

Raising Neurodiverse Children with Russell Barkley

Russell Barkley: [00:00:00]

The evidence is overwhelming on the role of neurology and genetics in creating this condition. And. You need to understand that? Yes, you need to learn special ways to raise this child , to reduce the conflict in your family and have a closer relationship with them. But none of that is to imply that it's your fault because it isn't That was Dr. Russell Barkley on psychologists off the clock.

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Debbie Sorensen: I'm Dr. Debbie Sorensen, practicing in Mile High Denver Colorado

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Yael Schonbrun: From coast to coast. I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book Of Act Metaphors. [00:01:00]

Debbie Sorensen: We hope you take what you learn here to build a rich and meaningful life.

Diana Hill: Thank you for listening to psychologists off the clock. We're thrilled to be partnered with Praxis Continuing Education here at Psychologist's Off The Clock because we really value our own continuing education. And I know Jill you've participated in a number of Praxis events.

Jill Stoddard: I have. Praxis is my favorite. I think probably the most memorable was when I participated in an ACT Boot Camp after I'd already been learning and doing ACT for about 15 years. And I still got so much out of the training.

Diana Hill: I have a memory of Steve Hayes jumping off of a phone book to demonstrate how small your committed action can be. And sometimes I'll bring up that memory and use it with my clients. And that's probably from 10 years ago. Praxis also continues to evolve and change over time. It integrates new therapies as they come out.

it has trainings in Compassion Focused Therapy and Acceptance and Commitment Therapy and Radically Open DBT.

Jill Stoddard: If you go to our website at www.offtheclockpsych.com and visit our sponsorship page, you can [00:02:00] get a coupon for \$25 off. So check it out.

Jill Stoddard: This is Jill here with Yael to introduce an episode on parenting, a child with ADHD. I was lucky enough to have the expert Dr. Russ Barkley on to have this conversation. And I just have to say that I love this episode in this conversation because it gets to more general Themes of neurodiversity and parenting. He just recently released a new book, 12 principles for raising a child with ADHD.

Yael Schonbrun: . And Jill, before I get your thoughts, I also just want to say that the book itself is terrific and I'm really excited because we are partnering with Guilford press to do a giveaway.

We're going to be giving away five copies of this book. So go over to our psychologist off the clock, Instagram account, And sign up if you're interested in getting a free copy of this book. So, Jill, what did you think of this episode?

Jill Stoddard: Well, I. He loved this episode. It was jam packed with so much [00:03:00] incredibly helpful information and it's a slightly longer episode. And when it was over, I had that a feeling of like, Oh no, I don't want it to be over. And normally I. I'm a little more antsy than that and would prefer it to be shorter. So I just could not believe how much information you guys got into this one episode.

Yael Schonbrun: part of why the episode was so jam packed is that I reached out to colleagues and friends who have family members or children with ADHD and Jill, you were one of them to get questions. So I think that that was a really fun part of this episode is to get Expert responses to some of these in-depth questions

Jill Stoddard: there was so much, I didn't know. And he talks about there being. Seven executive functions. I think that he covers and talks about in the book and, you know, I'm aware of organization and planning and problem solving and memory, those types of things.

but he actually covers a wider range of those. So one thing I thought might be helpful for listeners because he didn't actually identify [00:04:00] what those seven areas are, is maybe if we could. Name those now. And then they'll have that kind of like scaffolding for when they listened to the rest of the episode.

Yael Schonbrun: So. ADHD is a self-regulating disorder that interferes with executive functions and Russ talks about the seven as, and I'll just list them here being self-awareness self restraint, working memory, time management, emotional self-control, self motivation.

And then the last one is self-organization planning and problem solving. So ADHD interferes with these kinds of executive functions.

Jill Stoddard: Yeah. The biggest thing I took away from this episode is, you know, he talked about in essence that it's a misnomer that it never really even should have been called attention deficit disorder because it almost minimizes the severity of the struggles and that really, it [00:05:00] should be called executive function disorder or self-regulation disorder.

And So my husband has ADHD. Um, I don't know if my children do, but they certainly, my son especially have some of the hallmarks. And I have to say, I, I walked away from this episode having so much more compassion for my family members.

, and. He says something to the effect of, you have to love the child. You have not the child you wish you had. And I just, I really found it helpful to be able to have a lot more patients with my family members who struggle with many of these things.

Yael Schonbrun: Yeah, and I think that's a message for parenting. Of any kind, but also relationships of any kind that we sometimes have these ideals or, or sort of fantasies of what we would like the other person in relationship with us to be like, and when we can let go of that and see [00:06:00] people for who they are and.

Take as our own responsibility, learning to love who that person is, you know, with all of their flaws and strengths, then we can have a much healthier, much more enjoyable relationship on both sides and there's room for growth and much more connection when we can do that. And the principles that he offers really paved the way for creating those kinds of relationships with our children.

But again, you know, you can apply this in other relationships too.

Jill Stoddard: And I know I am definitely going to be buying this one.

Yael Schonbrun: Dr. Russell Barkley is an international icon in the field of attention deficit and hyperactivity disorder, ADHD, or add, and he has dedicated his career to disseminating science-based information about ADHD. . He is retired as a professor of psychiatry and neurology who continues to lecture widely in develop continuing education courses as well as consult on

research projects edit the ADHD report and he continues to write books, reviews and research articles. He's [00:07:00] written dozens of books, including the bestselling taking charge of ADHD. And today we're going to be focused on talking about his most recent book. This book is wonderful because it's a very impressively, digestible summary of his life's work.

Um, and the title of that book is 12 principles for raising a child with ADHD. Welcome Dr. Barkley.

Russell Barkley: you so much. I really appreciate the invitation. And also for the introduction, it's very kind of you, so thanks so much. Yeah.

Yael Schonbrun: well, you have an incredible body of work. And I just have to say too, that, um, in preparation for this interview, I've been listening to a lot of your other podcast interviews and I have to give, you know, I actually, I was going to start with a compliment. You have a very terrific radio voice.

Russell Barkley: Thank you. I appreciate that.

Yael Schonbrun: So to orient the audience, I've tasked Russ with responding to some questions that I've collected from friends and colleagues about ADHD using his principles.

So, so first let's start an area that I've heard you speak passionately about, which is, [00:08:00] um, the definition of ADHD and how the label can really lead us astray. So I wonder if you can kind of orient us, what is ADHD and also what is it not?

Russell Barkley: Yes, I'd be glad to in that pertain, certainly to one of the main ideas of the book, uh, which by the way, if I might, just for a moment as an aside for now, the reason I wrote the book, I developed a lecture about a year ago, as I saw the end of my career coming before me, I tend to look out about three to five years in my life.

And, uh, and so I thought, what. What would you want a parent to know, given the hundreds of thousands of research papers, the thousands of families I've worked with personally in my 44 year career, uh, along with the fact that I review all research every week, that's published in research journals on ADHD in the world.

And so, um, can we distill this into something digestible, uh, particularly for parents and it's kind of my parting gift, although I have no plans on going anywhere, but, you know, I can kind of foresee the end of my [00:09:00] career in my life. That's why I developed the lecture. I gave it in Spain, got a standing ovation and said, I need to turn this into a book.

