



[Understanding ADHD Children](#)

EPISODE #142

Narrator 0:00

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Dr. Sharon Celine 0:09

A lot of times, adults and well intentioned parents try to reassure their kids, and really what kids need is validation rather than reassurance because you as their parent, you can't be there all the time to let them know it's going to work out and frankly, you don't know that it's going to work out. What we want to do instead is to validate, yes, you know what it makes sense that you're afraid on the first day of school, lots of kids are.

Emily Kircher-Morris 0:35

Supporting ADHD kids is tricky. Whether they fall under the predominantly inattentive type, the mostly hyperactive type, or have a mix of both, finding strategies that can support them can feel like a never ending hamster wheel for their parents and teachers. Continuing our series for ADHD Awareness Month, today's guest is going to help us come up with some ideas to support ADHD or kids and teens. Clinical Psychologist Dr. Sharon Celine is with us today. That's straight ahead on episode 142. I'm Emily Kircher-Morris, and this is the Neurodiversity Podcast.

Intro 1:15

You see the world differently. This is the Neurodiversity Podcast.

Emily Kircher-Morris 1:36

Our guest Sharon Celine is the author of "What Your ADHD Child Wishes You Knew. Working Together to Empower Kids for Success in School and Life", but before we get into that conversation, I want to take an opportunity to invite you over to our Facebook

group, the "Neurodiversity Podcast, Advocacy and Support Group." If you heard our recent ama episode, all of the questions came from individuals in that group, we have other opportunities to connect and support each other and would love for you to join us. Of course, if you aren't on Facebook, you can also find us on Twitter, Instagram and LinkedIn. We'd love to connect with you online, wherever you'd like to hang out. Okay, then my conversation with Dr. Sharon, Celine, is up next.

Narrator 2:22

Previously on the Neurodiversity Podcast.

Emily Kircher-Morris 2:25

Practical intelligence and emotional intelligence, you also mentioned some brain training programs. Why are we clinging on to those concepts?

Russell Warne 2:33

That's another book, I haven't written that book yet. I think one of the big reasons is that psychology has not done a very good job at disseminating this information, but I did a study where I examined Intro to Psychology textbooks, and over three quarters of them had some of these misconceptions, and I quoted some of those in the book. If we can't even get our own textbooks, right? How on earth should we expect to lay people who haven't studied this for a living to get it right? And so I don't really blame society, I blame psychology more than anyone else.

Narrator 3:08

That's episode 69. Look for it in your favorite podcast app.

Emily Kircher-Morris 3:22

Today, I'm talking with Dr. Sharon Celine, author of "What Your ADHD Child Wishes You Knew. Working Together to Empower Kids for Success in School and Life." So Sharon, thank you so much for joining us today.

Dr. Sharon Celine 3:36

I'm so happy to be here. Thank you for inviting me.

Emily Kircher-Morris 3:39

I've been looking forward to this for sure. So I think to start off, I know a lot of people have an awareness of ADHD, but maybe if you can just give us a bit of insight into some of the different characteristics we might see in ADHD kids, just so we all kind of are on the same page with that as we start off.

Dr. Sharon Celine 3:57

So we know that ADHD is a biologically based condition. It's largely hereditary, but not exclusively, around 55% of kids with ADHD have at least one parent who has ADHD, even if you're not necessarily aware of it. You know, signs of ADHD would be impulsivity, hyperactivity, it could also be in attentiveness, kind of dreamy quality, lack of focus. We can also see particularly in girls, social issues, and we see these in boys to difficulty making and maintaining friendships, impulse control, challenges, emotional dysregulation, as well as issues with memory and follow through and being able to kind of stick with something even if it's unpleasant. Because one of the things that happens for all people with ADHD is that they have lower amounts of dopamine and norepinephrine in their brains, and those are two pretty important neurotransmitters dopamine has to do with pleasure and reward and interest and satisfaction, and norepinephrine has to do with, you know, concentration and sleep. And so we'll see particularly in the dopamine pathways in the brain that there's either less activity, or there's there's just a kind of unusual activity, you know, it depends on everyone's brain is a little bit different. And so this is why people take medication they may choose to or not, but they often take medication to assist with the neurotransmitters who are like the fairies of of the brain, they basically take a message from one neuron to another across the synapse, which is like a river, so it's like a ferry crossing, and in people with ADHD, sometimes those ferries just, there's not enough of them. Sometimes they run too slowly, sometimes they run too quickly, they pick up the message, and they take, and they deliver it, when it actually needs to hang out in the river a little bit. And so everybody's brain is different.

