were to summarize it, the overarching theme that you keep hearing that parents need to know about.
- Sharon: Absolutely. Well, I interviewed dozens of kids with ADHD and of course I've had many years of working with kids and families. And so what I gleaned from all of this experience is that there were essentially five categories of things that kids wanted their parents and other adults, other caring adults, educators, coaches, mentors, etc. to know about them. So the first thing was that they don't like when

parents lose their temper or when they themselves feel out of control. It's uncomfortable for them when they're sort of riled up or worked up and their parent is equally, if not more agitated. It's extremely disconcerting because there's no way that they can regulate themselves without help or without an adult who's also dysregulated. And so that kind of led to the first C, which is self control. You manage yourself first so you can act effectively and teach your child with ADHD to do the same.

The second theme was that kids with ADHD want to feel understood and forgiven even if they don't understand themselves or why they do things. And this is really important because what this talks about is the second C, compassion. That we meet our kids where they are not where we expect them to be. And this lies at the heart of a positive parent child alliance. And it's important for kids because they're trying, you know, part of the, the, the task of development is figuring out who you are, where you belong, what you want to do with your life, and so they really need to feel like the adults are holding them in a space of feeling understood even even when they're questioning themselves. That there's some solidity to that.

And the third issue was that kids want their opinions about what might help them and what makes sense to them to be considered. And this is the third C, which is collaboration. And this is essential for working with kids with ADHD. And I would expect, I personally think it's for working with all kids, but especially kids who are wired differently because they have ideas about what might work for them or what has worked for them. And they understand their brains better than anyone because they live in the, in the bodies that the brains are, you know, directing. So collaboration is you work with your child together and other important adults in their life to find solutions to daily challenges. Instead of imposing your goals or your rules or what you think is the best thing on them. Now, of course, as adults and parents, there are things that we know are the right thing where we have to be, you know, in charge. You don't touch a hot stove, you know when it's really cold outside, you have to wear a coat and a hat and gloves, right?

But I'm not talking about that. I'm talking about, for example, help a child whose room is disorganized. You know, I worked with a, a young woman and she, she was a teenager and she and her mother fought for six months because this, this girl wanted to have her, take her clothes out of her drawers and put them on the bookshelf so she could see them better, because they were mostly on her floor. And the mom didn't want that because she thought that would, you know, look bad. And so we spent six months in therapy trying to figure out another solution, try something that the mom thought would work better, you know? And ultimately we put the clothes on the shelves just to try it. She moved her books into boxes somewhere else and put them in the basement, and lo and behold, her floor was like 70 percent better.

And so we have to really work with kids to, to, to find solutions. We also have to use incentives that matter to them. Kids with ADHD don't develop intrinsic motivation. Those, those feelings inside of us that give us satisfaction for doing something until they're in their late teens, early twenties, and sometimes a little

later because the, um, the frontal lobes in ADHD kids connect with the rest of the brain later. That's part of having ADHD, there's up to a three year lag. And so it's important to incentivize kids and to use appropriate incentives. And so that's part of the collaboration process.

The fourth C is consistency. And that relates to the fourth theme, which is kids really want parents to do more of what they say they're going to do and pay attention to the efforts kids are making without expecting perfection from anybody. And so this means that mixed messages are really confusing for these concrete thinkers. They need help with persistence and they find predictability comforting. And so routines really foster those important executive functioning skills. And so you want to nurture efforts towards doing tasks, projects, following through on plans as best you can in them and for yourself. We don't expect perfection here, but we expect parents to do what they say they're going to do. Kids tell me a lot, you know, my mom will say, clean up your room and the next time your room is messy, I'm going to leave it there so you know, until you're so uncomfortable with it that you have to clean it. But then kids say, you know, I go to school and come home and my mom's cleaned up my room. She moved all my piles. I don't know where anything is. And so, um, you know, I'm using two examples about room organization, but this comes up with parents that I work with a lot. On the other hand that will help with um, you know, notebooks. How do you, how do you keep your notebook organized, how do you stay on top of your homework, etc. etc. And so all of these things having some sort of routines that are very simple can be helpful.