Uh, and this is the book. So thank you for mentioning that, um, what ADHD is. And one of the first principles I discuss in the book is that it's viewed as an attention disorder, uh, that actually trivializes ADHD. It's like referring to autism as hand flapping. Well, yeah, autistic people tend to have stereotypic, uh, mannerisms, especially when they're excited.

Edible, but, uh, is that autism hardly? So if you look under the hood, so to speak as to what's going on in the mind with regard to ADHD, what you see as a failure to develop adequate self-regulation during the 30 years that the self-regulating brain is maturing and there is a chronic lag in the development of these abilities and the abilities that we're referring to here are called the executive functions [00:10:00] because they allow us like executives to regulate ourselves toward goals and the future more generally.

In the context of other people. So it's a social brain and it has to do with interacting cooperating, uh, and trying to achieve our goals, uh, as part of being social creatures who work together. And, uh, so it's really an executive function disorder. Uh, it's also a self-regulation disorder. So if you wanted to call it S R D D or E F D D for executive function deficit disorder, those two would be far more accurate in rendering ADHD correctly than is attention deficit, hype.

For activity disorder. Uh, and so we can go into that if you like, there's seven executive functions and they're all to varying degrees across various people, uh, failing to develop properly, uh, the way they should, there are about 30% behind there's about a three-year lag or so in the maturation of these brain [00:11:00] areas.

Uh, and so, uh, Person with ADHD has an executive age of someone who's about 30% younger. That's just a rough rule of thumb, by the way. That's not hard and fast science. But, uh, what we see is that, uh, there are much more like younger people in their capacity for self-control and these executive abilities.

And, and so it would help people to both understand what these executive functions are and then see that ADHD is a much, much more serious disorder. Then its name implies. In fact, I jokingly refer to ADHD as the Rodney Dangerfield of psychiatry because its very name gets no respect and uh, and that's true.

I mean, people look at this and say, Oh, just go to Starbucks and have a coffee or get a good night's sleep or take a little omega-3 six or you know, do something to boost your attention. Well, that's ridiculous because that's not going to help you with your self regulation by any means. Uh, so, you know, it's a self-regulation disorder.

We can leave it at that unless you want me to [00:12:00] go into more detail? Yeah.

Yael Schonbrun: Some of the questions that I'll ask you actually get into some of the specific facets of where self-regulation can be weak. But one of the things that I wanted to talk about specifically is in the realm of parenting, because a lot of what happens when we make judgements about what ADHD is in terms of, you know, kids not paying enough attention, really, Has an effect on how we judge parents.

So I was curious, what do you think are some of the misconceptions about ADHD that, that parents need to understand in terms of what they're doing right. And what they're doing wrong?

Russell Barkley: Right. The first thing parents need to understand is that there is no evidence that parenting creates this disorder. I have been striking that chord since I first came into this profession years ago and actually did video recordings of ADHD, children with their families for about the first 10 years of my career, and then put the kids on and off medication and placebos to evaluate these interactions.

And, [00:13:00] and what was driving the car? The conflict and the difficulties and disappointments and so on within these families. Um, and what we found is that, uh, it's from child to parent, not the other way around parents are reacting to a very unregulated child and grasping for whatever they might think of to try to get control over this trial, who can't control themselves very well.

And so a lot of the conflict, not all of it, but a lot of it. Stems from the child's own ADHD and lack of self-regulation. And so parents need to understand that we, we know that bad mothering doesn't cause this, and yet in the U S as in Western Europe, parent bashing is a

major sport. We love to bash parents and blame them for all of the ills of their child's behavior.

When we see them in public and we see them misbehaving. Parents are going to get the brunt of that social skepticism and criticism from others, even if it's just a glance, a [00:14:00] sort of a knowing glance with a sneer, uh, you know, from someone you pass in the grocery store that it's still parent bashing. And that's because the public thinks that all misbehavior starts with bad parenting and you, and I know that that is not true, that there are major.

Mental disorders from autism to bipolar, to ADHD that have striking biological and genetic predispositions to them. Uh, and so instead we should be feeling sympathy for this parent, not, you know, being castigating them. So I want parents to understand you didn't cause this it's a neurodevelopmental disorder for a reason.

The evidence is overwhelming on the role of neurology and genetics in creating this condition. And. You need to understand that? Yes, you need to learn special ways to raise this child in a, to reduce the conflict in your family and have a closer relationship with them. But none of that is to imply that it's your fault because it isn't

Yael Schonbrun: Right. One thing that I, Oh, I sent him think feels [00:15:00] kind of paradoxical for, for either parents or, or just individuals who are at the receiving end of a diagnosis. Um, a mental health diagnosis is that it feels like you want to push against it because if I accept it that'll mean I'm weak.

And then, you know, people will judge me, but actually there's. Real freedom in accepting a diagnosis that is because it opens you up to be able to take appropriate steps to managing it. But it also offers an, this is a part of what I think really comes through in your writing and offers a real important pathway to compassion.

Because if you can understand that there's a kind of disability, that isn't your fault, but that needs to be managed. Then we don't, we don't take on that blame or that shame. It just, it's just a part of our wiring.

Russell Barkley: Yes, that's right. And that's the way we need to do it. That's why there are certain aspects. Yeah. The neurodiversity movement out there in psychology and in the disability community and elsewhere, uh, that I, that I do agree with, and that is this idea that, uh, [00:16:00] we all have somewhat different brains.

Sometimes those brains are a little more diverse and lead to impairment and harm, and we do need to do something about that. But at the same time, there's nothing to apologize for. Or do you feel stigmatized about this is just the way it is, which when we work with adults with ADHD or parents who themselves have ADHD, which is true and about 25 to 35% minimum of the families that we see, um, The first thing we want them to do is own it.

Uh, if you're a teen and you're an adult with ADHD, uh, this is you, it's like being diabetic own it. And once you own it, there is a freedom to accept yourself for who you are. And this is

part of me and my baggage and what I have to, you know, to tote around just like, you know, I'm going bald and I'm colorblind and I'm not.

Good at sports and I'm spatially challenged. I can't hang wallpaper and God knows you wouldn't want me to do any artwork for you, but you know, we, we all have our pattern and profile of strengths and weaknesses. Uh, and there's nothing wrong with owning that. In fact, [00:17:00] like you said, is very liberating because now I can get on with life, you know, and this is who I am and I like who I am.

So, , part of, uh, To me is the ownership of this. Now, when it comes to being a parent, , it means that you have to understand that you were given at birth due to no fault of your own, this very unique genetic combination of traits, part of which involves ADHD. And here we are. This is the lamb you got.

And so I tell parents in principle, number one in my book is that you are a shepherd. You are a shepherd to a unique child with a certain set of traits and aptitudes, and under your guidance, they will blossom, but you're not going to turn them into a cat or a dog there. You know, th this is what you have.

