

I'M NOT NAUGHTY



Newsletter of the
Society for the Promotion of
ADHD Research and Knowledge

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A New Old Treasurer and New New Auditor



At our 8th Annual General Meeting last month, our treasurer for the past two years Lee Mei Lin had to step down and past treasurer Lee Swee Huat came forth and volunteered for the post. I would like to thank Mei Lin for her services and am grateful to Swee Huat for his efforts. Mei Lin remains on the committee as a member and Cynthia Yeong was newly elected. Two others stepped down, Christine Keung and Regina Lau. We appreciate all they have done for us. The list of the new executive committee for 2008-2009 can be found below.

We also had to elect a new auditor as Katherine Wong stepped down due to possible re-location. Chow Yoke Keng, a new member as elected auditor to join incumbent Patrick Fernandez. I would like to thank Katherine for her contributions, to Yoke Keng for agreeing to take on this duty and to Patrick for continuing.

My thanks and gratitude too to all 36 members who turned up at the AGM on 1 March 2008. A summary of the President's Report can be found on the next page.

Bella Chin, President

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Parent Support Group (PSG) Meetings

These monthly meetings at Child Guidance Clinic on the first Saturday morning of each month continued to be the core activity of the society. The talks in 2007 were:

- Jan 6** The Myth of the ADD Child: 50 Ways to Improve Your Child's Behavior and Attention Span without Drugs, Labels or Coercion – Part 1. A book sharing session by Mrs Bella Chin, President of SPARK
- Feb 3** The Myth of the ADD Child: 50 Ways to Improve Your Child's Behavior and Attention Span without Drugs, Labels or Coercion – Part 2. By Mrs Bella Chin, President of SPARK
- Mar 3** Nutritional Supplements for the ADD/ADHD Child by Dr John Yeo
- Apr 7** CranioSacral Therapy (CST) for Hyperactive Children by Ms Angie Koh
- May 5** Home-based Brain Exercise (Neurofeedback) for ADHD children by Dr Kenneth Kang of Spectrum Learning
- Jun 2** ADHD Behavior Management Workshop by Mrs Bella Chin, President of SPARK
- Jul 7** The Personality Puzzle Workshop for Parents by Mrs Christabel Ting Seok Ai
- Aug 4** Couple Dynamics and the Child with Special Needs by Mr Benny Bong, Family & Marital Therapist
- Sep 1** The Family Must Go On – Sibling Relationships with the Child with Special Needs by Mr Benny Bong, Family & Marital Therapist
- Oct 6** Anger Management by Mrs Bella Chin, President of SPARK
- Nov 3** ADHD Behavior Management Workshop by Mrs Bella Chin, President of SPARK

Membership Update

At end December 2007, we had the following number of members:
Life Members: **51**
Paid Up Ordinary Members: **59**

Donation to Care Corner – Educational Therapy Services (ETS)

We received \$12,000 from the President's Challenge 2004 Charity Drive in early 2005 and have not used the money. In Dec 2007, we donated \$10,000 to Care Corner – Educational Therapy Services (headed by Mr Isaac Tan) as its services directly benefit ADHD children and their families. ETS provides parent education, intervention programmes, specialist tuition, and school-based support programmes primarily to students with ADHD and other learning disabilities. Families with financial difficulties are given subsidies by ETS. The sum donated was to be used specifically for financial subsidies to needy families with ADHD children seeking their services.

Neurofeedback Home-based Training

We sponsored committee member, Ms Goh Kui Hwa to learn neurofeedback treatment from Dr Kenneth Kang in Aug 2007 using his new home training kit. Dr Kang has loaned (free of charge) a set of the home kit to SPARK to enable Kui Hwa to carry out neurofeedback sessions for our members' ADHD children. A proper programme to offer this neurofeedback home service will be worked out for 2008.

Annual Year-End Party

It was held at the West Coast Park on Nov 26. A special performance by a professional magician was arranged and around 50 children and their parents all had a great and fun time. A special thanks to our member Meharoon and her son Mohd Arshad for also entertaining the group with their own magic tricks, as well as conducting games for the children.

Awareness Outreach

A number of talks on ADHD were given by committee member Goh Kui Hwa to these schools and organisations: Bukit Panjang Primary (7 Feb 07); Nan Chiau Primary (28 Feb 07); Woodgrove Primary (28 Mar 07); CDAC (4 Sep 07); Mee Toh Primary (12 Sep 07) and HSBC staff (19 Oct 07).

Another committee member, Dr Alefiya Nomanbhoy gave a talk to CHIJ St Theresa Secondary School on 15 Feb 07.

Our president Bella Chin spoke on ADHD at a public seminar entitled "The World through Their Eyes" held on 20 Jan 07. She also participated in a talk show about ADHD on Radio 938 live on 26 Jan 07.

