



<https://www.youtube.com/watch?v=dLarWMcMY8M> *Deathbed Confession: ADHD Is a*

Fictitious Disease: Leon Eisenberg, scientific father of ADHD said it is a prime example of a made up disease ...in 2006 every single member of the DSM (Diagnostic and Statistical Manual) board was receiving money from the drug industry

<http://www.cathinfo.com/catholic.php/Inventor-of-ADHDS-deathbed-confession-ADHD-is-a-fictitious-disease>

Even Snopes could only attempt to obfuscate by claiming “vagaries” in translation yet they concede he said this: "ADHD is a prime example of a fabricated disorder," Eisenberg said. "The genetic predisposition to ADHD is completely overrated."

Instead, child psychiatrists should more thoroughly determine the psychosocial reasons that can lead to behavioral problems, Eisenberg said. Are there fights with parents, are there are problems in the family? Such questions are important, but they take a lot of time, Eisenberg said, adding with a sigh: "Prescribe a pill for it very quickly."

On a related note, an August 2012 *Der Spiegel* English-language [interview](#) with (now retired) Harvard psychologist Dr. Jerome Kagan quoted Dr. Kagan as being critical of "fuzzy diagnostic practices" and the over-prescription of drugs such as Ritalin for behavioral problems in children, and as referring to ADHD as "an invention".

Richard Saul, MD, author, ADHD Does Not Exist <http://time.com/25370/doctor-adhd-does-not-exist/>

Excerpt: “What’s so bad about stimulants? you might wonder. They seem to help a lot of people, don’t they? The article in the *Times* mentions that **the “drugs can temper hallmark symptoms like severe inattention and hyperactivity but also carry risks like sleep deprivation, appetite suppression and, more rarely, addiction and hallucinations.” But this is only part of the picture.**

First, addiction to stimulant medication is not rare; it is common. The drugs’ addictive qualities are obvious. We only need to observe the many patients who are forced to periodically increase their dosage if they want to concentrate. This is because the body stops producing the appropriate levels of neurotransmitters that ADHD meds replace — a trademark of addictive substances. **I worry that a generation of Americans**



won't be able to concentrate without this medication; Big Pharma is understandably not as concerned.

Second, there are many side effects to ADHD medication that most people are not aware of: increased anxiety, irritable or depressed mood, severe weight loss due to appetite suppression, and even potential for suicide. But there are also consequences that are even less well known. For example, many patients on stimulants report having erectile dysfunction when they are on the medication.

Third, stimulants work for many people in the short term, but for those with an underlying condition causing them to feel distracted, the drugs serve as Band-Aids at best, masking and sometimes exacerbating the source of the problem.”

Conventional thinking: [10 Signs That Could Mean ADHD](#)

Yeah...well, AD(H)D is also caused by 1) kids being bored to death by many topic they have zero interest in and will never pursue, 2) having emotional issues that get ignored in school (instead focusing on behaviors) and interfere with concentration, 3) too much processed and sugary foods that conspire against calm focus, 4) too many gadgets and distraction make kids stimulation addicts (which can be naturally remedied/balanced), 5) not enough physical play time to release energy, 6) breathing shallowly in the chest (as opposed to diaphragm) causes fight or flight physiology with secretion of chemicals to make kids jumpy.

There are natural ways to retrain the brain

Kids With ADHD Can Train Their Brains, Study Finds

[Read](#)

Brain and Music

This Is How Music Can Change Your Brain



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From *time.com* - January 22, 3:45 PM

Actively learning to play an instrument can help a child's academic achievement

From an article (not directly) below: “A.D.H.D. has historically been estimated to affect 3 to 7 percent of children. The disorder has no definitive test and is determined only by speaking extensively with patients, parents and teachers, and ruling out other possible causes — a subjective process that is often skipped under time constraints and pressure from parents. It is considered a chronic condition that is often carried into adulthood.”

Listen to Robert Whitaker (Author of the ADHD Epidemic) talk about the US. He has done well to collate the available research evidence and he seemed surprisingly measured. You can watch on link below

<https://www.youtube.com/watch?v=gigZD4RIXhg>



Part 4: Children & ADHD - Robert Whitaker - Psychiatric Epidemic - May 14, 2014



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youtube.com•Here, Robert Whitaker looks at the research that specifically deals with Children - especially ADHD but also so-called Bipolar Disorder. The evidence is clear: the ethics behind the use of these toxic medications

Workers Seeking Productivity in a Pill Are Abusing A.D.H.D. Drugs

By ALAN SCHWARZ

Interviews with users and treatment experts suggest a growing number of young American workers are taking stimulants to enhance concentration and stamina at work.