And so you have this ADHD child at birth. So the first thing parents have to do that we talk about is get over this stop, yearning and longing for the child. You thought you were going to get when you were pregnant and prepared for, and instead, open your [00:18:00] eyes, be in the moment and accept. This child that you have for all of their strengths and weaknesses and, and difficulties, uh, because if you don't get past that, you are going to be grieving for years and you're going to be causing conflict between you and your child, because your expectations are, you're not the child I wanted.

And you're the one I got and I'm struggling to deal with you as opposed to this is the gift I was given. And there are a lot of good things about it. So I recommend to parents in the book. Please go on the internet and Google, welcome to Holland. We're going to see different variations on this wonderful presentation.

, some deal with down syndrome, some with autism, , and some with ADHD. But the whole point of this is that this is a mother who started out when she was pregnant and she likened it to getting on a plane and going to Italy and to Venice. And she studied Italian and she had mapped to Venice and she'd circled where she was going to go and what she was going.

And to do. And just like in her [00:19:00] pregnancy, she had read the child books and, you know, the pregnancy books and how to raise a great child. So she gets on the plane and the plane lands in Stockholm, or in this case, it lands in Amsterdam. Uh, depends on if you were in Holland, by the way they use Stockholm. If you're in Stockholm, they use Finland, you know, everybody's got their preferred city, but welcome to Holland is the story about the fact that you didn't wind up, where you thought you were going to be and where you prepared yourself to be.

But here you are. You're in Holland. So are you going to walk around bitching and moaning about not getting to Venice or you going to start to enjoy Amsterdam for what it really is,

which has its own, uh, you know, beautiful city and country and its own, right? Holland's actually a very lovely country, but it's not Venice.

Uh, and that metaphor is to make the point. Right? Love the one you got. Not the one you wanted. And if you can cross that Rubicon, if you can get to the other side of that, you will [00:20:00] embrace this child and advocate for them and have compassion for them and their disability. But if you can't get through that, we're going to have a lot of conflict that we have to deal with within that family.

Yael Schonbrun: Yeah, acceptance is just so critical and it, it actually reminds me of a conversation.

So just to an aside, we've actually talked about the welcome to Holland poem on here, but in listening to some of your lectures, I didn't know that there was all these different YouTube presentations on it. They're pretty cool. And we'll definitely link to them in the show notes. But part of this conversation also reminds me of a conversation that I had with another guest, uh, Rebecca Schrag Hirshberg about parenting through toddler tantrums and by understanding sort of the, is that where your child is at developmentally and why their brain works the way that they do.

You're just able to offer a lot more compassion, but also it gives way to. Some ideas for strategies that are more useful than pretending that your child isn't where they are developmentally or doesn't [00:21:00] have the kind of brain that they were born with. And so I think that welcome to Holland idea of acceptance, just accepting sort of this wonderful child that you have, but also compassion for them and compassion for yourself.

Cause there are some things that are challenging. For example, when you have a child that's tantruming or a child who can't pay, can't sort of sit still or can't. Remember sort of, you know, where they put their shoes every morning. There, there are some challenges. And so I think compassion for your child and compassion for yourself is, is really helpful and starts with acceptance.

Russell Barkley: sure does. There's acceptance, which leads to compassion and empathy, and that leads to forgiveness. And as you know, in the book, I talk about the, the value of forgiveness within families and particularly parent child relationships with disabled children. Because number one, they're going to make a lot more mistakes than other children and you better get over it.

They're not doing it out of spite or to make you angry, uh, or. Uh, volitionally, willfully, uh, they are going to be this way and [00:22:00] you need to get over that. They're going to be lots of mistakes as one mother put it jokingly. She said, I know it's been a great day when the police didn't show up in their driveway and she was talking about our team, but that, that was kind of her threshold for, I can forgive just about anything that happens in our day.

That the second thing is you got to forgive other people. Well for their misunderstanding and their ignorance. And I talk about that in the book as well. Most of the people you encounter out in public with your child, do not understand ADHD and will blame you. So develop a thick skin and get over it and move past that.

Uh, and you can forgive them. They are naive and ignorant, but number three is forgive yourself. Because you are going to make mistakes. And by the way, you and I both know that in psychology making models are much more useful to learn from than perfectionistic people from whom we learned nothing.

Um, so don't hold yourself up as perfect. You're not. I'm not, I made mistakes in raising my two sons. I'm [00:23:00] sure. Uh, others have felt that way and we're professionals and we make these mistakes. So, you know, you got to get over that. We're all gonna make mistakes, you know, what really matters and what we've learned in the modeling and coping psychology literature, what really matters is do you try to get it right the next time?

Do you try to capitalize on the error and say, shouldn't have done that. I'm sorry. Forgive me for making that mistake. And. Let's do it this way. The next time coping models, uh, especially for parents are much more useful. So you, you need to sort of forgive yourself the mistakes that you're going to make, uh, as well, as long as coming out of that mistake, you learn and try to be a better person as a result.

Yael Schonbrun: Great. This is kind of the growth model, but applied to parents. And I think we, you know, we, at this point accept that there's a utility to growth model as applied to kids.

Russell Barkley: Give yourself a break, cut yourself a little Slack, give your children a little break and just embrace this child that you've been given.

You can be open to their [00:24:00] uniqueness and their novelty and their unusual ways of doing things without always casting it as a, this isn't what I wanted. And this is in conflict with my expectations and my plans for you. Uh, and I got to get you over this. I've got to change you as opposed to no, I have to accept you.

Uh, as, you know, if you've had children, children teach you how to raise them, but you have to be open to that teaching. And in raising both of my sons, they are dramatically different personalities. Uh, and I learned that. Uh, with on the birth of my second son, when you realize how drastically different they are, and yet you're parenting the same way.

And now you have to readjust your parenting for the second kid that you weren't having to do for their first child. And, and to me, that's a very important principle. You will learn to parent each of your children differently, particularly your ADHD child or your child with ADHD. Excuse me. Uh, I always like using person first [00:25:00] language there, uh, and.

You know, what, if you're open to that, it's a wonderful experience to learn from your kids that way, instead of I'm the expert, I'm the master you must do. As I say, you know, don't run your home, like a prison where you're the prison guard. Okay. You, you want to run it like an open concept. We learn from each other, right?

Yael Schonbrun: Great. I, it brings me back to a conversation that I had with another giant in the field of psychology Barry Schwartz. And he had written this book called practical

wisdom. And he said the same thing that, you know, parenting is the biggest place where you can really gain wisdom because your children will teach you.

And the differences between multiple children will teach you that you don't just figure it out after parenting once

Russell Barkley: No, no,

Yael Schonbrun: an ongoing

Russell Barkley: And it's like Jon Kabat Zinn, his most recent book, , he's our mindfulness guru who brought a mindfulness meditation and the art of mindfulness, the secular aspects of it, , in, from, , , Tibetan Buddhism, , and many years ago I had worked. With Jon. And when Jon was [00:26:00] first developing his full catastrophe living and his other approaches to mindfulness, , and his most recent book is on mindful parenting.

, and it's very good. And so there's a new book by, , dr. Baron, who also is, uh, on mindful parenting and they all deal with the point that you just made. How open are you to learning from this child and readjusting yourself to have a better parent child fit? As Sandra scar called it back in the eighties, when she was president of the child development society, the parent child, goodness of fit is crucial.