Emily Kircher-Morris 5:59

I think that's one of the things that is hard to overcome, and that is the the stigma about ADHD, because it looks like from an external point of view, a lack of effort, or a lack of caring, and if you just tried harder, you know, then things would be okay. And that's the message that a lot of ADHD ears get quite a bit, which is inaccurate.

Dr. Sharon Celine 6:22

It's completely inaccurate, because the dopamine pathways have a lot of connections to the prefrontal cortex. So if you're listening, you take your hand, and you put it on your forehead, and you say, what were you thinking, or oh, my goodness, or in my culture, or if a that's the part of the brain behind your hand behind your forehead, that is the prefrontal cortex, and it's responsible for executing tasks. So that's where the executive functioning skills, really that term comes from, and there's a lot of connection through the dopamine and norepinephrine pathways to the prefrontal cortex. And there's also sometimes some structural differences in people's brains with ADHD. So when adults, and sadly parents, think of their kids as just not trying hard enough, like you can play,

you can play your video game for, you know, two hours and be fine and concentrate, but you know, when I asked you to rake the yard, you can only do it for five minutes. And I would say, well, of course, that's because the games are a high dopamine activity, there's a lot of reward and satisfaction and stimulation, and raking the yard is a low dopamine, kind of, frankly, boring activity, where I can't even see the results, and if I do make a big pile of leaves, I want to jump into that, which will undo my work. So, you know, today I was talking with someone who like, I do some supervision, and, you know, she was telling me about this boy who's in high school, and his parents are so down on him, you know, and he's not done well, he's very bright, but he's low grades, and he's, you know, becoming a senior. And in he doesn't really trust adults and he, she's trying hard to make a connection, but it's, it's very challenging. Partially because the message he gets is like, something's wrong with you, because you can't take out the trash, remember to do that. I was working with during COVID, a college student who was living at home, and her parents really wanted her to do a better job with the dishes, and she's quite bright, so she fits in the two week category, you know, which is right in your ballpark, Emily, and also in mind, and and then she's like, why can't you just do the dishes? Why can't you just do the decision? And she said to me, I hate doing the dishes, like, I'll do any other chore, I'll do the litter box, I'll do the composting, I'll take the trash out, I just I don't really see the dishes, and I hate doing them. So we talked about how to have a conversation with your parents and say, could we make a trade? You know, I'll do this thing that actually means something to me, and I'll put my dishes in the sink, but, or I'll work with you after dinner, but I can't really do it myself, I'm just not good at it. And her parents who are really enlightened, and one of them is a therapist, and we're like, okay, we'll try and see how this works. And they did and it worked better, because she actually did the things that she said she would yeah, that's kind of what I talk about a lot in my book and in my car deck and on my website, which is meeting kids where they are, instead of where you want them to be or you think they should be.

Emily Kircher-Morris 9:32

Well, and I know one of the other major influences, especially even in our house is the various needs that all of us have, because of our own different flavors of neurodiversity. So, you know, especially when it comes to trying to be an ADHD parent, for ADHD kids, it can get a little overwhelming I think on all sides. Like you mentioned, that's one of the topics that you always kind of try to address which is how can parents better understand and communicate with their kids and really hear what their kids are saying.

