Look to Their Gifts

First in a series about mothering children with AD/HD

by Nadine Taylor-Barnes

SOMETIMES, THE BEST WAY TO START IS WITH A STORY.

When my son Blake was nine years old, he and I were playing an imaginary game, pretending that everyone in the family was a car. He asked me what car I would be; I said without hesitation that I would be a BMW, thinking of my frantic life, working at a high-tech job and traveling internationally while mothering two young children with AD/HD. Then he asked what type of car he would be. I suddenly realized this was to be a defining moment in his young life.

"You are really different but really special," I said. "You are a bright red Ferrari!" I knew Blake admired Ferraris for their elegant contours and renowned engineering.

"Oh, a Ferrari! He gasped, with a big smile. "What makes me a Ferrari?"

"Well, your inexhaustible energy and speed. Ferraris are extraordinary machines with powerful engines—like you. But you need to learn how to control the horsepower in your engine."

He knew that I was talking about his AD/HD. He listened closely.

"Just think," I said, "of when you are able to control your Ferrari engine. Imagine the possibilities. Imagine what you will be able to accomplish with this gift."

Suddenly, Blake understood his innate potential and the major role he was going to have to play in dealing with his AD/HD. He understood also that I would be there helping to shoulder the burden.

A matter of attitude

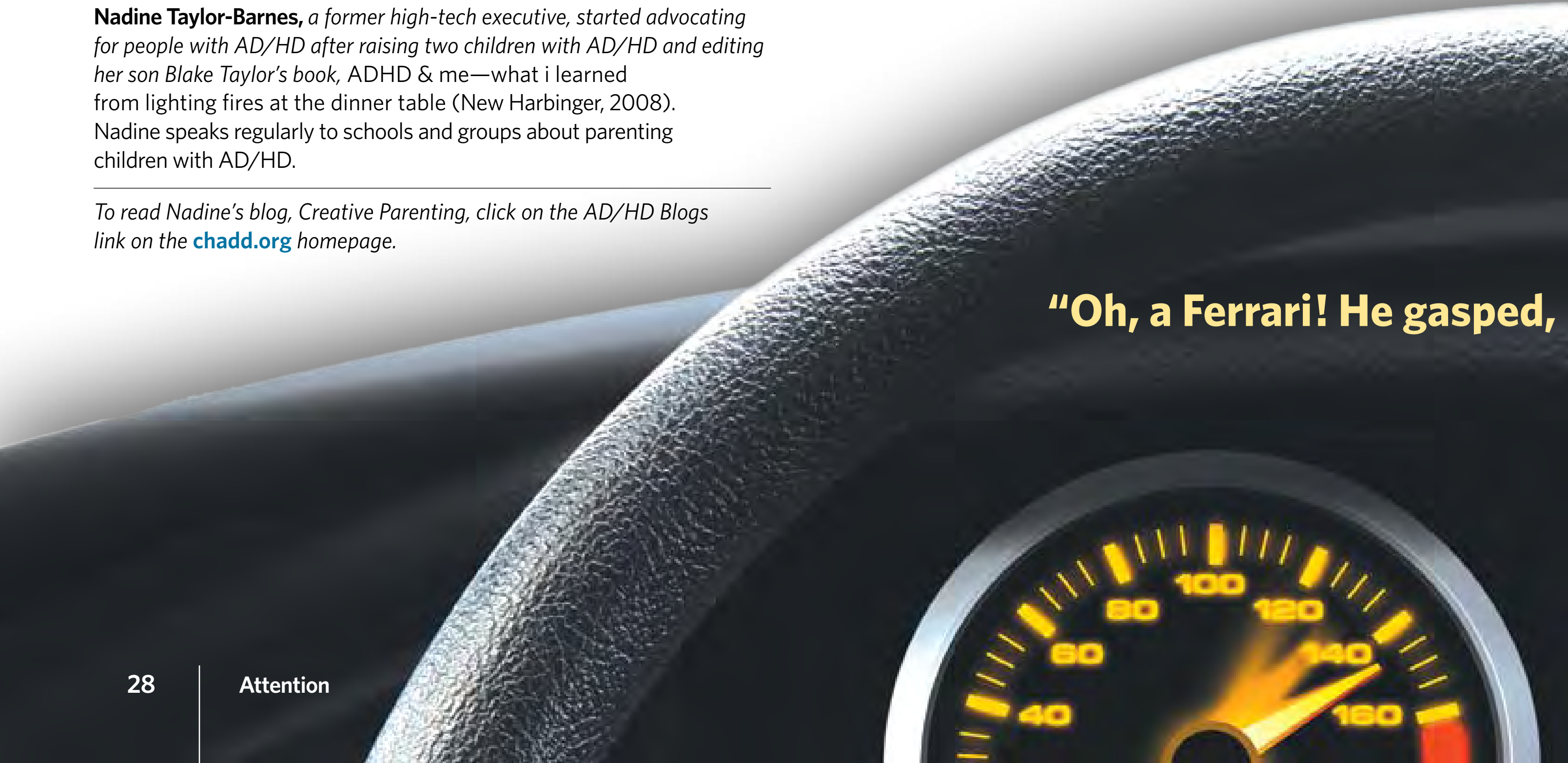
My Ferrari story illustrates an important first point about parenting a child with AD/HD: How you, the parent, react to your child's diagnosis is critical to how that child will perceive and deal with his or her condition. If you feel AD/HD is something that should be hidden, the child will hide it. If you believe it is something to be ashamed of, your child will be ashamed. If you, however, talk openly and honestly about AD/HD as a matter of biochemistry and neurotransmitters, then your child will deal with it in a similar manner and feel all right about it.