Ritalin vs. Recess: Are Drugs Really the Answer to the ADHD Epidemic? - TakePart



From www.takepart.com - January 22, 6:38 PM

By robbing kids of time to act like kids, then opting for medication over therapy, we may be undertaking a giant, uncontrolled experiment on the brains of children.

Via *Penrith Farms*

"The chief aim of education should be to make our nervous system our ally instead of our enemy."

William James

Drowned in a Stream of Prescriptions

By ALAN SCHWARZ

"A young man's suicide highlights issues in the diagnosis and treatment of A.D.H.D., as growing numbers of youths fake symptoms to obtain steady prescriptions for stimulants that can be dangerous.

Just one example: The Assistant Director of the Pediatric Psychopharmacology Unit at Massachusetts General Hospital and Associate Professor of Psychiatry at Harvard Medical School received "\$1 million in earnings from drug companies between 2000 and 2007". In any case, no one can easily get around the testimony of the father of ADHD: "ADHD is a prime example of a fictitious disease".



- *Study Finds That Few ADHD Children Receive Behavioral Therapy (NBC News)*

But here's another conventional pitch:

Why Can't I Concentrate?

Health.com

How to detect symptoms of adult ADHD and ways to treat it.

By Margaret Renkl, Health



Your desk is a mess, and you can forget about completing your to-do list—you don't even have one. Your mind darts from one thought to the next. And that handbag you've been madly searching for on your way out the door? Yes, it's already on your shoulder.

Episodes of forgetfulness and distraction happen to all of us, and for most that's all they are—episodes. But nearly 5 million American women have attention deficit disorder, or ADD, a neurobehavioral condition marked by poor memory, the inability to concentrate on important tasks, and a tendency to fidget and daydream, among other symptoms. For them, this kind of distraction isn't temporary at all and can actually be crippling.

When adult ADD (or ADHD: the H is for hyperactivity) goes untreated for years, women may end up plagued by anxiety, depression, and low self-esteem.



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"They may feel as though they're constantly being judged—as flighty, inept, late, disorganized, scattered," says Tracy Latz, MD, a psychiatrist and associate clinical professor at Wake Forest University Medical Center. And even if women seek help, the condition may go overlooked or be misdiagnosed.

Because women are less likely than men to be classically hyperactive, their symptoms can be more subtle and easily missed. For instance, a woman with ADD may come off as chatty, peppy, or extroverted, or even as a dreamy, artistic soul. In reality, she may feel deeply frustrated by seemingly simple tasks, from picking out clothes to grocery shopping to keeping files organized at work. And her condition may lead to fights with her spouse or difficulty on her job.

Hormonal changes can exacerbate the effects of ADD, too. When a woman enters perimenopause, she may be even more likely to forget names or key bits of information.

The good news? When women do receive a diagnosis of ADD, many feel relieved to have discovered the answer to a frustrating question: "Why am I like this?" What's more, treatment usually brings greater productivity, better organization, and a newfound sense of control. Here, meet three women who have found their focus—and learn how to get the help you need if you suspect you have ADD.

Suffer the Children

The case against labeling and medicating children, and effective alternatives for treating them
by Marilyn Wedge, Ph.D.

Why French Kids Don't Have ADHD

French children don't need medications to control their behavior.
Published on March 8, 2012 by Marilyn Wedge, Ph.D. in Suffer the Children

In the United States, at least 9% of school-aged children have been diagnosed with ADHD, and are taking pharmaceutical medications. In France, the percentage of kids diagnosed and medicated for ADHD is less than .5%. How come the epidemic of ADHD—which has become firmly established in the United States—has almost completely passed over children in France?



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Is ADHD a biological-neurological disorder? Surprisingly, the answer to this question depends on whether you live in France or in the United States. In the United States, child psychiatrists consider ADHD to be a biological disorder with biological causes. The preferred treatment is also biological—psycho stimulant medications such as Ritalin and Adderall.