Committee member Violet Tan spoke at a Mandarin-speaking public forum on ADHD on 10 Mar 2007

At an ADHD forum organised by NIE students on 26 Jan 07, our vice-president Dr Ng Koon Hock and former member Sanath Ee shared their perspective and experiences.

We also partnered Glenn Lim to organise a re-run of his "Wake Up Call" parent workshop on 15 July 07 for parents with difficult teenagers with at-risk behavior. Glenn (who is ADHD) shared his life story and gave insights and inspiration to parents on how to understand their teens and teen challenges better. About 30 SPARK members attended. Our ADHD brochures were given out.

HOW TO TREAT

OPPOSITIONAL DEFIANT DISORDER (ODD)

Some children are a bit more difficult by nature. Other children go through stages of oppositional defiance, such as during the teenage years. However, if your child is easily angered, continually argues, and intentionally disturbs others, he might be one of the 5-10% of children who have Oppositional Defiant Disorder, the most common of all childhood psychiatric disorders.

Children with Oppositional Defiant Disorder display belligerent and antagonistic behaviour towards parents, teachers, and other adults in authority roles. These children tend to quarrel frequently with their peers and intentionally do things to irritate others. They also are easily annoyed.

Due to their difficult behavior, ODD children have a lot of problems in their interactions with others. Although it is the behaviour of these children that is the root of most of their conflicts, ODD children do not see it that way. They usually blame others for the problems they encounter and do not take responsibility for their actions.

DOES YOUR CHILD HAVE OPPOSITIONAL DEFIANT DISORDER?

It can be hard to tell the difference between the behaviour of a stubborn child who is normal and a child who has Oppositional Defiant Disorder. Children display a wide range of behaviours and even a child with a high degree of oppositional defiance can be normal. The difference between oppositional defiance, which is normal and an oppositional defiance disorder is a matter of degree. How do you tell the difference?

If your child's oppositional defiant behavior is persistent, has been going on for at least six months, and is disrupting your family life, his home and school environment, and is clearly interfering with his ability to function normally, then your child's oppositional defiance may meet the criteria to be classified as a disorder.

Your child may have ODD if your child is regularly and consistently:

- ✗ Angry
- ✗ Disobedient
- ✗ Argumentative
- ✗ Quick to take offense
- ✗ Malicious
- ✗ Vindictive
- ✗ Aggressive toward other children
- ✗ Resentful
- ✗ Cruel

Oppositional Defiant Disorder children display their defiance by:

- ✗ Talking back to adults
- ✗ Refusing to obey requests from adults
- ✗ Blaming others for mistakes or misbehaviours
- ✗ Deliberately flaunting rules
- ✗ Wilfully annoying others
- ✗ Being quick to anger
- ✗ Speaking harshly to others
- ✗ Seeking revenge
- ✗ Having frequent temper tantrums
- ✗ Having difficulty maintaining friendships

If your child is persistently disobedient, willfully defiant, constantly negative, or incessantly hostile toward you or other figures of authority, you may have a reason for concern.

DIAGNOSING OPPOSITIONAL DEFIANT DISORDER

It is difficult to accurately diagnose Oppositional Defiant Disorder. These children are very similar to normal children. Most children display defiance toward adults at times. The difference between ODD children and other normal children is only a matter of frequency and intensity, making the diagnosis of ODD more of a judgment call.

If you suspect your child's defiance is not normal for his age, you need to consult a psychiatrist or psychologist, who has experience working with and diagnosing ODD in children. Your child

should have a full evaluation, including a medical screen for problems such as sensory processing defects, muscle coordination problems, and an evaluation for learning disabilities.

CO-EXISTING CONDITIONS

Oppositional Defiant Disorder is almost never a child's only problem. Usually ODD is one of several problems or disorders that a child has.

What other conditions accompany Oppositional Defiant Disorder?

If your child has ODD, then there is a:

50-65% chance he also has ADHD;

35% chance he will eventually develop an affective disorder;

20% possibility he will develop bipolar disorder or some other mood disorder in the future;

15% chance he will eventually have some type of personality disorder;

and significant possibility he has an overlooked learning disorder

For this reason, if you think your child might have Oppositional Defiant Disorder you should have him evaluated for other problems as well. You need to uncover these other problems, because that will give you the keys to effectively treating his oppositional defiance in many instances.



FUTURE OUTLOOK

Is he going to grow out of it? No one can tell for sure, but children with Oppositional Defiant Disorder usually follow one of four pathways.

There are children that do outgrow their oppositional defiance. Half of younger children who are believed to have ODD will no longer meet the diagnostic criteria for this condition by the time they are eight years old. However, if a child still has ODD when he is eight, there is only a 25% chance he will never outgrow it.

Occasionally, what was thought to be ODD when a child was younger is really a precursor of some other condition. Five to 10% of preschool children who were believed to have ODD have their diagnosis changed later on to ADHD.