Dr. Sharon Celine 10:04

Well, in my five C's approach, I try to address this. So the first C is self control, we as adults manage ourselves first, so that we can then help our kids regulate. The second C is compassion, we try to meet our kids where they are, we try to imagine what it's like to

walk, you know, five minutes in their shoes. And and that compassion is also directed towards ourselves as adults, because we're not perfect, we're not going to get it right all the time, and neither are our kids. And I think today, particularly with social media, people have very high expectations for their parenting, unrealistic expectations, and there's a lot of compare and despair out there in the world of parenting neurodivergent kids. The third sees is collaboration, how do you work with your child given who they are and what matters to them, so they have buy in and want to participate in within the task that you're asking them to do, or the program that you're setting up. It's a it's a together process, so that kids can feel like there's an incentive that matters to them, and that you actually also can see that they are participating in in something that matters to you, so everybody win. The fourth one is consistency, so a lot of times, you know, that perfectionism, you know, rears its ugly head, and we expect ourselves to do it right all the time, we expect our kids to be able to follow through or complete tasks more often than not, more often than they might be capable of given their working memory challenges or their processing speed. So we want to look for, you know, what I call efforting, you we want to notice that, and then we also want to pay attention to when things are making progress. They're not necessarily perfect, but that, you know, practice makes progress. And then the last C is celebration, and that is actually really important, and this comes from positive psychology, which is noticing what's going well. You know, kids with ADHD hear a lot about how they're missing the mark, what they're not getting what they're doing wrong, and Dr. Barbara Fredrickson and her colleagues at the University of Pennsylvania in round 2010 did a lot of research, and they found that the ideal positive ratio in all areas of life is three to one, three positives for every negative, that's not what most kids are experiencing. They're experiencing for anywhere from 10 if you ask some kids 30 or 40 negatives per day, so we really want to acknowledge, affirm, notice when things are going well, we don't want to bake a cake because your kid cleared the table. But we want to say hi, you know, give them a high five and say thanks for clearing your plate, I love when you do that.

Emily Kircher-Morris 13:00

Yeah, I noticed.

Dr. Sharon Celine 13:01

Exactly.

Dave Morris 13:07

More in a minute.

Emily Kircher-Morris 13:09

The Belin Blank Center is a leader in talent development for students from elementary through university. Their Academy for twice exceptionality and their assessment and counseling clinic feature leading psycho educational assessment, counseling services, resources and consultation for parents and their children from preschool all the way through college. One of the best options for neurodivergent students is early entrance and the Buxbaum Early Entrance Academy at Belin Blank is known around the globe as one of the best options for helping your child get an early headstart on their education. Buxbaum enables high school juniors and seniors who are ready for university level work to skip their final years of high school and head straight to college. The Belin Blank Centers Academy for Twice Exceptionality helps our neurodivergent college students to foster meaningful academic experiences and develop independence, social emotional maturity, communication skills and career readiness. The Belin Blank Center at belinblank.org, that's belinblank.org or look for a link in the show notes. I know that this is a topic that you think a lot about and talk a lot about is ADHD and anxiety. Because I think so often those two things go hand in hand, even if we aren't necessarily talking about clinical anxiety. What are your thoughts about the connection between those two pieces?

Dr. Sharon Celine 14:34

That's a great question, thank you. According to the statistics, in the research, about 34% of kids with ADHD have co occurring anxiety that is clinically diagnosed, personally in my practice, and probably in yours and for everybody who's listening, you see this more often, a child or a teen or an adult may not meet the criteria to have a diagnosis, but they may still live with a lot of anxiety. And actually the statistics for adults with anxiety with ADHD are even higher closer to 50%, that's something that is it's important for us to really take a few minutes, just as you've suggested, and explore that. One of the things that I think happens with ADHD and anxiety is that people with ADHD are a little more hyper vigilant about themselves and about things in the world, and some of that comes from that negative feedback that is that kids get early on about missing the mark, when they're not even sure what they did, about seeing something inappropriate, when they didn't know it was, it was not the strong choice, about maybe tripping or having a speech impediment, or stuttering, or whatever it is. And so what happens is, over time, it could start to develop a nervousness about themselves, which can then develop into anxiety, like, when is the next time that I'm going to mess up that I didn't even know I was doing, or when is the next time that something bad is going to happen? Because it always does. And so this then develops, you know, general anxiety, and then over time, what we see is a is a transition sometimes into panic, into social anxiety, and of course, the the everyday concerns about, you know, am I safe? Am I going to feel okay, is it secure? And so these are, these are things that we see, we also see perfectionism, which is sort of a manifestation of anxiety, and of course,

procrastination, which is also a manifestation of anxiety, because if you follow it along the line, it's like, oh, you know, am I going to be able to do this? I haven't done this in the past, what makes me think I'm going to do it this time? Forget it.