French child psychiatrists, on the other hand, view ADHD as a medical condition that has psycho-social and situational causes. Instead of treating children's focusing and behavioral problems with drugs, French doctors prefer to look for the underlying issue that is causing the child distress—not in the child's brain but in the child's social context. They then choose to treat the underlying social context problem with psychotherapy or family counseling. This is a very different way of seeing things from the American tendency to attribute all symptoms to a biological dysfunction such as a chemical imbalance in the child's brain.

French child psychiatrists don't use the same system of classification of childhood emotional problems as American psychiatrists. They do not use the *Diagnostic and Statistical Manual of Mental Disorders or DSM*. According to Sociologist Manuel Vallee, the French Federation of Psychiatry developed an alternative classification system as a resistance to the influence of the *DSM-3*. This alternative was the *CFTMEA (Classification Française des Troubles Mentaux de L'Enfant et de L'Adolescent)*, first released in 1983, and updated in 1988 and 2000. The focus of *CFTMEA* is on identifying and addressing the underlying psychosocial causes of children's symptoms, not on finding the best pharmacological bandaids with which to mask symptoms.

To the extent that French clinicians are successful at finding and repairing what has gone awry in the child's social context, fewer children qualify for the ADHD diagnosis. Moreover, the definition of ADHD is not as broad as in the American system, which, in my view, tends to "pathologize" much of what is normal childhood behavior. The *DSM* specifically does not consider underlying causes. It thus leads clinicians to give the ADHD diagnosis to a much larger number of symptomatic children, while also encouraging them to treat those children with pharmaceuticals.

The French holistic, psychosocial approach also allows for considering nutritional causes for ADHD-type symptoms—specifically the fact that the behavior of some children is worsened after eating foods with artificial colors, certain preservatives, and/or allergens. Clinicians who work with troubled children in this country—not to mention parents of many ADHD kids—are well aware that dietary interventions can sometimes help a child's problem. In the United States, the strict focus on pharmaceutical treatment of ADHD, however, encourages clinicians to ignore the influence of dietary factors on children's behavior.

And then, of course, there are the vastly different philosophies of child-rearing in the United States and France. These divergent philosophies could account for why French children are generally better-behaved than their American counterparts. Pamela Druckerman highlights the divergent parenting styles in her recent book, *Bringing up Bébé*. I believe her insights are relevant to a discussion of why French children are not diagnosed with ADHD in anything like the numbers we are seeing in the United States.

From the time their children are born, French parents provide them with a firm *cadre*—the word means "frame" or "structure." Children are not allowed, for example, to snack whenever they want. Mealtimes are at four specific times



of the day. French children learn to wait patiently for meals, rather than eating snack foods whenever they feel like it. French babies, too, are expected to conform to limits set by parents and not by their crying selves. French parents let their babies "cry it out" if they are not sleeping through the night at the age of four months.

French parents, Druckerman observes, love their children just as much as American parents. They give them piano lessons, take them to sports practice, and encourage them to make the most of their talents. But French parents have a different philosophy of discipline. Consistently enforced limits, in the French view, make children feel safe and secure. Clear limits, they believe, actually make a child feel happier and safer—something that is congruent with my own experience as both a therapist and a parent. Finally, French parents believe that hearing the word "no" rescues children from the "tyranny of their own desires." And spanking, when used judiciously, is not considered child abuse in France.

As a therapist who works with children, it makes perfect sense to me that French children don't need medications to control their behavior because they learn self-control early in their lives. The children grow up in families in which the rules are well-understood, and a clear family hierarchy is firmly in place. In French families, as Druckerman describes them, parents are firmly in charge of their kids—instead of the American family style, in which the situation is all too often *vice versa*.

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Marilyn Wedge is the author of *[Pills Are Not for Preschoolers: A Drug-Free Approach for Troubled Kids](#)*

NY TIMES Health Alan Schwarz

A.D.H.D. Seen in 11% of U.S. Children as Diagnoses Rise





A.D.H.D. Diagnoses Worry Doctors: The Times's Alan Schwarz on doctors' growing concern about the skyrocketing use of A.D.H.D. medications in children.

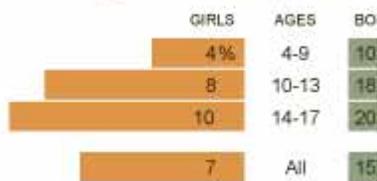
By [ALAN SCHWARZ](#) and [SARAH COHEN](#)

Published: March 31, 2013 1162 Comments

- Nearly one in five high school age boys in the United States and 11 percent of school-age children over all have received a medical diagnosis of attention deficit hyperactivity disorder, according to new data from the federal Centers for Disease Control and Prevention.