At times the oppositional defiance of these children deteriorates and they eventually meet the criteria for Conduct Disorder, the most serious of the three disruptive behaviour disorders in children. If the child is going to go in this direction, it is usually evident early in his life. Most children who have ODD for several years who have not yet showed signs of Conduct Disorder will probably never develop it.

Five percent will continue to have Oppositional Defiant Disorder and nothing else. Most children will continue to have ODD, but show signs of some other co-existing disorder.

WHAT YOU NEED TO DO

There is still very little known about Oppositional Defiant Disorder. However, given what we know, the following are the current recommendations.

1 Get your child a thorough medical and psychological evaluation. You must know exactly what your child's problems are before you can take steps to eliminating them.

2 After you identify any other disorders that your child has, treat them aggressively. Addressing the conditions that accompany ODD can often be the quickest way to eliminate your child's oppositional defiance.

3 Consider giving your child an Omega-3 supplement and a vitamin E supplement. There are no ill effects of giving these nutrients and most children are deficient in them.

4 Enrol in a parent training programme, either locally if you have the financial resources, or online.

CONCLUSION

It is hard to raise a child who has Oppositional Defiant Disorder. However, it can be done. If you identify your child's other problems and treat them; AND if you develop your parenting skills through a specialised parenting programme, then you will be successful.

Extracted from the ADD ADHD Advances online journal (see <http://addadhdadvances.com>)

How to Get Children to Sleep



In order for us to get restful sleep, we need to be relaxed. In order to relax, a number of things have to happen.

First of all, we need to feel safe and secure. If there is tension in the house – abuse, parents rowing, problems with finances, or problems at school or with friends, it will be much harder to relax and fall asleep.

We also need to feel secure and safe in the bed. Some children with sensory integration difficulties, such as problems with touch sensitivity, body position sense (proprioception), or gravitational insecurity may find lying down on a high bed difficult. Heavy blankets can help some of them to feel more grounded.

To sleep, we then need to turn our minds off the business of the day, shut out the distractions of the environment and slow down our heart rate and metabolism. As we drift into sleep, not only does the body slow down, so too does the brain. Brain waves, which are often running along at 14 hertz (cycles per second) or more during the day, will slow down first to an “alpha” rhythm (around 10 Hz) and then gradually right down to the deep sleep of a “delta” rhythm (4-7 Hz).

All of this can be helped by setting up the environment well, and also by developing a regular

routine so that the body learns the signals that tell it that it is time to slow down for some sleep. Here are some suggestions:

☞ warm bath and hot milky drink



The warm bath relaxes the body, and allows the metabolism to slow down as it does not need to be so busy generating heat. Warmth also relaxes muscles. Warm milk contains an amino acid which is a naturally occurring sedative. Avoid drinks such as Coca Cola, tea or coffee, which all contain caffeine. Avoid also activities that are arousing or frustrating; just before bed is not the time to be getting upset about homework or frustrated with their Gameboy.

☞ bedtime story



This helps to push out the anxieties of the day, whilst also giving the child some special one-to-one attention. The child feels loved and valued, and therefore safe and secure. This can be followed by a recorded tape story, to which the child can listen with eyes closed and in a darkened room. But pick a story that is calming, not frightening!

Relaxing music



Unlike the eyes, we cannot close our ears. The sounds and noises of our environment are constantly entering into our system. Most of them tend to wake us up and increase stress. This is particularly true of sudden and unexpected noises, such as a dog barking or of a heavy lorry passing by. While we cannot shut our ears, we can modify the sounds around us. First, make the room as quiet as possible. Often there is not much that you can do about this, but certainly heavy curtains and closed doors can all help.

Secondly, introduce sounds that help to shut out the wrong noises, and that also help us to relax. White noise, such as that produced by a fan or a humidifier does help to drown out the trucks and the barking dogs. So does a radio playing quietly in the background. Unfortunately, these sounds in themselves can be arousing and stressful.

To create a sound environment that promotes sleep, we need sounds that are low in pitch, and have a slow rhythm. A beat of 50 to 60 Hertz, the rate of our hearts when fully relaxed, would be ideal. Where do we find such sounds? Some classical music meets these requirements, so to do some nature sounds such as waves gently rolling onto the beach. My recommendation is to use some of the recordings that are deliberately created for relaxation. These should be played very quietly in the background, both to drown out the dogs, and to generate a peaceful sound environment in the bedroom. If your child has a tendency to wake easily and frequently in the night, it may be worth putting the CD on continuous play so that it carries on right through the night.

Colour and light



Not only are our bodies and minds sensitive to the frequencies and rhythms or sounds, we are also profoundly affected by light and colour.