Emily Kircher-Morris 16:59

I think one of the things that's interesting too, is that once those patterns are there, even if you're working on the ADHD, and the executive function skills, and even if you try medication, and the medication is really effective, I think it's really hard to then unlearn those patterns of anxiety. The executive function stuff maybe is almost a little bit easier to quote unquote, fix, I don't think that's really the right word but you know what I mean, but once those beliefs are there, once those worries are there, once that hyper vigilance is there, it's just hard to escape that.

Dr. Sharon Celine 17:32

It is and you know, there is a genetic sort of susceptibility to anxiety, you know, anxious parents have anxious kids, and anxious kids may have anxious parents there, it's not so much a predisposition, as it is with with depression. But it is a kind of proclivity that we see that anxiety often runs in families, and of course, because many people with ADHD struggle with emotional regulation, so what happens is you have a little uncertainty and because it's difficult for you to manage the intensity of your emotions, when you have ADHD, that little bit of uncertainty or insecurity can feel like a tidal wave in certain situations, and then you're just struggling to keep your head above water. And so what happens is that a lot of times, adults, and well intentioned parents try to reassure their kids, and really what kids need is validation, rather than reassurance, because you as their parent, you can't be there all the time to let them know it's going to work out. And frankly, you don't know that it's going to work out. What we want to do instead is to validate, yes, you know what, it makes sense that you're afraid on the first day of school, lots of kids are, you're not sure who your teacher is, or what it's going to be like to be in this class, I get it instead of don't worry, you'll be fine, it always works out. So it's a tough, it's a tough dance for us because, yes, we want to love them up and help them believe in themselves, and the way that we want to do that is to actually be the memory bank of past successes, times when they overcame anxiety that we could bring in to this situation, so that they understand that, that they have the capacity in them to get through this, even though it is a little scary.

Emily Kircher-Morris 19:24

You know, another area that is always very interesting for me and that I have a lot of curiosity about is kind of sorting through ADHD and autism, because I think that's another place where we have a lot of overlap there. And it's interesting because, well, you can get online on pick your social media site and find all sorts of theories and ideas

and, and self diagnosis tips for each of these things, you know, in varying degrees of accuracy, but can you talk a little bit just about what the differences are, what it kind of looks like when they're layered, you know, and just maybe kind of trying to tease out where the executive function main difficulties that go along with autism are compared to with ADHD?

Dr. Sharon Celine 20:04

So everybody with ADHD has more executive functioning deficits, or several really impactful executive functioning deficits that impact their daily living skills. Part of having ADHD means having these executive functioning challenges, severe challenges in some areas, and that's not necessarily the case with autism. So the different some of the differences for me with ADHD is that kids with ADHD understand, for the most part, the rules of social engagement, they may not follow them, but they understand them. And kids with autism often don't understand the rules of social engagement, particularly well, and they missed they missed cues. So kids with ADHD miss cues, because they're distracted kids with autism miscues because they can't read them, or it's too much information coming at them. So your facial information is too much for me to process at one time, so I need to look, you know, at your hairline here, that's a skill I have that I've learned, you know, from my counselor, Emily, who is so great. Whereas kids with ADHD, they get overwhelmed, but they're, and they're overwhelmed by a lot of information, both sensory and auditory and visual, and they share that with kids with autism, but, you know, the, the process of that is somewhat different. I think it's worth noting that about 50% of kids who, whose primary diagnosis is autism, also have a co occurring ADHD diagnosis, but only about 14% of kids whose primary diagnosis is ADHD have a coexisting autism diagnosis, so it's actually kind of different. And there has been some research that shows that if you have a child, or a teen who is diagnosed with autism has some of the signs but may even may not meet the full criteria for ADHD, and you use ADHD medication with them, that it will actually target both this some of the symptoms of autism and ADHD simultaneously, which is interesting to think about.