And we're responsible for that. Not the child. We're the ones who are the adults here. So, you know, realign yourself with the uniqueness of this child and it can be a much better experience and you'll have a much closer relationship with them. Uh, then if you try to sand off the rough edges of these children to fit within this mold that you have of perfectionistic children, which you're not going to get.

[00:27:00] **Yael Schonbrun:** Right. It's it's like Alison Gopnik's book, the carpenter versus the gardener. And you, you just said sanding off, but it's more useful to think of yourself as a gardener. You're given a bulb and you have to figure out what does that bulb need as opposed to

Russell Barkley: Hence hence my shepherd metaphor. I wish I'd thought of the gardener, but I went, I went the shepherd route and I've been

Yael Schonbrun: is a good one.

Russell Barkley: well, I've been teaching that for about 15 years now

Yael Schonbrun: We

need, we need. We need lots and lots of metaphors to get these

Russell Barkley: yes, we do

Yael Schonbrun: they're, they're hard to grasp in the moment, especially as you're experiencing it.

Russell Barkley: Yeah, indeed. So, and I hope that that, uh, that, that works for families, but any of these we'll do.

And what we suggest is openness to your child and realizing the, the importance of your role as a shepherd. You're not an engineer. You don't get to redesign your child. , but shepherds are extremely important for protection, for nurturing, for health, , for safety, and for stimulating providing great pastures in which our children can grow, , The, there was [00:28:00] a great book out called the nurture assumption by Judith Harris.

It came out in the late nineties and in it, she says you have more to do with the outcome of your child by where you chose to rent or buy your home. Then you have. Based on anything you do inside that house, short of abuse and neglect, because it will be that pasture, that community, those resources, those adults, those teachers, those peers that have a profound influence on the development of your unique.

Child far more than you ever will. So spend more time worrying about the pasture and forget about the micromanaging of your child within the home as trying to be an engineer that gets to design your children. You don't have that power. So give it up and embrace the shepherd metaphor. Uh, and you'll be paying attention to the things that really do matter.

Yael Schonbrun: Yeah. So let's turn to talking a bit about how we actually diagnose this disorder because a lot of people wonder. Do I have ADHD or does my kid have it? But sometimes it's [00:29:00] not ADHD, but something else like anxiety or an environmental mismatch. So how do people know if they just have normal problems with self-regulation, uh, executive function or if there is something that they need help with?

Russell Barkley: Okay. Um, well, let's talk then about, you know, early recognition by a parent, how might, you know that there's something going wrong and that it might be ADHD? The first thing is your own gut instinct. , parents, , moms in particular have a very good instinct for. When things are not going right, there's something wrong here.

I can sense it. I can feel it. This isn't working the way that, , I, I understood it to do. So the first thing is your own reaction. And you know, what really bothers me is as many years ago, and this continues to this day, , there was a great study that was done that showed. That when parents went to pediatricians and mentioned them, I'm very concerned about my child.

And here's why in over 90% of the cases, the mother's [00:30:00] view was dismissed. It was frowned upon because you have these arrogant, condescending people. , and you're just a mom and you're a young mom, and this is your first child, and you're wrong. And what they found out in the study is that when they followed the children up 90% of the time, the mothers were right and there was something wrong and the pediatrician didn't catch it.

And it took several years. And we see this with autism. We see with ADHD, we see it with bipolar. We even see with intellectual disability and learning disabilities. So trust your gut. If your sense is there's something not right here about my child, then you need to explore that further. The second thing I tell parents is are you beginning to get feedback from other adults who encounter your child, that there may be something wrong.

Have your relative said, come to our house, but don't bring your child. Because there was trouble. The last time have people in your neighborhood said, uh, your child's not allowed to come into our yard anymore, or I don't want your child playing with my child. , have you, had your child in a preschool and the preschool teacher [00:31:00] called you aside and said, he's kind of a little wild and you know, we're having trouble with story time and there's a little pushing and shoving going on, on the playground.

And you know, we're getting a little concerned about his. Activity level or short attention span or impulse control. You need to listen to these people and not become defensive and not deny that there is a problem. This is feedback. This is important feedback, particularly if you already have a sense in your own gut, that there might be something wrong, then this is the point where you go and find out, go talk to your professional.

And if you start with your pediatrician and you're dismissed, don't take no for an answer. Okay. You can ask to see a mental health professional who is going to be more experienced with short child problems. Then your pediatrician is going to be so don't take no for an answer when you're getting these kinds of, uh, feedback.

And then. The next thing we look for is, is your child showing the classic symptoms and, and I won't go through all 18 of [00:32:00] them, but they basically are in the realm of attention. And distractability, so your child can't persist at things for very long before being distracted and certainly can't finish much of anything.

So how are they at the dinner table? How are they during story time? How are they, you know, when they're with other children and. And the other kids are trying to play a game. Are you seeing this kind of flightiness distractibility can't concentrate skipping from one thing to another busy-ness uh, the second is, are they hyperactive?

Although some of these children are not accessibly active, many of them are. So is there a problem with fidgeting, restlessness sitting still excess movement that has no purpose or point to it? , and, and you go to hold them and they're just moving even in your lap. , so that could be a sign. The third thing is very disinhibited behavior.

They are trying things and doing things and risk-taking, uh, and you're already seeing a higher rate of accidental injury and, , they're. Doing stuff that other child wouldn't even think of doing, , so they're jumping off of things [00:33:00] are sliding down banisters. They're, taking risks outside in the yard that other children wouldn't do, whether it's sledding or, , bike riding or things like that.

Look for that kind of risk-taking disinhibited behavior. You might see it in their language where they just can't shut up. They talk too much, you might see it in their emotions where they're just showing their emotions very impulsively. , and you might see it in risk-taking. So, yeah. If you see that pattern of behavior and it's excessive and it's been going on for at least six months, and it starting to cause problems for your child, whether it's injury or whether it's peer rejection or whether it's other people talking to you about them, then you need to take it to your race.

This isn't typical or normal behavior. So what are we looking for? Extreme behavior. That's leading to harm and feedback from others that's been going on for at least six months or more, , and has developed some time in childhood as you know, boy, if you're seeing that you're well on the road toward ADHD.

Yael Schonbrun: so let me ask kind of a follow-up question [00:34:00] because there's another common condition that co occurs with ADHD, , which is oppositional defiant disorder. And I know you have some expertise in this, so I'm just curious, how do we know whether it. ADHD that's causing some of these symptoms, some of these behavioral markers, or whether it's oppositional defiant disorder,

Russell Barkley: Well, usually ADHD develops first, uh, and you will see it through the self-control difficulties that don't necessarily involve saying no to your mom or getting an argument or refusing to obey. Although that will develop within two years of the development of ADHD, ADHD causes odd in many cases. , but usually there's a staging to them and the inattention comes first.

So how I tell parents to distinguish the too, is that ADHD involves. Trouble with completing things. So they might start what you asked them to do, but they're off task in a heartbeat and they can't stay with the story and they can't sit still. They take a bite of food. They're up from the table, they're running around the table.