Multimedia

Children ages 4 to 17 ever diagnosed with



Graphic

Rates of A.D.H.D. Diagnosis in Children

[Enlarge This Image](#)



Robert Caplin for The New York Times

Dr. Ned Hallowell, a psychiatrist, once told parents some stimulants were "safer than aspirin."

Readers' Comments

Readers shared their thoughts on this article.

- [Read All Comments \(1162\) »](#)

These rates reflect a marked rise over the last decade and could fuel growing concern among many doctors that the A.D.H.D. diagnosis and its medication are overused in American children.



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The figures showed that an estimated 6.4 million children ages 4 through 17 had received an A.D.H.D. diagnosis at some point in their lives, a 16 percent increase since 2007 and a 41 percent rise in the past decade. About two-thirds of those with a current diagnosis receive prescriptions for stimulants like Ritalin or Adderall, which can drastically improve the lives of those with [A.D.H.D.](#) but can also lead to addiction, anxiety and occasionally psychosis.

“Those are astronomical numbers. I’m floored,” said [Dr. William Graf](#), a pediatric neurologist in New Haven and a professor at the Yale School of Medicine. He added, “Mild symptoms are being diagnosed so readily, which goes well beyond the disorder and beyond the zone of ambiguity to pure enhancement of children who are otherwise healthy.”

And even more teenagers are likely to be prescribed medication in the near future because the [American Psychiatric Association](#) plans to change the definition of A.D.H.D. to allow more people to receive the diagnosis and treatment. A.D.H.D. is described by most experts as resulting from abnormal chemical levels in the brain that impair a person’s impulse control and attention skills.

While some doctors and patient advocates have welcomed rising diagnosis rates as evidence that the disorder is being better recognized and accepted, others said the new rates suggest that millions of children may be taking medication merely to calm behavior or to do better in school. Pills that are shared with or sold to classmates — diversion long tolerated in college settings and gaining traction in high-achieving high schools — are particularly dangerous, doctors say, because of their health risks when abused.

The findings were part of a broader [C.D.C. study](#) of children’s health issues, taken from February 2011 to June 2012. The agency interviewed more than 76,000 parents nationwide by both cellphone and landline and is currently compiling its reports. The New York Times obtained the raw data from the agency and compiled the results.

A.D.H.D. has historically been estimated to affect 3 to 7 percent of children. The disorder has no definitive test and is determined only by speaking extensively with patients, parents and teachers, and ruling out other possible causes — a subjective process that is often



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skipped under time constraints and pressure from parents. It is considered a chronic condition that is often carried into adulthood.

The C.D.C. director, Dr. Thomas R. Frieden, likened the rising rates of stimulant prescriptions among children to the overuse of pain medications and antibiotics in adults.

“We need to ensure balance,” Dr. Frieden said. “The right medications for A.D.H.D., given to the right people, can make a huge difference. Unfortunately, misuse appears to be growing at an alarming rate.”

Experts cited several factors in the rising rates. Some doctors are hastily viewing any complaints of inattention as full-blown A.D.H.D., they said, while pharmaceutical advertising emphasizes how medication can substantially improve a child’s life. Moreover, they said, some parents are pressuring doctors to help with their children’s troublesome behavior and slipping grades.

“There’s a tremendous push where if the kid’s behavior is thought to be quote-unquote abnormal — if they’re not sitting quietly at their desk — that’s pathological, instead of just childhood,” said [Dr. Jerome Groopman](#), a professor of medicine at Harvard Medical School and the author of “How Doctors Think.”

Fifteen percent of school-age boys have received an A.D.H.D. diagnosis, the data showed; the rate for girls was 7 percent. Diagnoses among those of high-school age — 14 to 17 — were particularly high, 10 percent for girls and 19 percent for boys. About one in 10 high-school boys currently takes A.D.H.D. medication, the data showed.

Rates by state are less precise but vary widely. Southern states, like Arkansas, Kentucky, Louisiana, South Carolina and Tennessee, showed about 23 percent of school-age boys receiving an A.D.H.D. diagnosis. The rates in Colorado and Nevada were less than 10 percent.