And then the final thing that kids told me, and this is really crucial, is that they want more positivity in their lives. They feel like they basically hear a lot of critical comments. Um, they feel like people are always, you know, in some ways, telling them what they could do differently, what they could do better at what they, what they need is a sense of feeling like their efforts, whether they're changes that they're making when they do something well is noticed and acknowledged, whether it's through action like a high five or some encouragement or praise or validation.

You know, Dr. Barbara Fredrickson found that the positivity ratio should be three to one. And in my travels, when I talk to parents, I ask parents, you know, what do you think the ratio is of positive comments to negative comments for your child? And really the average that I get is one to fifteen. And that is stunning and extremely sad. And so what we need to focus on are positive comments and about the process, not just about the outcome and that that's what matters to kids. So those were the five C's and those are the themes, how they relate to what kids have told me.

Debbie: Super interesting. I'm curious about that incentive piece. As you're talking I'm thinking of Alfie Kohn's conversation that we had and he, he's so, you know, talks a lot about not giving praise and not incentivizing kids. And so I don't know, I'm just kind of curious to know your thoughts on that. I've heard similar things like the three to one or you know, ratio of giving positive feedback. Where does the research you're talking about mesh with what Alfie Kohn says about how our job

is to really just notice things but not assign any kind of positive or negative weight to what we see our kids doing.

Sharon: Well with all due respect, Alfie Kohn does not work with kids who have ADHD. And kids with ADHD are different and they're different because they receive negative messages about themselves from a very young age. And because they receive these negative messages, those negative messages are internalized into a very powerful strain of negative thinking, whether it's conscious or subconscious. And you know, I have been doing this work for almost 30 years and I have never met someone with ADHD who doesn't feel some level of shame about their being different. And so this is where he and I, Alfie Kohn and I part company because I believe that what these kids really need is a lot of positive feedback to counter balance that intense negativity that they receive either verbally or nonverbally from people about who they are and how they're different. And, and so kids with ADHD are also concrete thinkers and they, uh, they have uh, now or not now brain.

So if something is happening now, they're going to want to do it. If it's appealing now I want to do it. If it's not appealing now I don't want to do it. If you do not have ADHD, you can delay your gratification. But if you have ADHD, you can't do that. And so it's a very different kind of parenting because it, it has to be, it's more than noticing, it has to include that acknowledgement to balance all of that negativity. And I've talked to a number of kids about this and I've worked with hundreds of families and essentially when parents shift into a more positive parenting style where they're noticing what kids are doing, when they incentivize tasks, these kids begin to develop an internal motivation because - I'll explain that in a second - and they start to feel like, oh, I can do things right. I can accomplish what I set out.

And so that is, it's just different. You know, as I said earlier, I'm going to expand on the motivation thing because I think it's really important. There are two kinds of motivation. There's intrinsic motivation which is inside of you and extrinsic motivation, which is something outside of you. So intrinsic motivation is I, um, I enjoy writing and I want to write a good book report because I enjoy that process and I'll feel good when it's complete. Um, neurotypical kids can do that. Extrinsic motivation is I have to write a book report. I liked my book, I like to write free flow, but I don't really like to follow the structure. I have to do it. I don't want to do it. I get started. I'm really bored. I can work for about 10 minutes. So they need to have a whole different way of approaching things because over time extrinsic motivation will translate into intrinsic motivation as a child develops and you know, enters their late teens and early twenties.