They go get something and then they're back at the table and take [00:35:00] one more bite. And maybe they're kneeling on their chair instead of sitting on it. That's not, oppositionality, that's part of the ADHD dysregulation oppositionality on the other hand is where they outright refuse to start something. So you say, okay, It's time to pick up your toys.

No, I'm not going to do that. Or I want five more minutes. This show's not over. You didn't make Sally pick up her toys. You know, it's this kind of active refusal to comply that constitutes oppositional disorder. Whereas ADHD is they may start to comply, but they'll never finish. I mean, they're just gone.

So watch for that as to where it's occurring. If it's direct verbal refusal and resistance, that's odd. But the two often go together, as you know, 85% of the time in many clinic referrals, you will see both of these going together within a matter of two to three years of ADHD developing. , and we know it's not autism, although 20% of ADHD children show high levels, , that is they're toward the higher end [00:36:00] of the autistic spectrum.

, but they may have. Difficulties with social awkwardness. That's the autistic child communication problems, odd language, , you know, violation of social rules and norms with other people, or just a complete lack of regard about even engaging other people and a preference for repetitive mechanistic, rigid patterns of behavior in play and toys.

That's not ADHD. If you're seeing that ADHD, isn't a problem with bizarre language or disruptive. Did, uh, social rules where their child just doesn't understand that other people are humans and how they interact with them. If you're seeing that that's really more on the autism spectrum, but ADHD, children often have social problems because they're just impulsive.

They say things to other children that might be hurtful or harmful, or they react with emotion. Cause they're very patient or impatient rather than. Easily frustrated and, uh, other children, aren't going to deal with that very well. You know, that w with you reacting with your anger and hostility and aggressiveness, just because you're, you're [00:37:00] frustrated.

, but that's different than the autism that we see where socialization is a real big problem.

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Diana Hill: we've had a number of guests on the show that we've been inspired by and that are offering you our listeners discounts on their programs if you go to our website offtheclockpsych.com you'll be able to find coupon codes for the programs of dr Judson brewer dr Rick Hanson and Jen Lumenlun So go check it out at offtheclockpsych.com and start learning today

Yael Schonbrun: .

How about medication? What's the longterm data on medication for kids and then a follow-up question to that. What about stimulants versus non-stimulant meds? Like what are the pros and

Russell Barkley: Um, well, as you know, and I talk about this in the book and, and especially the last chapter of the book, , th th the media has done a great job over the last 30 years of sensationalizing and distorting the information about ADHD, medications. And so people like you and I, and others in the field.

Field often, , [00:38:00] have to disabuse families of this propaganda that they'd been fed, , whether it came down through, you know, religious groups or zealots, or, uh, even the New York times has had articles that were critical of, of medication. And so, you need to understand that the media is not your friend, when it comes to the science of these medications, you need to read Tim Wilson's book straight.

Talk about psychiatric medication for children. Take a look at the chapters in my books, taking charge of AIDS. PhD. Uh, and you're going to get the real science they are. What do we know? What are the benefits? What are the side effects to help you evaluate this risk benefit? Decision-making that every parent goes through in deciding whether or not to use medication.

But what we do know is these are the safest medications used in psychiatry. Their window of safety is very wide, meaning that although there are side effects, they're minor, they're trivial. They're annoying. Uh, some children do have to stop taking the medication. It's about 3% because they simply can't tolerate it.

[00:39:00] But even so the negative reaction passes within a matter of hours. So there's nothing long-term about these side effects, including the, the growth concerns where your child may not grow as readily as rapidly in their height or their weight on the medication as they did off the medication. That's minor and for most children, we don't worry about it.

Uh, they'll catch up within two to three years. There's no evidence that stimulant stunt growth in the long run, even though they can, , slow down the growth acquisition in, in the short run. Now, if you have a small child, of course, then you may need to go to drug holidays on weekends and summers, but barring that the vast majority of children don't have major growth.

Problems we've ruled out the cardiac problems. Nobody dies from these medications, even though earlier people thought there might be a very, very small risk of heart block or sudden death. , and we still recommend that children with cardiac malformations or who have had heart surgery, uh, probably shouldn't be on these medications, but that has to do with just pushing blood pressure up a [00:40:00] little bit.

Let your child's cardiologist tell you that if you're concerned about that, otherwise the cardiac safety of the drugs is fine. Okay. The concern about this causing seizures and epilepsy doesn't happen. We can even use the medicines with children with seizure disorders. There was concern that it increases aggression.

It does not. It actually decreases aggressive behavior, even anti-social delinquent behavior. So, you know, all of these things that people were saying, including, Oh, this is going to make my child more likely to be addicted to a stimulant down the road, like nicotine or cocaine or methamphetamine. We now know from 18 followup studies that just does not happen.

Anything, staying on your medication during adolescents can lower the risk of drug abuse because ADHD creates a high risk of substance experimentation and abuse, and staying on medication might be able to lower that, but the medication doesn't raise the risk. It actually can, in some cases lower it. So, you know, overall a very good profile, but that doesn't mean [00:41:00] there aren't side effects that can be annoying, like insomnia and appetite suppression, uh, and some irritability in some children late in the day.

And about 20% having headaches or stomach aches when they first start the medicine. Uh, and we have to play around with the doses to deal with that. But overall, these are very safe medicines that you can trust, uh, to give to your child.

Yael Schonbrun: and are you speaking to both the stimulant and the non-stimulant or

Russell Barkley: Yeah. To both of them. I I'm speaking more about the stimulants because that's where everybody gets concerned, because those are scheduled to very regulated medications. Whereas the non stimulants are not scheduled to schedule two means there's as, you know, a potential risk of abuse or addiction from the medication.

And non-stimulants are not class to schedule too, because they don't come with that risk. But that risk is. Very low, if not, you know, infinitesimally small, even with the stimulants, because of the way we give it, we give them medication orally and it's very hard to get

addicted to oral medication. But if you were to [00:42:00] crush it and snort it like cocaine or inject it like heroin, you could very easily become addicted to these drugs, but we don't use them that way.

So, you know, don't let people confuse oral administration with what drug abusers are doing. To abuse a medication. Uh, but the non-stimulants like, Straterra, uh, simply don't come with that abuse potential at all, but they're also not quite as good as some of the stimulant medication they're nearly as good as Ritalin is methylphenidate.

Um, but they take longer to adjust. They have their own unique profile of side effects, like sedation and nausea and things like that. Um, they don't. Produce as striking an improvement in the child's behavior as the stimulants do, but for some children, including children in my practice, it was the right drug for them.

So, the non-stimulants can be quite useful if you have a child who's anxious. If you have a child with a tic disorder or a child with bedwetting, , those are instances where the non-stimulants. Might [00:43:00] be somewhat more beneficial because, , non-stimulants can treat anxiety as well as ADHD. And don't exacerbate tics.

The way amphetamines can do, like Adderall or Vyvanse and, and certainly, , they do help with, bedwetting because there are norepinephrine drugs and we can use those for that. So there are reasons you might choose a non-stimulant over a stimulant, but in most cases, people go with the stimulant first, just because it's very.

Quick to get a reaction and to see the benefits of the medication right away. It doesn't take two to three weeks, to adjust the dose.