The medications — primarily Adderall, Ritalin, Concerta and Vyvanse — often afford those with severe A.D.H.D. the concentration and impulse control to lead relatively normal lives.



Because the pills can vastly improve focus and drive among those with perhaps only traces of the disorder, an A.D.H.D. diagnosis has become a popular shortcut to better grades, some experts said, with many students unaware of or disregarding the medication's health risks.

[NEXT PAGE »](#) *Allison Kopicki contributed reporting.*

The conventional perspective: [ADHD: Understanding the Patterns, Symptoms, and Treatment Options \(WebMD\)](#)

My 4 years on LinkedIn exposed me to many professionals and people/patients whose stories should not be dismissed as "anecdotal" ...after all it is patients'/parents' stories that determine their diagnoses and prescriptions. A small sample:

[Daniel Gooch](#) Owner at WiNot? Promotional Solutions

I really wouldn't have cared if I had been diagnosed as having ADD 52 years ago as long as the diagnosis meant that I did not have to spend a significant portion of each day attempting to "SIT STILL !" when I had reached my boredom threshold and a funny-bone-like pain was gripping my spine with what I came to call "The Tingles." Or to sit in the classroom instead of going to music and forced to color little tiny candy canes to prove that I knew that two plus four equaled six because it was almost impossible to do when I had them, and so took me forever. There is a reason why some children simply color through the correct number of circles, or squares, or anythings instead of staying inside all those little lines. The problem is not the diagnosis and whether or not there is anything (drug-wise) that helps, it is being forced to spend a lifetime attempting to find happiness in a world that was designed to train and predominantly inhabited by people who are not like you.

Instead of writing: "Does not work up to his potential!" in my report cards every time, why not: "I do not know how to teach the way your child needs to learn." Some did. I remember the classes with the teachers who could inspire and unleash what most simply could not. They were few and far between.

I've been reading about Subliminal Distraction (I probably found it in one of your posts here. <http://visionandpsychosis.net/index.htm>) A diagnosis that lead to a change of environment would make a world of difference. A diagnosis that helps determine a probable cause and an effective treatment would be welcome, otherwise it is just a label - or a warning.



[Jane Barrash](#)

Executive Director/Leadership and Employee Development Consultant

Daniel: "Instead of writing: "Does not work up to his potential!" in my report cards every time, why not: "I do not know how to teach the way your child needs to learn." "

Well said. We have a left hemisphere, a right hemisphere, a frontal lobe (for (transcendent) meaning seeking not just "executive functions") and a mammalian/emotional brain, yet education teaches only to the left hemisphere...rational, categorization/parts-oriented, analytical, verbal, linear, time-tied.

The right hemisphere, big picture/wholes, intuitive, creative, non-linear and transcendent thinking, is not only ignored but suffocated. Einstein said "rational thinking is the faithful servant, Intuition is the sacred gift. Society honors the servant and has forgotten the gift."

Why do you think hallucinogens are so popular? We crave/are wired for transcendent thinking but have become imprisoned by material and 3-D consumptive focus. Ignoring a whole hemisphere is a lot of prime real estate to waste...and an ignorance of vital human capacities.

We totally ignore the emotional brain and leap frog to "intellect" as THE measure or gauge of intelligence. We implicitly teach that this is a random, meaningless universe that runs like a machine...we focus on parts and separation...we see life as a grind, a rat race, all about material 3-D values...and we wonder why there is rampant materialism, alienation, us-against-them thinking, emotional problems/ignorance, and hopelessness, meaninglessness and depression?

And those deciding the course of education think we need more math, science, technology and engineering (left hemisphere)? And/or pharmaceutical drugs.

Many kids not only don't think or learn well in that verbal, linear, mode, but could care less about those subjects. Add to it the garbage (high sodium, sugar, caffeine, and processed food), lack of movement, and/or emotional drama (divorce, abuse, insecurities, etc) yet we expect kids to sit still? How convenient to just get them on medications...the white kids that is...kids of color get labeled special ed...which has been shown to be a



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pipeline to prison.

Follow the money...

BTW, I know for a fact that teaching diaphragmatic breathing (the way we are designed to breathe...just watch a baby or animal) can change one's physiology and brain chemistry to a state of calm and FOCUS...but it's free, and how would the drug companies make money off it?