So for, for kids with ADHD for example, who have tasks that they have to do that they don't like, you have to chunk those tasks so that they're small enough that they can actually get started. If you have to write a book report, for example, or a paper for school, if kids are in high school, you know, and you see that whole paper in front of you, you're going to be like, whoa, my god. It's like the mountain. I can't climb it. So you break it down. All I'm going to do is write the introduction today. That's it. How much, how much time am I going to do that in? And what, how, how am I going to set up time breaks and what's my reward

going to be when I've worked for an hour, can I have a snack? Can I do 10 minutes of social media that's monitored? Like whatever it is. It's very important that kids have help with these things because the dopamine system in the brain, which is a neurotransmitter and norepinephrine, those run differently in ADHD brains. There's just not enough of those neurotransmitters or they don't move efficiently, they're sort of slower. And so kids are not making the connections and though, that system of satisfaction and internal rewards is just not as effective and efficient as it is in neurotypical brains.

Debbie: Okay. Thank you. Super interesting and I appreciate that. And it also, you know, that ties in so much with executive functioning, which you talk about as well in your book, and we've done a lot of episodes on executive functioning. But you say that every child with ADHD has executive functioning deficits, that they go hand in hand, yeah?

Sharon: Yes they do. Because having ADHD means that you have more challenges with executive functioning than neurotypical brains. Because those, that frontal lobe connectivity that I talked about earlier, you know, the frontal lobes are like, you know, I would say the sound engineers of the brain. If you imagine that there's a band in a recording studio and there's a sound engineer in the booth and he says, okay, I need more vocals, or oh, I need a little less drums or I want more of the cow bell. That, that sound engineer, you know, metaphorically is like our executive functioning, which is in the frontal lobes. And they, it helps us execute things and the connections in the brain and how that runs on systems that use dopamine and norepinephrine. It's just different in ADHD brains. And so, um, I think that's really important for all parents and educators to understand that ADHD is a biologically based condition. And so it's not that kids are lazy or they don't want to work. It's that their brains are wired differently, as you say, and they need extra support. They need, sometimes medication is helpful, but all kids with ADHD and adults as well have to learn the skills that go with executive functioning.

Debbie: So you mentioned medication. I know also that you have a policy of not telling a parent they should or shouldn't medicate, you know, that that's a very personal decision. But I know that people are gonna want to know your thoughts on it. So maybe even just share with us what parents could consider or do you have any best practices surrounding medication that parents could be keeping in mind?

Sharon: Well, so, uh, thank you for asking this. It's, it's tricky. Um, I do have ideas about this. One of the things that I've noticed is that when children are younger, you know, in elementary school parents are more willing to, you know, do behavioral interventions first and then if those really are not working in the ways they would like, they'll consider medication. By the time kids are in middle or high school, if they're diagnosed then, parents and the kids themselves want to try the medication. They're tired, they're tired of struggling. And so my barometer over the years for medication is how much is your family and is your child suffering? Because you know, I'm a psychologist, I like to help people and one of my reasons for becoming a psychologist and growing up in a family with someone who had untreated, unmedicated ADHD, was that there was a lot of struggle that we could have, I think we could have avoided and my brother could have reduced if he had

had access to medication that might have helped him and also therapy that understood ADHD. So I feel like, you know, just giving people medication does not really solve, I mean it helps make them more available to learn the skills they need to learn. But in and of itself, it's not going to solve all the problems. It's, medication makes you available to learn what you need to learn and it might improve your, your processing speed and make your working memory be a little bit better, but you're still going to need cues. You're still going to need some systems and you're going to need support.

Debbie: So you talked earlier about the idea of collaboration and these kids, you're hearing that they want their opinions to be considered. So just tying that in with the medication or other interventions, how do you think that works best when it comes to offering potential solutions or strategies? I know, again, with a lot of these kids and um, you know, mine included here are very concrete thinkers. They can also be very kind of stubborn and um, you know, in my personal experience there's a desire to, you know, not really incorporate any outside resources. Like I hear you know, this, I'm going to figure this out on my own. I don't want to do what somebody else does. Which is all well and good as long as that exploration actually happens, but how do we navigate even maybe having that conversation about, about medication, is this something that's a top down with certain things or how, how do we move through that with our kids?

