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Kyle Flenhage, 8, klds with his dad, Rick, as therapists work with the boy at the Upledger Institute in Palm Beach Gardens. SHERMAN ZENT/Staff Photographer

Why can't you just pay attention?

After decades of psychotherapy, behavioral management and medication, attention deficit disorder continues to baffle doctors and frustrate families. Are alternative therapies the answer?



Psychologist Aubrey Ewing of Delray Beach works with Garrett Stivers, 13, using controversial biofeedback therapy. BOB SHANLEY/Staff Photographer

By CAROLYN SUSMAN
Palm Beach Post Staff Writer

Kim Stivers tenses up ever so slightly when she speaks about her middle child, Garrett. For five years, since he was 8, Garrett has been in therapy.

Psychotherapy. Medication. She tried everything she could, with minimal success, to help her son deal with his impossible impulsivity that kept him from doing well in school or being happy with himself.

"He would be so frustrated, he would just tear a room apart. He was depressed. He would be so unmotivated, he would just lay on the floor for days," she says, her voice weighted with weariness.

Garrett has attention deficit disorder, a neurologically based syndrome that psychologists say is the most common behavior disorder of childhood. About 15 million Americans are estimated to have it. Some therapists now predict that two-thirds of children, formerly thought to outgrow the disorder, will carry it into adulthood.

The syndrome, identified by a British pediatrician in 1902, can be characterized by impulsivity, distractibility, inattentiveness and, sometimes, hyperactivity. There is no single test to identify it. Symptoms can mimic, mask or accompany other syndromes, like anxiety disorder or dissociative disorder. Therapists acknowledge that diagnosis is tricky.

Garrett wasn't diagnosed until eight months ago. "He's not really hyperactive," says Aubrey Ewing, a Delray Beach psychologist.

Garrett probably wasn't identified because of his lack of hyperactive symptoms, which used to be a prerequisite for an ADD diagnosis, explained Ewing, who is treating Garrett with biofeedback, a controversial approach to ADD.

Conventional treatments for ADD, or ADHD (with hyperactivity) as it is now also known, center on educating patient and family, behavioral-management techniques that emphasize structure, and psychotherapy for emotional problems.

Stimulants like Ritalin, Dextroamphetamine and Cycloset, and anti-depressants, like Norpramin, Prozac and Effexor (now being studied for ADD) may also be prescribed.

But for some, these treatments either don't work, don't work fast enough, aren't available or aren't acceptable.

Add to that the continuing controversy over prescribing drugs like Ritalin or Prozac for children — even the U.S. Department of Education thinks the role of drugs for ADD needs more study — and people may seek out alternative approaches.

Some use alternative treatments in conjunction with traditional therapies. Still, these alternatives often don't yet have the blessing of the medical or psychological community. And, at least one nationally recognized association — Children & Adults with Attention Deficit Disorders (CHADD) — has issued an informational sheet warning against several treatments, including biofeedback, megavitamin therapy, applied kinesiology and optometric vision training.

Biofeedback Isn't cheap

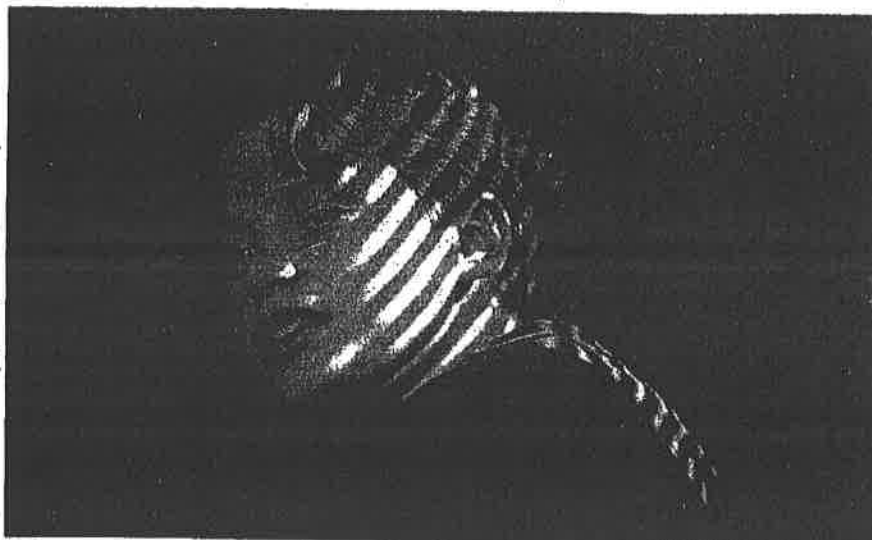
Kim Stivers was aware of the controversy before she enrolled Garrett in biofeedback therapy.