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Hyacinth

[Hyacinth Charles, CRC, LMHC, FDC](#)

Psychotherapist, Advocate for Holistic Health and Prevention Strategies

Important topic because many people underestimate the potential of so many to learn, grow and develop



-

Leah

[Leah Davies M.Ed.](#)

Author, Kelly Bear Resources, Past Instructor, Auburn University, teacher, counselor, mental health professional

Right, Hyacinth!



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Jane Barrash

Executive Director/Leadership and Employee Development Consultant

1. Teach them how to breathe diaphragmatically. Shallow breathing - which is how most children (and adults) breathe because of stress and lack of awareness about how to breathe - puts the body in a state of fight or flight...kicking out adrenalin, etc that makes it virtually impossible to sit still or concentrate! Teach them how to focus on their breathing to build calm and concentration.

Watch a baby or an animal...they breathe diaphragmatically (in their belly) because that is how we are designed to breathe...and the chemicals secreted when belly breathing correlate to states of calm, centered, focus.

2. Educators state that "each child is different" but teaches them as if they all learn the same way and are interested in the same things. When kids aren't interested, or their style of learning is not taken into consideration in this one-size-fits-all, math/science/verbal skills (left brain and rote) education system...the attention of many kids will not be held...so they will have attention deficit "problems".

An ever-tightening focus on math/science/verbal skills makes many kids feel dumb and then they act out because little in school speaks to them.

3. Deal EFFECTIVELY with emotional issues (I don't think the current mental health model (let alone education) deals at all effectively with kids' emotional issues)...children can't concentrate and have little motivation when they are struggling with emotional pain.

The mammalian/emotional brain evolved well before the neocortex (l/r hemispheres and frontal lobe) but we think we can jump right up to the neocortex and have it (and our thinking faculties) work well when that foundational brain is not well developed.

The pharmaceutical companies make out like bandits as we come up with more and more "mental illness", rather than understanding healthy development.

The man who invented ADHA has declared it was a made up / fictitious disease:
<http://www.worldpublicunion.org/2013-03-27-NEWS-inventor-of-adhd-says-adhd-is-a-fictitious-disease.html>



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Leah

[Leah Davies M.Ed.](#)

Author, Kelly Bear Resources, Past Instructor, Auburn University, teacher, counselor, mental health professional

Thank you, Jane, for sharing your insight!



[Jane Barrash](#)

Executive Director/Leadership and Employee Development Consultant

You are welcome, Leah... BTW, I have had many kids (and adults) get off ADHD, anxiety, insomnia and blood pressure medication after learning diaphragmatic breathing and emotional insight.

If I were to have a number 4 I would also say that teaching kids a curriculum that incorporates the findings from quantum physics which describe a universe far more responsive, interactive, multidimensional and magical, is empowering, engaging and feeds optimism - both of which can address the underlying anxiety that feeds a lack of attention.

Unfortunately science is still teaching the same old mechanistic, Newtonian, materialist science that describes a vast, cold, machine-like universe in which we are cogs and victims of circumstance. Quantum physics' implications are profound and accessible...but nowhere to be found in middle or high school. I have seen amazing impact when kids get that information.

It sickens me that because kids don't relate to what's being taught or have issues unaddressed by education, they are put on medication or sent to special ed (which has



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between shown to be a pipeline to prison).

7,000 kids a day drop out of school, and of those that remain the numbers on medication or in special ed are alarming...when do people stop and say "Hey! Maybe we need to re-evaluate our underlying assumptions about what kids need to learn to live fulfilling, effective, healthy (medication- and prison-free) lives?"

All we do know is tighten up the focus on left hemisphere skills and on mental health workers trained to identify "signs of mental illness" or behavior problems at ever-younger ages.

- [Barnett J. Weiss, MA,LCSW](#)

Therapist, educator, consultant

I value the level of commitment apparent in putting forward the information contained in these pieces and would like to add my experience and the research which do not appear to be included so far.

First of all, I ask that you look at the mounting evidence that so called ADHD and ADD are acquired behaviors largely developing due to disturbed environmental and developmental issues. In fact, as an article in Psychology today contrasting France's professional experience and approach to that of the U.S., there were greater than 4 times the percentage of youth diagnosed and treated nearly always with medications in the US vs France where they saw and treated such instances in the social Milieux of the family and school and rarely used medication.