Sharon: Well, that's an excellent question. I think that it's a 'sometimes' answer. So for younger kids, you know, it's easier for parents to do a top down, but my general philosophy and my approach is that I want to include kids in this process. Ultimately you as parents have a final say. But one of the ways that helps kids even consider why medication would be useful is to explain to them on a very fundamental level what's happening in their brains. And so I, you know, I'll draw a neuron and I'll talk about like how there's like a little river between, a space between the neurons that's like a river and the ferries that are taking the cargo from one neuron to the next they're just operating slowly and there aren't enough of them. And the medication helps them move that cargo from one neuron to another, move that signal.

And when I do that, kids are like, wow, that is really interesting. You know? Or they'll say something like, you know, I do notice that I get overwhelmed when there's a lot of stuff going on because I can't figure it all out. So I like to include the kids in the process and then ultimately, you know, the parents have a say. I was meeting with some parents recently this week and you know, they have a seven year old son and you know, this child is really struggling and he's, he feels bad about himself. He was saying how he didn't want to be here anymore and they've been quite opposed to medication because he's seven. But we were talking, the mother was crying and the father was saying, you know, we don't want him to grow up not liking himself. So these are fundamental questions that you have to ask. I'm not saying that all seven year olds should be medicated at all. That's not what I'm saying. But what I'm saying is what is happening in your family? What is happening for your child? If you've tried a lot of things and you've exhausted a lot of possibilities, then it's worth thinking about. And it's

worth talking to the kids themselves, you know, are you satisfied with how you're doing?

Debbie: Well and I imagine that changes. And so I want to talk a little bit about that. You write about the emotional journey that most kids go through following their diagnosis, you know, and then can you tell us a little bit about what that looks like? And I'm using air quotes. I know there's no typical kid with ADHD, but what do you see consistently that emotional journey look like?

Sharon: That is so, such a great question. Again, I think it depends on the age of the child and the child's level of self awareness, quite honestly. I think for younger children it's a little bit easier. I don't use the word ADHD with kids themselves, unless they use that word. Particularly older kids will use it, but kids in elementary school I choose, I choose a word that they can come up with that describes how they think their brain works. So somebody might have foggy brain, someone might have fast brain. Something that is near their experience of how they feel like they think. And that tends to make it easier to accept that, what kind of brain they have. Um, and I might even, and I do that even with teenagers too. Like, well, how would you describe your brain? Is it something that goes speedily, speedily from one idea to another, or is it sort of slowly taking the long way home?

And so it helps because you know, the, the term ADHD is foreign. It's, you know, nobody wants to have a disorder and that's the thing that I see with kids. It's like ugh, who wants to have a disorder? Who wants to have to go to the doctor? Who wants to have to take medication? You know, I just want to be like everybody else. And so one of the things that I talk about with kids is like everybody has brains that work idiosyncratically. Now I have an anxious brain, it's a drag and I've had to figure out how to deal with that. And usually there's a parent in the picture, not always, but who might have challenges with attention and we talk about that. And so I try to normalize the experience as much as possible for them. And that's, that's usually where they're struggling the most is being different.

Debbie: Yeah. And you, you mentioned anxiety. I know that that is something also that goes hand in hand with a lot of ADHD kids. Why is that? Why do you think they're so connected?

Sharon: Uh well, 30, uh, you know, in terms of research and clinical diagnosis, 34 percent of kids with ADHD have anxiety, but I see a much higher number of that in my practice or when I talk to people. And I think that goes back to that negativity, um, that kids experience from early on. If you're told from a young age that you know not to do this or to do this differently, you start to develop a certain level of vigilance and an awareness about yourself that you're not behaving or acting or studying in the way that you are, quote unquote air quotes supposed to be doing. And so that perpetuates a low level of anxiety. And as you age it gets bigger because you start to realize that actually you don't think the way others do and you're not able to produce. You know, ADHD is a performance based disorder. So you're not able to produce the kind of work that you're capable of and there's an internal level of frustration that is pretty high in kids with ADHD. And, and I think that that frustration is intricately related to anxiety.