Yael Schonbrun: So I actually wanted to transition to a different part of the conversation, which is about strengths, , looking for, and appreciating strengths in our kids with ADHD.

And there was a conversation in the public sphere that goes something like this, despite the stigma, ADHD can be a huge gift. So how do you respond to this kind of framing of the disorder? Are there strengths associated with ADHD,

Russell Barkley: Uh, not really, although I'll, I'll clarify [00:44:00] that in a moment. It's, you know, there's a little bit of a scientific technicality involved in that, but in general, uh, overall ADHD does not bring with it. A lot of blessings for people in, in none of the hundreds of thousands of studies that have been done.

Have we ever found an advantage? Of the ADHD group over more typical people. So let's be clear, it's a disorder for a reason. It's not a gift. And as I've said, when I debated Ned Hallowell, who's the person who started this Ned and I are friends. And he even trained in our clinic many, many years ago. Um, but as I explained, you know, this can also be problematic because we are advocating for these people, these children, we want.

The assistance they deserve. We want the entitlements, the special ed, the Ida, the accommodations. And you know, we're not going to get that. If you go screaming down the hall, how gifted you are and what a blessing, this is, why, why would society. Provide

accommodations to somebody who's not only not disabled, [00:45:00] but claims to have an advantage.

So, you know, we need to be a little bit careful here because it's, you know, the, the giftedness view, which is wrong, , could in fact backfire. , now having said that, there's a little bit of evidence, not very compelling, that if you're a very gifted person with ADHD, so you have a high IQ you're college educated, you might find that.

Your ADHD because of your disinhibition allows you to come up with a few more creative Farfetch, if you will, ideas when you're brainstorming than other people do. And that has to do with cognitive inhibition as you know, uh, where you're willing to entertain connections in your mind that other people would have suppressed.

Right. , and, , on the one hand that could be great for stand up comedy, just think Robin Williams and other people, um, on the other hand, It can also help with creativity in a team, where you're working on coming up with various ideas. But the research is limited only to [00:46:00] very intelligent, educated people with ADHD.

And even that evidence shows that they're not good at following up. On the idea. So the practicality, the idea and the moving the idea from idea to implementation, they fall apart. So they're, they're actually at a disadvantage when it comes to implementing. Creative ideas, but may have a slight advantage when it comes to entertaining a wider variety of options for thinking about, or, or doing things.

So that's a very, very narrow little, if you want to call it a gift, I don't have a slight advantage, but even it comes with its own negative baggage as well. Now that said. We've studied ADHD, success stories, the Adam Levine's, the Justin Timberlake's. Simone Biles that, you know, the Olympic gymnast and, Michael Phelps and many other people.

Yeah. , and when you study these people, as well as my own longitudinal study, where I followed children for 25 years, , what we found is [00:47:00] that there was a formula that we could deduce that seemed to contribute to their success. , and number one was this identify your child's aptitudes and strengths, which are often in non-traditional areas.

They're not going to be so much in academics. In, you know, uh, language and reading and writing, they could be. And I'm not saying that that's not possible, but they're far, far less likely to be over in that area. Uh, have you looked at athletics? Have you looked at music? Have you looked at performing arts and entertainment and technology and computers and photography and videography, you know, you need to look far a field and cast a very wide net when you assess your child for their strengths and not just look at reading math and spelling and writing.

Okay. You know, the keys to success through the traditional pathway of academic excellence. Well, unfortunately your child has a very low probability of that being their area of success. I don't want to rule that out. Maybe you have one of those children. I'm just saying [00:48:00] most of the people we see. Their success is going to come in non-traditional routes, but it can be there.

It could be an outdoor recreation or culinary science or cooking or entrepreneur or trades or starting a business or running a car washer, pizza parlor or something. Very creative. I mean, look at Richard Branson and what he did with his career. I mean, he's. Big time, ADHD, which he readily admits.

He even went to prison for pirating, the Beatles music and selling it, in London, got arrested, went to jail. His parents had to second mortgage, their house bailed him out, send them to Vermont. Right. To a private school, to get them out of London where the th the administrator of the private school said to Richard, this is an initiative interview with him, by 21, you're either going to be back, back in jail, or you're going to be a very successful person, because he was always walking the edge in terms of impulsive and risk-taking, and, you know, doing things sometimes crossing the line a little bit.

Uh, and he built a billion dollar company. [00:49:00] You know, and he went from music and Virgin Atlantic records all the way into, you know, uh, th the airlines and now into space travel. Look at Adam Levine. This is a guy who has parlayed a career as a front man for a garage band, you know, maroon five, uh, into a successful career.

And he's, you know, as fashion and he's on the voice and he's got his music and he's always reinventing himself. He is major ADHD and even talks about it. His interviews about needing to go back on medication in order to continue to be successful, uh, because he, he's got to run a business. He's an empire unto himself and not just a front guy for a band anymore.

, although he does that too, and he does it very well. A third example is Michael Phelps in swimming. and his mother recognized that like his sisters who were also Olympic swimmers, , and his father who was a professional athlete, Michael came with a certain amount of genetic gifts for athletics and particularly for [00:50:00] swimming.

And what did his mother do? She, she. You helped him get through school, but she went out and found the best swim coach at the Baltimore athletic club. Uh, and she programmed his day, every 15 minutes. And she looked at his aptitudes, looked for resources to develop them and support them, stayed in his corner as his backup support.

, so, you know, became his safety net. , and then along with that, Got him diagnosed and treated. And so to me, those are the five keys to success. What are the aptitudes? And no matter how unusual or non-traditional what's around me that I can use to develop and promote them, uh, what are the community resources that we could get involved in and really strengthening these?

, and then did we get appropriate diagnosis and treatment? And then I am always here for you. You know, we will back you up no matter what. And Michael repeatedly, every time he wins a gold medal, thanks his mother's and his sister for always being there for him. And that really [00:51:00] matters. And so, you know, you know, you need, you need to be in your child's corner here all the time, even if it isn't a traditional route,

Yael Schonbrun: Right. And I love that recommendation to kind of look for their strengths and reinforce their strengths. And it kind of fits in with the guidelines that you give in the first couple of chapters of look for positive opportunities to engage with your child.

Look for what's good in them, but also opportunities to enjoy what, what is a gift inside of them and not trying to fit them into the mold of something that they're not kind of back to that shepherd versus engineer idea.

Russell Barkley: Yeah. Yeah, no, very much. I remember just one little example. There, there was a child that I was seeing, uh, and one of the complaints of the teachers is that this child was bringing to school. These, redesigned, a little race cars. That you use on those race car sets and tracks back in the day.

And he would fix them and repair them and even soup them up. And he'd sell them out of his desk at school. He's nine years old. Right. And the teachers are complaining about this. You know, this is disruptive. You shouldn't be doing [00:52:00] this at school and everything. , and we talked to the parents about, this is one of those non-traditional opportunities.

You might have a buddy engineer on your hands here, or an entrepreneur, , and let's keep this in the back of my mind. And so, yeah, we got to tone down the selling thing. Is out of your desk at school routine, but there's no reason you can't sell them at recess or after school. And you know, when you see the other kids, but let's earmark this, you know what he went on to do that kid went on, , he became a ski bum in Colorado for a while, fixing skis and bindings and other things out in Colorado.