"It's my kid's chance of being everything he can be; he needed something ... and it has worked for us. He was stable for a while with psychotherapy, but his best period of stability is now."

She is paying, she says, the equivalent of a monthly mortgage. Ewing charges \$90 a session. Garrett is getting twice-a-week sessions, expected to last for 25 weeks.

During sessions, he is attached by electrodes to a machine that reacts to his brain waves, providing visual feedback of those waves. The object is to teach patients how to increase the levels of brain-wave activity associated with attentiveness and decrease the levels associated with distraction.

Ewing says the treatment isn't the answer for every ADD child.



ALLEN EYESTONE/Staff Photographer

Clifton Highfield's father, Del, hopes he will be able to pay for biofeedback or arrange special schooling to treat Clifton's ADD.

"We have a rigid selection criteria. If we don't think the family is emotionally, or financially equipped and well-motivated, then I discourage them from doing this."

Similar evaluations face patients trying to enroll for alternative ADD treatment at the Upledger Institute in Palm Beach Gardens, says the clinic founder Dr. John Upledger.

Therapists trained in his approach, which he calls craniosacral therapy, look for the origins of the disorder in the craniosacral system, which involves the skull, the vertebral column, the spine and the pelvis.

When such origins are found — often stemming from trauma at birth or head injury — the therapist works on "removing restrictions in the system" through a non-invasive, hands-on treatment.

"There are several causes for ADD. This is one cause," Upledger, an osteopathic physician, says. "When this cause is present and we correct it, we'll get almost 100 percent improvement."

An alternative to drugs

Although CHADD doesn't list craniosacral therapy in its warning sheet, it does refer to applied kinesiology, which sounds similar in its description to terminology Upledger uses.

CHADD describes the AK method as manipulation and alignment of skull bones. The group says the technique "has no place in the treatment of learning-disabled children."

Upledger says flatly that his

method is "totally different" from AK. "We are not that by a long shot."

Whatever it is, Cathy Gilmore came from Alabama in early June to find out. She was seeking help for her daughter, Caitlin, who was diagnosed with ADHD last summer. Caitlin takes Ritalin, but Gilmore isn't happy about it. Her brother-in-law, who works at the institute, told her about Upledger.

"I don't want her on Ritalin. A drug is not natural. It's something else that sets her apart. If this works, she won't have that," she says.

Caitlin's problem was apparent for years, her mother said, since pre-school.

"She couldn't read; she couldn't spell. She repeated first grade. Her self-esteem was at the bottom."

Even so, Gilmore was skeptical. "I've been conditioned to accept traditional medicine," she says. And as she watched Caitlin, lying on a treatment table, being gently manipulated by an Upledger-trained therapist, she marveled.

"I thought the course (of treatment) would be more complicated. It doesn't look like they're doing anything. But I have an open mind. I can see a difference."

Hope a main ingredient

This was the third day of a weeklong program for ADD and learning disabled children that costs about \$2,000. Nearly a half-dozen youngsters lay sprawled around the large room in the Upledger clinic, in various stages of treatment. Most were quiet, if

not relaxed, although one youngster was screaming.

Caitlin, 8, and a fellow patient, 8-year-old Kyle, Fienhage from Maine, said they didn't feel any pain.

Gilmore said she initially worried about how she could tell the effects of the treatment from the effects of the Ritalin her daughter was taking. Then she forgot to give her the Ritalin.

"She doesn't seem any different," she said with amazement. And since the treatments began, she said she noticed that Caitlin was more outgoing, eating better and seemed to be more carefree.

But anecdotal evidence is no substitute for scientific studies, says Myles Cooley, a North Palm Beach psychologist who specializes in ADD treatment.

"I can say that I found Jif Peanut Butter to be enormously successful for ADHD. I've got credentials, a Ph.D after my name. Anybody can say anything, and it's let the consumer beware ... It's not harmful unless wasting time and money is harmful," he says.

But Del Highfield of Lake Worth doesn't see harm in hope, even though he knows alternative approaches come with no guarantees.

He's hoping he will be able soon to pay for biofeedback treatments or special schooling for his ADD-affected son, Clifton, who is on Ritalin but failing in high school.

He would like to be able to say what Kim Stivers says of Garrett: "Things are so good right now, this is what I knew he could always be."

SYMPTOMS

A child with ADD will exhibit six or more of the following symptoms for at least six months. Some must be present before age 7.