Emily Kircher-Morris 22:26

I know that there's so much stigma surrounding medication as well. It sounds like you notice benefits with your clients who use ADHD medication?

Dr. Sharon Celine 22:35

Yes, and I also have clients who can't use it. Like they've they've tried a couple different things, and then they just say, no, we're done. It's a very frightening thing to give medication to a child, for a parent, I'm a parent, you're a parent, I think it would be scary, and so what we see a lot is that in elementary school, parents are much more reluctant, unless behaviors are extreme, to use medication. But by the time kids sort of get to

secondary school, whether it's middle school or high school, and they're really struggling, both the kids and the parents themselves are much more willing to try anything at this point because they want to have friends, they want to be able to change classes, they want a locker that doesn't have papers, you know, flying out when you open it, they want to be able to, you know, have talked to people at lunch. There is sort of this pattern that I see quite a bit.

Emily Kircher-Morris 23:35

What about emotional regulation with ADHD? Because I feel like that's one of the things that is obviously to me, a major part of ADHD, but sometimes kind of gets, it doesn't really get ignored but people don't always realize it is part of the ADHD like, do you have any ideas about like, what's causing that within the ADHD? To me sometimes it looks like impulsiveness, and, and just those big emotions. But I'm curious if you have any insights to that as well.

Dr. Sharon Celine 24:04

You know, I would agree with you on that, I think that there is impulse control, there's verbal impulse control, and there's behavioral impulse control, and the thing that happens with these emotions, particularly anxiety, is that our body has a stress response. So our body and particularly for ADHD brains, kicks in very quickly to the fight flight or freeze modality, and so that amygdala is in the loop is, is very, it's just very reactive. And so what we see is that it's hard for a lot of kids with ADHD to slow down. I don't like the term calm down, because I don't know about you, Emily, but when someone tells me I need to calm down, I'm just like, get away from me.

Emily Kircher-Morris 24:48

It's going to escalate everything.

Dr. Sharon Celine 24:49

It's going to escalate everything exactly. But slow down actually is something I could I could personally relate to, and my clients relate to it, you know, and how do we slowed down. So I talk about this, you know, a lot in my cards or my book or whatever my website, basically stop, think, act and recover. In fact, I've actually changed it in my book, it's just stop, think act, but since I wrote my book, I've noticed, oh, wait, there's a recovery time, oh, wait, there's a teaching time, so it's really like start. And so I think about starting something different, you're pivoting, and you're going to stop, you're going to call a pause in the action, because you yourself may need to calm down, and your kids, I said, calm down, but slow down, that's because I said it about myself, you know, different, and your child may need to slow down. So what are some activities that are okay to do in that pause moment? And that pause moment might be, I want to sit on the

couch with you, and have you read me a story when the last thing you as a parent want to do is that, you know, it might be a hug, it might be I'm going to go play with our bunny, you know, whatever it is. And you can go into the bathroom and wash your face and look in the mirror and say, I know I can do this, I'm just having a hard time or text a friend or a parent or your partner. So we have that stop, we call that pause in the action, and I think that's particularly hard in school, because people don't call a pause in the action, you're just expected to move on, over and over again, and kids, particularly neurodivergent kids, they need time to integrate, and regroup because when you're in overwhelm, your system is in, you're in a stress response, you're highly activated. And it's not like you can switch to something slower, you know, for people who use zones of regulation, you can't go from red to green, you're gonna go red, then maybe a little orange, then maybe a little yellow, then maybe a little lime green, and then maybe forest green. Right, you know.

Emily Kircher-Morris 26:55

Yeah, it's a process.