, and then he became a Carney and help repair equipment on, on the road carnivals. He did a little bit of touring, a bike touring in Europe, and then after four years after high school and you already did. He came back and went to Rensselaer Polytechnic Institute, got a degree in chemical engineering. He was so brilliant that his professor quit when he graduated and they formed their own company, uh, to make composites and stuff.

Isn't, isn't that what a wonderful story. Just give it time, let them pursue these non-traditional [00:53:00] routes. And, uh, you know, this is a guy who has been honored for. His work within that field. But it was non traditional and it took a while. Right. So,

Yael Schonbrun: So a lot of patients and, and just being in your kid's corner, but on the other. So I'm going to sort of switch tacks a little bit because you know, it's well and good to say, let's look for the good and have positive relationships, but the reality is that a huge part of parenting life is teaching and disciplining.

And this can be very complicated and exhausting. Especially for parents of kids with ADHD. So there's a lot of conflicting advice out there. We often see the typical reward, consequence strategies that work with neuro-typical kids advise, but then there's backlash against that advice saying it's ineffective since these kids have different brains and if they could, they would.

So what's the answer to the question of what effective parenting and discipline strategies can work well for kids with ADHD.

Russell Barkley: So that's a, it's a great point. I'm going to cover three principles really quick together here because they all tie into this, principle number one, which you've already

mentioned is [00:54:00] ADHD. Create motivation deficit disorder. Your child does not have the capacity for intrinsic motivation, where they connect to the work.

And, the love of learning and the desire for mastery, if they have it, it's usually in non-traditional areas. But in general, when it comes to, work, whether it's chores or school work or homework or desk work, , they don't find that so intrinsically appealing and they can't generate the motivation.

Other children can. To get that work done. Intrinsic motivation is very important for goal directed behavior and work accomplishment. You know, that I know that 80% of our lives is scutwork. We don't like it. It's not fun, but we know if we don't get that done, there will be hell to pay. Right. Uh, and so the long range consequence is very negative, but the short range is it, what can I do to procrastinate?

I don't want to do this. I don't like this. And we have to knuckle down and find the motivation to get our work done, whether it's our reports or, , paying bills or doing [00:55:00] housework or chores, , it needs to get done because the consequences of not doing so are worse, , than they would otherwise be.

So your child simply can't knuckle down. And create that motivation, which means they are more dependent on the environment for how motivated they're going to be. And by that, I mean, by the artificial consequences that you create around them. So ADHD, children need more points, tokens, rewards, praise, privilege, , money, snacks if they're little children, but you need to arrange very, very frequent feedback.

And reward and accountability for your child to replace the intrinsic motivation that they are going to lack when it comes to getting these kinds of things done.

Yael Schonbrun: I want to interject there because what's so interesting to me. And, and this is, I think what the question gets at, this is a question from a friend of mine who has a child with ADHD. But, um, so we did an episode with Jessica Lahey who wrote the gift of failure, and it's all [00:56:00] about building intrinsic motivation.

And what she really strongly and very explicitly says is reduce the external reinforcers in order to build internal motivation. And what you're saying is. The opposite is true for kids with ADHD.

Russell Barkley: why that's, it's a disorder. Uh, I, I agree. And, and I'm so glad you point that out because one, I'm not saying that you should be doing this for a typical child. In fact, as you know, if you start rewarding, typical children, for things they enjoy doing, you may replace the intrinsic reward with the external one.

And once you pull the external one, they may not be so interested in doing that anymore because the love of doing it got lost in the external reward, but ADHD children don't have that. , intrinsic motivation that other children typically have, , or if they do it's for very specialized things. So, , that's why, you know, you don't want to listen to the child development literature around some things.

When it comes to raising this particular child, you do want to go overboard with the external rewards and the praise, because what we're trying to create at the end of the [00:57:00] day here is accountability. One of the things that the executive brain does for us is it allows us to self monitor and make ourselves accountable to ourselves for the work that we're getting done.

And ADHD children don't have that. So the self-awareness. And the accountability that the executive brain affords us, they don't have, which is why we have to step in and provide that to them. And that's what you're really doing. So don't pay so much attention to the rewards. It's really the feedback that they're getting very often from other people for how well they're doing that is important for them to have.

And if you pull that. They're going to stop working for you. Um, so you know, you, you can't go another mindset that teachers have, which is how long do I have to do this program for him and why don't, why do I do it for him when I don't do it for the others? One he's disabled. They're not, it's why we put ramps into buildings for people in wheelchair.

I don't hear, you're talking about removing the ramp after eight weeks of leaving it there for them, Arguing that they've [00:58:00] somehow internalize the ramp, which is of course ridiculous. , and you shouldn't be making the same point for ADHD kids in token systems either that's their ramp. So stop taking the scaffolding away from them that they need to succeed.

, so the, the answer to your question of how long do I have to do this? As long as you're with him, and as long as he seems to need the extra motivation. You have to provide that and then don't worry about it. You're not turning somebody into a little materialist, you know, first of all, they're already a little materialist anyway, but also your child needs this.

It's their ramp. It's their scaffolding. And if you view it that way, it's a prosthesis for them. And that's very important. So number one, motivation deficit disorder needs a lot more external motivation. Number two, your child is blind to time. One of the things that we discovered in my research and that has been replicated many times is that ADHD creates a very distorted subjective sense of time.

And that this persists into adulthood all the way across life. , so this is [00:59:00] a major part of this disorder that distinguishes it from almost every other psychiatric or neurodevelopmental disorder. And that is this very disrupted sense of time and time management. , and this is what explains why your child is never.

Ready can't finish things. And you give them a time that you've got 30 minutes to do that. Well, mom, they have no idea what 30 minutes feels like, how much has passed, how much hasn't, there's a subjective sense of time that we all start to develop. After about five or six years of age, it takes about 30 years to get really good at it, but we develop it very early and they don't have it.

They have a broken clock in there. So if you want to disable your child with ADHD, give them a deadline. Give them a time limit because they can't deal with that. They can't cope with

that. What does that mean? You have to make time external, physical through clocks counters, things that signal the passage of time.

There's a one-foot clock on Amazon that you can set for one hour. It's about this big it's red, and you can set it for up to an hour and it shows. The time interval [01:00:00] disappearing. You need that right longer range projects. You need to break them down into smaller intervals and bring them within that sort of one hour timeframe.

The third principle I want to focus on besides the time blindness has to do with working memory, your child's working memory is shot. Working memory is where we hold in mind. Our goals. And our steps to get to that goal. It's what you lose at my age, where you walk into a room and you forget why you went there.

I go to the mailbox and instead I pull weeds, pick up the paper, take the trash can back what's happening. Is that the environment? And it was becoming more compelling. And my mental, the representations of my goals are weakening. It's part of aging. Well, having ADHD is like being 70 times a hundred because they can't hold it in mind to begin with.

At least I can start out holding it in mind, but then it decays, which is why my life is filled with notes.