There is growing number of orthodontists, ENT physicians, sleep professionals and various other professionals involved with the health of our airways which see ADHD not as some genetic based disorder, rather as a consequence of poor advice and inadequate understanding and support of pregnant women and mothers in the early feeding of their infants as well as the enormous stress especially on poor families leading to poor sleep patterns with most children ending with the ADHD diagnosis being predominantly mouth breathers, developing malocclusions and serious overbreathing leading often to asthma, Apnea, and consequent poor oxygenation of the brain with common Brain dysfunctions following this pattern. I have previously posted fine videos among them that of a talk on Vimeo by Dr. Kevin Boyd, a highly respected orthodontist in Chicago. Dr. Barry Raphael in Clifton New Jersey along with Roger Price presently working with Dr. Raphael have



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been greatly responsible for pulling together the best of all of these oral developmental breathing issues.

Finally, our experience of well over a thousand highly trained Nurtured Heart Approach advanced trainers world wide has shown that we are able to turn many of these diagnosed ADHD students around by paying attention to building their inner wealth through focussing on the social curriculum at home and especially in the schools as you can learn from even a brief perusal of the many resources at research pieces on our website www.childrensuccessfoundation.com

The issue is not control, it is about answering the essential questions these children are asking in the way we relate to them in the midst of their impoverished inner sense of themselves. Without our highly intentional regular and specific value based acknowledgement of what they are doing that shows their caring, persistence, etc, Building and downloading a more positive sense of themselves, they will continue to download more and more negative relationship exchanges between themselves and their parents, other parenting figures like teachers etc and from their peers. Without such approaches also advocated in his own way by Dr. Kazdin of Yale, young people will continue to thrash around using negative and provocative actions to achieve the energy exchange they have lost the ability to create through regularly acknowledged positive actions despite the fact that those are there, though less noticed in the midst of so much negativity.

- [John Slywka](#)

Independent Hospital & Health Care Professional

Agreed, Barnett! Since many ADHD children tend to be more creative, more energetic, more emotionally expressive, etc. (which are rarely listed as symptoms!), as a teacher and family therapist who has represented both families and school districts, I prefer to nurture these wonderful qualities rather than medicate them down to 'normal' levels.

When I taught at Dallas' Townview Magnet Center - - it was not unusual for a HS freshman to take the Calculus B/C and Psychology AP exams - - all of my students were talented & gifted... and many met ADD/ADHD diagnostic criteria. While this occasionally made classroom management a challenge, far more often it enhanced their ability to learn and perform!

Before resorting to psychotropic meds, I encouraged parents to read 'The Gift of ADHD'.

- [Jane Barrash](#)



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Executive Director/Leadership and Employee Development Consultant

I am so disturbed by the medicalization of and medication for so many "conditions" that could be far better understood and treated if we understood the human emotions and psyche as more than just a jumble of chemical secretions or neurons firing.

Barnett, you brought up a reference to mouth breathing, but I would encourage everyone to consider a far more prominent role for breathing. Breathing - depending on whether it is shallow chest wall, or deep belly diaphragmatic - will affect one's physiology and brain chemistry to be in fight-or-flight mode, or in focus, centered, calm, concentration mode.

If someone is breathing shallowly - children or adults - they CANT sit still and concentrate because physiologically and neuro-chemically they are ready to run or fight off danger with adrenalin coursing through their bloodstream. (Wouldn't it make sense to teach diaphragmatic breathing?)

Add to that the anxiety of all the testing pressure in US schools, the extremely competitive nature of US, the absence of good emotional/social development programs in schools to effectively deal with the issues so many Americans seem to be struggling with, the quick move to medicate and the limitations of cognitive (left brain) therapeutic approaches (only as effective as medication which deals with symptoms not root causes), and you have happy pharmaceutical companies and busy mental health professionals who are not turning the tide of mounting "mental illness".

Cognitive approaches by definition don't effectively reach the emotional/animal/mammalian/mid- brain (limbic system). Just had a 21 year old male, seeing me for all the prevalent reasons, say how "stupid" CBT is...he went through twice already and the courts want him to go again but he is requesting to go through Discovery of Self instead because this approach goes way beyond the mechanistic/behavioral models that are far too cognitive and symptom oriented. He's quite typical.