Debbie: Yeah. Oh absolutely. I mean that totally resonates with what we experience and you know, that negative self talk, you know, and that negative thinking sometimes we don't even know that that's happening, right? If our kids aren't sharing that and meanwhile they've got this running dialogue inside their head repeating things that yeah, they may have been hearing or feeling since they were very, very little. So how can we as parents and caregivers in these kids' lives, how can we help them with the negative self talk piece?

Sharon: Well, that's a really good question and I think you may not see the negative. You may not see the negative thinking. You may hear negative comments or you'll see, um, sometimes parents will see kids acting out, you know, sort of torture, quote unquote torturing a sibling, a younger sibling in particular, putting them down. And that's just to me, you know, an external reminder of what they tell themselves internally. And so I think the best thing that we can do with our kids is not to be a fake cheerleader and say, oh, hey, you cleared the table. I'm going to bake you a cake, you know, kind of thing. Or um, you turned your homework in on time. Let's go out for sundaes. Um, you know, I think that the thing is, is to, is to casually notice when things that you ask are done.

When kids might do something on their own that demonstrates independence, that demonstrates effort, that shows you that they're, they're trying, you know. I, I had one family I worked with for a long time and they're, I guess middle school age son had a sister who was a few years younger and he generally was pretty tough on her. But at halloween he essentially went to CVS and he bought her, with his allowance, an oversized chocolate bar because he knew she really liked them and he wanted to do something nice for her. Because she had been the night before very upset because her costume didn't work out and she was crying. And so, you know, it was interesting because the parents sort of mentioned that then they go on to something that he did wrong and I just re- I, you know, I said, okay, we're going to rewind and we spent the whole rest of the time talking about that thing that he did that was good, you know, and how they could, you know, notice that that's in him not, instead of focusing on the other things. So it's really kind of about shifting focus a little bit more often and verbalizing what you see without a whole production. Sometimes it's just a simple pat on the back or a little comment.

Debbie: Right. Yeah they hear those things. They make a, I mean I noticed that just a little bit more pride or beaming, you know, when, when you kind of recognize something.

Sharon: Right.

Debbie: Something small.

Sharon: Exactly. It can be something small. And you know, I was sort of saying, you know, like here, if your child comes home and happens to hang up their coat, why not say, hey, nice job hanging up your coat. You know, that's what I'm talking about when I'm talking about that celebration. You know it's, it's small things that, you know, because living with ADHD is like living with a thousand paper cuts. It's not

trauma with a capital T as I like to see it. It's a thousand little small things that create these small kinds of traumas as you were, as it were. And so shifting focus, um, helps them. When you shift focus, it helps them in a small way shift their own focus.

Debbie: Right. So I want to ask one more question and then I'd like you to share how people can connect with you, but with a lot of kids who have ADHD that emotional regulation piece is really a challenge. And you know, a lot of parents with kids who have ADD or ADHD are dealing with some big behavior, especially when they're younger, you know, outbursts, tantrums, kind of explosive behavior. We really love Dr. Ross Greene around here.

Sharon: Of course. Yeah.

Debbie: So what advice or thoughts do you have for parents who are living with that kind of behavior and how we can support our kids through it and support ourselves?

Sharon: So I love Dr. Ross Greene too, and someone recently asked me in an interview, what's the difference between my collaboration and his collaboration? And the difference is that, you know, the collaboration I'm talking about isn't necessarily a particular form, you know, he has you do, you ask this, you do this. Mine is more about actually engaging in conversations that are, um, in and of themselves collaborative where you listen to what your child is saying and you reflect back. And so when kids are having what I call um they're in the midst of an emotional tidal wave, because what happens for kids with ADHD because those frontal lobes, that thinking brain, the frontal lobe, you think, think of, consider it as your thinking brain. Your emotional brain is in the middle of your head. And then what we call your physiological brain is in the back, right? That's all your heart rate and your breathing and such and such.