Yael Schonbrun: he's holding up a note.

Russell Barkley: So, uh, the, the point then is your child has very [01:01:00] bad working memory. The solution offloaded. Offload that content onto something physical around them in their visual field, the notes, the sticky notes, the cards, the charts, the auditory reminders, the calendars, the do list.

These are how we even typical people offload working memory onto physical devices that help remind us. I mean, you wouldn't believe how many notes I have around my house, have things I need to get done today and next week. And, you know, So people with ADHD are like elderly people. We need to make them dependent on external devices.

, it can be something as low tech and old-school as a sticky note or a card or a sheet of paper, you could try, high-tech such as your computer and your email program and your calendar and those sorts of things. But we found that those don't work as well. And the main reason is they forget to charge them.

Right. They lose the power cord. They can't find their smart phone. And then somebody has to load the information in it to begin with. And that's probably going to be their mother, , on Sunday [01:02:00] night, if now programming the devices so that they work to remind them of what to do. So, , to me, you know, journals week at a glance calendars lists, assignment sheets and sticky notes are far, far better than the technology.

So, so there you go deal with the motivation deficit. Deal with the time blindness and then deal with the working memory deficits. And you'll be taking major steps toward improving your child's success.

Yael Schonbrun: I have two more questions, but you've just offered me a perfect segue into my next question, which is that the fact of having a child with ADHD? And, and trying to parent well, , given that child's needs makes parenting much more difficult. And the thing about that is that , it's often the case that parents like their children have ADHD. And so in my caseload, I've actually seen this happening a lot. So the parenting challenges become even more intense. And so

Russell Barkley: Oh God.

Yes.

Yael Schonbrun: parents with ADHD adapt these strategies? If they too struggle with executive function challenges?

Russell Barkley: Yeah, well, you know, this is only an [01:03:00] area that's been started to be investigated over the last 10 years or so. Andrea Kronos, Tuscano at the university of Maryland, Charlotte Johnston, and others have really done a lot of research now on how ADHD and a parent affects their parenting, even with typical children.

And also what happens with ADHD, children, and then what we can do about that. , the, the first thing that they. Concentrate on and that I will reiterate, , is you got to get yourself diagnosed and treated first. Okay. We can't have to self or to unregulated people with self-control problems, trying to get along and manage a household.

I mean, this is just, you know, fire, , you know, fuel on fire, right. So, , Really, , the best thing you can do as Andrea points out is get yourself diagnosed and treated because the treatment, particularly the medication makes you responsive to the extra training we're going to need to do with you around these special techniques and these organizational strategies and the parenting tips that we have and [01:04:00] in mind, and, and other books, , So, yeah, I mean, you really need to own your own ADHD first, , and then get treatment.

And that was going to help you with your child. And they have clearly shown that that can be the case. There are benefits to the parent being treated, not just the child. Now, the second thing is I ask parents to go through a, what I call the division of labor. Let's take a look at. All the roles that parents have with their kids and all the other responsibilities of running a home from chores and dishwashers and dirty laundry and homework and doctor's appointments and getting kids to their various activities.

How can we divide that up? Knowing that one of the parents is ADHD. And so one of the tips I give in the book is anything that's time sensitive. Has to be done by the non ADHD parent. So if this has to do with a deadline or an appointment or getting somewhere on time or finishing this work on time or paying the bills on time, you know, you know, those that's done by the non ADHD person.

Because as I said, the ADHD parent is time blind. And it's [01:05:00] going to have a lot of trouble with that. The ADHD parent instead can take over the non timing things. You know, when you do the laundry, it doesn't have a hard stop, uh, you know, a deadline, and you

know, doing the dishes and cleaning up after dinner and even cooking the meals, , and playing with the kids.

You know, you need to alternate your parenting and doing bath time and reading stories. There's a lot of labor that. The ADHD parent can pick up in exchange for the non ADHD parent taking the things that they do better, uh, including driving, if you are driving your children anywhere and you're not on medication, the non ADHD parent does the driving.

Okay. Just know your, your weaknesses because you are putting your family at risk. As you know, ADHD is a very bad disorder to have when it comes to operating a motor vehicle. Uh, and we, we don't want to see that I, as you know, lost my twin brother with ADHD in a car accident for that reason. So, you know, you can die, you can hurt people, you can injure folks and, and you will feel.

Awful. If [01:06:00] you do that as to your children, because of your own ADHD. So, you know, pay attention to those kinds of risks and where you're good and where you're not good, and then carve up the responsibilities within the family equitably. , but following the ADHD, , information, what's good for you and what's not good for you.

So those are just a few of the things that we suggest that parents think about. As ADHD parents to the ADHD child. Now that said by the way, , there have been two very good papers in psychology journals that show that the parent with ADHD often identifies closer to the ADHD child and sometimes has a stronger relationship.

It may be filled with a little bit of conflict, but also they found that. Um, the parent, the parent's empathy for that child was much greater and therefore might even have a more positive relationship to that child. And at least a little bit better understanding about how to cut them some Slack and don't be, [01:07:00] you know, overbearing and over supervising and helicoptering the ADHD child too much because they remember what that was like, , for themselves.

And so, , you know, there can be an upside. In the parent child relationship when the parent shares the same disorder and not just a downside. Yeah.

Yael Schonbrun: Yeah. So we've arrived at my house. Last question, I just, before I ask it, I just want to say thank you for providing us such a thorough tour of ADHD from medication to parenting, to diagnosis, to various strategies. And it's, it's just amazing what you've been able to do throughout your life's work.

And I am so grateful that you were here to share it with us. And I'm curious, after so many years in the field doing work too. Eradicate myths, make new discoveries, help adults help parents help children. What do you hope is your greatest legacy?

Russell Barkley: Uh, I hope that my greatest legacy within ADHD was revealing that it was a more serious. And, , widespread cognitive [01:08:00] impairment. , then it was viewed when I came into the field, which was hyperactivity, it's trivial. They outgrow it, parents cause it, , and now we know that it's a serious as autism and as bipolar disorder in its own way.

, and that it. Interferes with what makes humans uniquely human from other species. And that is this capacity for self regulation, uh, and for future oriented behavior. And it really has held a mirror up to ourselves, right. How do we develop self-control, because they're not. And so we've learned a lot about our own development of executive functioning through studying people with the disorder.

So, , of the many things I've tried to do in my research broadening. The understanding of underneath, what is this disorder? Why is it so impairing in virtually every life activity? Why does it shorten your life [01:09:00] expectancy? Why are you four times more likely to die by adulthood than other people? These are serious health risks.

, and, and so to me it would be that it would be opening people's eyes to the seriousness of this and stop trivializing it. Yeah.

Yael Schonbrun: Yeah, well, you bring so much passion and, compassion, and knowledge, and it's, we're so grateful to have you on here.

All of your books are just terrific. And your website has a whole host of really helpful information and directions to get to other kinds of resources. So we'll definitely link to that as well. Thank you so much for sharing your

Russell Barkley: Well, and I appreciate you giving me the opportunity to disseminate the science of ADHD without you giving us these platforms, we wouldn't reach the people that we do. So thank you.

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