

Trustee Conference Report

Name: Natalie Waddell

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Name of Conference: CADDAC 2017 ADHD Conference

Sponsoring Organization: Centre for ADHD Awareness, Canada

Conference Dates: October 14 and 15, 2017

Location: Calgary, AB

Workshops/Seminars/Presentations/Keynote Speeches Attended

Thinking Outside The Box: Mistaken Assumptions About ADHD with Thomas E. Brown, PhD. This keynote presentation explored the way in which we look at ADHD has evolved. Historically ADHD has been viewed as a disruptive behavioural disorder of childhood. Today, it is accepted to be a developmental of the brain's self-management system (i.e., its executive functions).

Mistaken Thoughts About ADHD

1. ADHD is simply a problem of not listening and not staying focused.
2. ADHD is essentially just behaviour problems.
3. ADHD just affects boys.
4. Everybody has it sometimes.
5. It always starts in childhood.
6. It's simply a lack of willpower. They can do it if they want to.
7. It is always outgrown. Or it always continues for a lifetime.
8. There is no scientific evidence.
9. Highly intelligent people never have ADHD.
10. It's a motivational problem, and nothing to do with emotions.
11. It can be diagnosed with imaging tests. (Not there yet.)
12. Treating with medications is more dangerous than not treating it.
13. It is unrelated to other learning and psychiatric disorders.
14. Most medical and mental health professionals are trained to diagnose and treat ADHD effectively.
15. It looks pretty much the same at every age level.
16. Once adequate executive function has developed, it will persist.
17. DSM-5 diagnosis criteria is adequate.
18. Purely a North American problem, not found elsewhere in the world.
19. It is only a problem in school years, and does not have any lasting negative impacts on individuals in adult life.
20. The importance of it is exaggerated by the media.

Executive Functions Impacted by ADHD

Organization, Prioritization, Activation – difficulty organizing tasks, materials, estimating time.

Coerce or Collaborate: A Punishment-Free Alternative to Dealing with Challenging Kids with Dr. Don Duncan

The goal is to understand the cause of the behaviour and reduce the likelihood of reoccurrence of the behaviour, rather than just stopping the behaviour.

Your belief about what causes the problem will influence the approach taken to solving the problem.

Role of caregiver is to model, teach and guide children to problem solve.

Traditional behaviour therapy teaches basic lessons of right and wrong, my provide extrinsic motivation to comply, but it does not teach the necessary skills to manage frustrations.

Ross Greene approach: step 1 – express sympathy with the child and seek to understand their concerns. Step 2 – place your concerns on the table. Step 2 – invite them to explore the situation and collaborate together to come up with possible solutions that will address both your concerns and their concerns.

How Emotions Impact Motivations in ADHD with Thomas E. Brown, PhD. (presentation attached)

Adjusting Treatments When ADHD is Complicated by Co-occurring Disorders with Thomas E. Brown, PhD. (presentation attached)

Takeaway – 50-70% of people with ADHD have one or more psychiatric or learning disorders. They are 6x more likely than non-ADHDers to have something else, including anxiety, depression, bipolar disorder, oppositional defiance disorder, conduct disorder, sleep/arousal problems, obsessive-compulsive disorder, substance abuse, autism spectrum disorder.

Supporting Self-Regulation Skills in Children with ADHD with Amy Winters and Krista Forand (presentation attached)

Self-regulation has a continuum of arousal states (i.e., Dr. Stuart Shanker model).

- fight, flight flooded
- hyper-aroused (hyperactive)
- calm, focused, and alert
- hypo-aroused (sluggish)
- drowsy
- asleep
- rest, restore

Dr. Shanker's Five Domain Model – i.e., domains that effect self-regulation abilities

- Biological (sensory processing, sleep, diet, physical activity, physical health/illness)
- Emotional (state, self-awareness, ability to monitor and regulate emotional responses)