When kids are agitated, their emotional brain takes over their thinking brain. It's that amygdala hijack that Daniel Goleman talks about. And because their frontal lobes, their executive functioning skills are already weaker, it's harder for them to regain emotional equilibrium to be, to sort of calm down. And so one of the things that's important when kids have meltdowns is to sit down at a time when the meltdown is not occurring and talk about what kinds of things are triggering and um, to predict. Because there is a certain kind of predictability even if it's not like the same thing every time. But there are certain sources and situations. As you said, sometimes kids with ADHD can be stubborn. I like to think of it as inflexible and so they have difficulty shifting from one situation to another, from one topic to another. And so they really, really, really need help.

And so when kids are in an emotional overload, I like to talk to them before or I mean after an emotional overload maybe the next day. And say, when you're in that space, what helps, what helps bring you back? And write those down and then make an agreement about what you're going to do that's one of those things. Because if you can go back to that agreement, that's helpful. And what I encourage parents to do, and you can read about this in my book, is use something called Stop-Think-Act. Because most of the time what happens is when people are upset, they act first. Then maybe they stop and then they think

about it and that's just not a helpful order. You want to figure out how you're going to stop the emotional overload, discuss what's happening, that's the thinking part, and then choose a different kind of action. And so I encourage you to go to my book *What Your ADHD Child Wishes You Knew* or to my website which is drsharonsaline.com. [Drsharonsaline.com](http://drsharonsaline.com) and I have lots of resources in both places to help parents with kids who are in emotional overload.

Debbie: And I think the thing to remember, which I am saying for myself as well, is that this isn't something that we just have that one discussion, come up with a plan and then expect it to work the first time. This is a practice and as you mentioned earlier, consistency and just hoping to build that muscle over what might be a long time. Right?

Sharon: That's right. And so, so it, it takes time to say, okay, you know, we're going to do something differently during these family meltdowns and because they're not working for me, they're clearly not working for you. And we're going to talk together about what that might be and we'll try number one and we're going to come back in a week because we'll probably have something at the same time and we're gonna talk about how that went and what we could do differently. And so it's a process of, of saying we're going to try to change one thing at a time. Because really if you think about yourself, I know for me, I can only change one thing at a time. You know, a lot of times our partners ask us to change five things about ourselves, but really we can only do one thing and that's true for kids with ADHD too. It can really only change one thing at a time.

Debbie: Right, great reminder. Well, Sharon this has been super interesting. We went all over the place which I love, so there's hopefully lots of little nuggets that listeners are going to take away. So I will leave links to Sharon's book and her website and any social media where you're active.

Sharon: Yes. I have a Facebook page and on Twitter and LinkedIn and also I have a Instagram account. But really my Facebook page and Twitter I'm, I'm always posting interesting articles or ways to connect with me on topics related to ADHD on, um, on those outlets.

Debbie: Excellent. Okay. So I'll have links to all of those places to connect with Sharon on the show notes page and Sharon, thank you so much. Super interesting. Congratulations on the book. I'm happy to be sharing it and your work with the Tilt community and thanks for coming on the show.

Sharon: Thank you so much for having me. I really am happy to be here and I appreciated your thoughtful and really interesting questions. Thank you so much.

RESOURCES MENTIONED:

- [Dr. Sharon Saline's website](#)
- [*What Your ADHD Child Wishes You Knew: Working Together to Empower Kids for Success in School and Life*](#) by Dr. Sharon Saline
- [Dr. Ross Greene Talks About How Collaborative and Proactive Solutions Benefits Atypical Kids](#) (podcast episode)
- [Dr. Saline on Twitter](#)
- [Dr. Saline on LinkedIn](#)
- [Dr. Saline's Facebook Page](#)
- [Dr. Saline on YouTube](#)
- [Dr. Saline on Instagram](#)