Blue is for serenity, green for harmony and peace, pink instills warmth and cosiness. All of these, especially if in muted tints, are ideal of bedrooms, although blue and green may produce too cold an atmosphere. On the other hand bright and vibrant colors such as yellows and reds will rev us up and keep us awake. The effects are subtle and certainly not conscious, but even so are very real.

The lighting is also important. Not surprisingly, bright lights keep us awake. So too, does light with a “cold” or bluish tinge – such as from fluorescent lights. This is, after all, the lighting of the early morning sun. On the other hand, the twilight sun is full of warm shades of orange and red. So the light from a dim bulb or, better still,

from a candle, oil lamp, or natural fire, will be much more relaxing. Combine these with pink furnishings, soft slow music, the sound of waves on the beach...

Aroma



Smell is, in fact, the most primitive and basic of our senses. How often have you had a brief whiff of some smell that has brought certain memories and emotions to come flooding back? Smells affect our emotional state, and the right smells can help us to sleep.

Recommended for sleep are the essential oils of mandarin, chamomile roman, lavender and palma rosa. For children over five, neroli, geranium and nutmeg can be added to the list. These oils can be combined, with a mixture of mandarin, chamomile and palma rosa, and also of chamomile, geranium and nutmeg being particularly effective.

The oils can be put in bath water, rubbed on the skin with massage oil, or put in the water of the humidifier. Once again, moderation is the key. It is subtlety that we are looking for, not an overpowering smell.

Waking during the night



It is normal to wake or almost wake several times during the night. The trick is to get back to sleep again. All of the above will increase the chances of this. Along with this it is important not to reinforce a behaviour pattern of waking up during the night by giving it a lot of attention. Infants and young children especially will often cry or make other noises when they wake. Do not immediately rush in to comfort them – this will only wake them up more, and reinforce the pattern of waking in the night. If you leave them alone, most will gradually settle and go back to sleep by themselves. Initially this may take some time, as they are used to getting your attention, but gradually, if you stay firm, this period of time will get shorter.

But what about yourself? As a parent, how often to you wish you could just catch up on some sleep? How often do you feel worn out, tired and exhausted? Or wish you could just catch a few zzz's before the kids get home? Most likely, you are still believing in some 19th century myths about sleep. Take a look at <http://good-child-guide/PowerfulSleep.php> to discover some amazing facts about sleep that could seriously transform your life.

May you have peaceful nights and pleasant dreams.

This article is by Dr. Noel Swanson, the author of the internationally acclaimed *Good Child Guide*.

Parent Support Group Meetings: April to June 2008

Use of Traditional Chinese Medicine for the Treatment of ADHD

5 April. Speaker: Prof Wu Min

This talk in Mandarin will be translated by Dr Ong Say How, a child psychiatrist from Child Guidance Clinic. Prof Wu Min of Nanjing University of Traditional Chinese Medicine has practised and taught for 25 years. She has a wealth of knowledge on Chinese and Western medicine, especially on the use of Chinese medicine in the field of paediatrics, gynaecology and chronic and complex illnesses. She was Chief Physician at Jiangsu Hospital of Traditional Chinese Medicine. In Singapore, she taught and practised at Singapore College of TCM and TCMS Healthcare in 2002 and 2004 respectively. Since 2007, she has been a senior medical consultant to Science Arts Company which operates the Beijing Tong Ren Tang chain of TCM in Singapore. She is heavily involved in clinical work as well as research in TCM and is in talks with the Child Guidance Clinic to start a trial comparing the efficacy of methylphenidate and TCM in treating ADHD children.

Why Some Students Can't Solve Maths and What We Can Do About It

3 May. Speaker: Norman Tien

Norman Tien will be sharing his experiences on how he helped an ADHD student overcome his challenges in mathematics and leap from 30 marks to an "A" in PSLE over 5 months. Norman has helped thousands of students reach their peak performance, many of whom were formerly under performing. A specialist in mathematics for over a decade, Norman has investigated the connection between challenging numeric problems, multi-sensory learning, and psychological response that allows him to influence his students to achieve peak results. Besides teaching, Norman authored his Top 40 Mistakes maths book and co-authored an education research paper for the International Pedagogy Conference, presenting to leading researchers and educators, on the emergence of new knowledge, technologies and the challenges posed by linguistically and culturally diverse students. It was initiated by National Institute of Education's Centre for Research in Pedagogy & Practice.

Understanding ADHD and Behaviour Management

7 June. Speaker: Bella Chin, President of Spark

This is our regular twice-yearly behaviour management talk especially for new parents of ADHD children. Non-members are welcome but will have to pay an entrance fee of \$10.

All meetings are held between 9 AM to noon at the Child Guidance Clinic, 3rd storey, Health Promotion Board, 3 Second Hospital Avenue (Singapore General Hospital grounds). Most meetings begin with a sharing session. The talk usually starts at 10 AM and is followed by Q+A.