I have worked with 1000s of kids and adults who have gotten off medication once they learn to self-regulate and shift/expand their understanding of themselves and the human brain and psyche as much, much more than rational left brain intelligence (all that US schools seem to care about or develop), chemical secretions and brain circuitry.

On his deathbed, the guy who "invented" ADHD confessed to it being made-up.
<http://www.worldpublicunion.org/2013-03-27-NEWS-inventor-of-adhd-says-adhd-is-a-fictitious-disease.html>



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But unfortunately, from my experience, I am guessing anyone invested in the current models of treatment will ignore all this information.

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Leah

[Leah Davies M.Ed.](#)

Author, Kelly Bear Resources, Past Instructor, Auburn University, teacher, counselor, mental health professional

Top Contributor

Jane, thank you for posting that link! "The alarmed critics of the Ritalin disaster are now getting support from an entirely different side. The German weekly Der Spiegel quoted in its cover story on 2 February 2012 the US American psychiatrist Leon Eisenberg, born in 1922 as the son of Russian Jewish immigrants, who was the "scientific father of ADHD" and who said at the age of 87, seven months before his death in his last interview: "ADHD is a prime example of a fictitious disease"

- [Jane Barrash](#)

Executive Director/Leadership and Employee Development Consultant

ADD is also caused by 1) kids being bored to death by many topic they have zero interest in and will never pursue, 2) having emotional issues that get ignored in school (instead focusing on behaviors) and interfere with concentration, 3) too much processed and sugary foods that conspire against calm focus, 4) too many gadgets and distraction make kids stimulation addicts, 5) not enough physical play time to release energy 5) breathing shallowly in the chest (as opposed to diaphragm) causes fight or flight physiology with secretion of chemicals to make kids jumpy.



"The chief aim of education should be to make our nervous system our ally instead of our enemy." William James

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lucy

[lucy padina](#)

Social Work Consultant

It is also worth looking at Elaine Arno's concept of the Highly Sensitive Child. Sensory Processing Sensitivity is often misdiagnosed as one of the spectrum disorders (there is an idea that true ADHD is on the autistic spectrum continuum) as there are many overlapping features. But sensitivity is a trait not something to be 'treated' and a social model can be applied to it; which is to say that it is environments that are problematic or disabling not the condition itself. Some argue that the 15-20% of the population that are highly sensitive may indeed be the 'canary in the mine' - there to highlight what is so wrong with society. ADHD does exist - you can see major discrepancies on psychometric testing (particularly with regards to working memory) but I think there is a huge amount of misdiagnoses and many reasons (as people have highlighted here) for the emergence of these behaviours.

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Marilyn

[Marilyn Bader-Nesse, MA, ICPS, LMHC](#)

Social Worker at DCFS

I concur with the article as well. In my field (Child Protection/Family Services) many times it walk into family systems where the environment is in a 'survival' type mode. No consistent structure, nutrition is not on the menu, parents themselves have no real understanding of child rearing/growth and development. Many parents live in environments where they live in places that could have been called "flop houses". Some get housing subsidies and since they have to pay a portion of rent (which they should) but have no money management skills (many are existing on social security income-for mental health diagnosis) will have people come and crash in their homes. They have no skills to determine if these people are sex offenders, etc. Then there are the multiple moves -not because of employment opportunities but to avoid interventions by the state CPS and or legal systems usually. Their kyds are exposed to battle field type of environments at a very early age. When they hit school age-is it any wonder they get labeled ADD/ADHD?

The article on the Gifts of ADHD is well written and needs to be used more. Also it would be better use of our limited funds to re-introduce prevention services for those on government assistance (one place to start) in the clinics. I was a Well Child Worker (WCW)back in the 70's and prior to the visit with their primary care physician-they met with the WCW who spent about an hour doing the Denver Developmental, education on growth and development, nutrition, immunizations, etc. with the parents. These WCW's were also tracker's; making sure their parents brought their children in for immunizations or re-checks from previous illness's when necessary. Most of these parents took this information as a gift to better raise the child they chose to have.

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[Janet S.](#), [Laurie Nelson](#) like this





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Laurie

[Laurie Nelson](#)

LICSW, private practitioner at River City Clinic, specializing in play therapy for children ages 3 - 11.

Too many kids I see who are suspected to have ADHD are actually showing these symptoms because of trauma - past or present. A complete social history that takes the possibility of trauma into account is essential. It's also important to consider language processing disorders