- Fails to give close attention to details or makes careless mistakes in schoolwork.

- Has difficulty paying attention in tasks or play activities.

- Does not seem to listen when spoken to directly.

- Does not follow through on instructions.

- Has difficulty organizing tasks and activities.

- Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort.

- Loses things necessary for tasks or activities.

- Distracted by extraneous stimuli.

- Forgetful in daily activities.

- Fidgets with hands or feet or squirms in seat.

- Leaves seat when remaining in seat is expected.

- Runs about or climbs when inappropriate (adults or adolescents may have feelings of restlessness.)

- Has difficulty playing or engaging in leisure activities quietly.

- Often "on the go" or acts as if driven by a motor.

- Talks excessively.

- Blurts out answers before questions have been completed.

- Has difficulty awaiting turn.

- Interrupts or intrudes on others.

Source: Psychiatric Diagnostic and Statistical Manual, Fourth Edition.

ALTERNATIVE TREATMENTS

Here's what Children & Adults with Attention Deficit Disorders, or CHADD, advises about alternative treatments:

Dietary intervention: An allergy-based treatment originated by Benjamin Feingold, who advocated eliminating artificial food colorings, flavorings and preservatives. He claimed those substances were responsible for a broad array of learning disabilities.

What CHADD says: Well-controlled studies haven't supported this claim. At this time, it has not been shown that dietary intervention offers significant help to children with learning and attention problems.

Anti-motion sickness medication: Advocates believe that ADHD is caused by problems in the inner ear and believe there is a relationship between ADHD and problems with coordination and balance.

What CHADD says: This approach is inconsistent with current knowledge concerning the condition and is not supported by research findings.

Applied kinesiology: Proponents of this approach believe learning disabilities are caused by the misalignment of the skull, creating unequal pressure on different areas of the brain. Treatment consists of restoring the bones to their proper position.

What CHADD says: This theory isn't consistent with what is known about learning disabilities or the human anatomy. In all respects, this approach is far outside the mainstream of current thought and has no place in the treatment of learning disabled children.

EEG biofeedback: Proponents believe patients can be trained to increase the type of brain-wave activity associated with sustained attention and to decrease the type associated with daydreaming and distraction. Treatment involves measuring activity levels in the brain and feeding it back through a computer hookup.

What CHADD says: There have been a few studies which have shown impressive results for this method. But the application to ADHD is unproven and parents are advised to proceed with caution.

Optometric vision training: A group of optometrists has proposed the theory that reading disorders are caused by visual problems such as faulty eye movements. Treatment is varied. Some concentrate on eye exercises; others use colored lenses.

Optometrist Stephen Franzblau of West Palm Beach says: "The kids that I've been able to help are either misdiagnosed (as ADD), or have ADD and also have visual problems, problems with visual memory or visual motor skills, which is related to writing."

What CHADD says: Studies are few and flawed. Therefore, such treatment for ADD alone should not be employed in the treatment of learning disabilities.

For information on CHADD, write to 499 N.W. 70th Ave., Suite 109, Plantation, Fla., 33317, or call (305) 587-3700.

SOURCE: *Controversial Treatments for Children with ADD, Children & Adults with Attention Deficit Disorders, fact sheet #6.*

QUESTIONS

Q: How many people suffer from attention deficit disorder. Is it a condition that's overdiagnosed?

A: During a recent Mental Health Association conference in Palm Beach County, a majority of participants — both medical doctors and psychologists — thought ADD was underdiagnosed, particularly in minorities. Conservative estimates are that 4 percent to 10 percent of the population has ADD. Also, according to 1993 statistics from the Drug Enforcement Administration, Florida ranked 43 out of the 50 states and Puerto Rico, Guam, the Virgin Islands and the District of Columbia, in the consumption of Ritalin per 100,000 population.

Q: Is there a test that can determine dyslexia?

A: Yes. Unlike ADD, for which there is no single test, there are tests to determine if a person is dyslexic. If there is a question about a potential learning disability, a psychologist can do an evaluation.

Q: I have a 9½-year-old son with ADD and hyperactivity. His mother is home schooling him. Any comments?

A: There are believers and disbelievers in home schooling. Clearly, there are some kids, a real minority, who aren't able to function in a regular classroom. But it's not widely recommended for children with ADD.

SOURCE: Myles Cooley, psychologist specializing in ADD; "Why Can't Bobby Pay Attention?", April 26, 1993 videoconference, Visionary Productions Inc., Panama City, Fla.