Dr. Sharon Celine 26:57

It's a process, so and then we have think, and think is when you come together, and you actually use your best reflective listening skills, and you say, well, what do you think that was going on? What would you have liked to have seen be different? Where do you think we should go from here? What's our next right step? And then we take that next right step action, and then we let things recover. We do not talk about what happened, we do not use a teaching moment, because we're still too close to the redzone, so we're going to just recover later, maybe three hours later, or the next day, when you're driving in the car, you might be able to say, you know, yesterday when this thing happened I'm just wondering if maybe next time, we could try something different. And then talk about what that might be. But you need space between the recovery and the teaching, so I've sort of shifted that to be from STA "sta" to start.

Emily Kircher-Morris 28:00

Yeah, I like it, I like it. Well, I know you've given so many good ideas that parents can really use, and I know that I could, I could definitely sit here and talk to you all day. But as we wrap up in the essence of time, I have one last question for you. So if you were talking to a parent who is in the throes of trying to help their ADHD child, but it's just really struggling, what would you say to them? Like, what is it that you would want them to hear?

Dr. Sharon Celine 28:26

Such a good question, I would want to say to them, take a deep breath, and zoom out. This is this is a long journey, it you know, and what your child mostly needs from you is attunement, acknowledgement and noticing, as well as appropriate boundaries, you care for yourself, and you care for them. I've been doing this for a long time, Emily, and I will tell you that I've had the privilege of working with people when they were six, seven and eight, and then having them come back in my office at 28, and see how they've actually created a life for themselves. I'm working with someone now, and she tried to go to college, it didn't really work out she took some continuing ed courses on programming, and worked with her father who does cabinet making for a while and just applied for a job with a company who said we want to take a chance on you. And you know, got a job for like \$75,000 a year, and they said and we also want to pay for you to take one or two courses so it, per semester or a year, so that you can get your bachelor's. I mean, you know you just don't know where things are gonna turn out and I think when you're in the thick of struggling all you see is oh my god my child is never going to mature into a self sufficient adult. And and I will say from my seat that I have yet to see someone who doesn't mature into a self sufficient adult, with the one exception of kids who, to be honest, become overused marijuana, or any other sort of substance. But even those kids often get treatment, and they, they kind of rebuild. There's a fundamental resiliency here so be kind to yourself as a parent and be accepting of your kids where they are. And remembering that there's a lot of developmental lag for kids with ADHD in terms of brain maturity, and that has to do with the connectivity that we call myelination, between the prefrontal cortex and the rest of the brain, and of there's a lag of about three years. So you may have a 10 year old who may very well sometimes act like they're seven, and that is actually okay, and very common, and to be expected in certain areas. I know you said one thing, but it's so complicated.

Emily Kircher-Morris 31:05

I know, it's a lot, it's a lot. Well, and I think any words of encouragement are good, you know. And so, Dr. Sharon, Celine author of "What Your ADHD Child Wishes You Knew", thanks so much for taking the time to talk to me today.

Dr. Sharon Celine 31:19

Thank you so much for having me, Emily, it's been a great pleasure.

Emily Kircher-Morris 31:27

I think ADHD suffers from being the type of neurodiversity that people think they understand that really don't. ADHD has been part of the conversation between parents, doctors and teachers for decades. But even still, the characteristics associated with it are attributed to personality flaws. It's minimized by people who claim that every

moment of distraction is part of ADHD, or who claimed that ADHD can't exist, because don't we all get a little distracted or procrastinate, sometimes? ADHDers are constantly trying to prove that they need supports. If you're a parent or a teacher of an ADHDer, or you are an ADHDer yourself, just know that I see you, and together we'll keep doing the work to build awareness, acceptance and understanding of ADHD. I'm Emily Kircher-Morris. I'll see you next time on the Neurodiversity Podcast.

Dave Morris 32:41

Our thanks to Dr. Sharon Celine. Find links to her work website and social media on the episode page at neurodiversity.podcast.com. Thanks to the first official sponsor of our podcast, the Belin Blank Center at the University of Iowa. They've been longtime believers in the podcast and we appreciate them helping to make it possible now visit them at belinblank.org. Our host is Emily Kircher-Morris. The social media specialist and production assistant is Krista Brown. The executive producer and studio engineer is me Dave Morris, for all of us here, thanks for listening, and we'll see you next time. This is a service of the Neurodiversity Alliance