I tested my theory with my children. I think a telling moment was when Blake was asked how he felt when he first found out that he had AD/HD. Blake, now twenty years old and a pre-med student at the University of California, Berkeley, said "I didn't think having AD/HD was such a big deal. It's a matter of biology. Some people are nearsighted and have to wear glasses. I have AD/HD and need to take medicine. In fact, there is a lot of good that comes with it, if you learn to manage the troublesome side."

I have always been open with Blake and his sister Madison about their AD/HD, starting when they were very little. I believed that the best way to deal with an issue was to confront it head on and as early as possible. Maybe it was my IBM management training that said you don't hide from an issue, hoping it will go away, because it doesn't. In fact, the issue will usually get bigger, more complex, and increasingly more difficult to solve as time passes.

Nadine Taylor-Barnes, *a former high-tech executive, started advocating for people with AD/HD after raising two children with AD/HD and editing her son Blake Taylor's book,* ADHD & me—what i learned from lighting fires at the dinner table (New Harbinger, 2008). Nadine speaks regularly to schools and groups about parenting children with AD/HD.

To read Nadine's blog, Creative Parenting, click on the AD/HD Blogs link on the **chadd.org** *homepage.*



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"Oh, a Ferrari! He gasped,

But when you approach the issue squarely, the tenor of your approach changes from

- "Oh my god, there is something wrong with my child."
- "My child is different."
- "What do we tell people?"

to

- "AD/HD is a neurobiological condition that affects four-and-a-half million youth under eighteen."
- "What do we as a family all need to do about it?"

From there you move into problem-solving, you gain some measure of control, and you can better gain your child's cooperation and partner with him or her in the solution. You also preserve your child's self-esteem.


Blake and Madison Taylor, now age twenty and seventeen, respectively, fool around with a rickshaw.

Perceptions of AD/HD in our society have been generally negative. This may have come from the traditional medical model of the condition being classified as a disorder, a deficit, and a problem. Then add the social stigma that seems to accompany anything to do with mental health issues.

Fortunately, many eminent doctors now are viewing it very differently—as part of our cognitive diversity, as part of the normal spectrum of human development.[*] Edward Hallowell, MD, formerly of Harvard and a bestselling author, has said, "It is an intriguing kind of mind: original, charismatic, energetic, and often brilliant. These people have extraordinary talents and gifts embedded in their highly charged, but easily distracted minds." Now we are discovering that there are many success stories of adults with AD/HD: surgeons, pilots, stock traders, newscasters, reporters, trial attorneys, entrepreneurs, artists—and even Dr. Hallowell himself.

When I described this new point of view to Blake, he was very pleased to hear this affirmation from such a respected doctor. Of course, Blake knew about his gifts all along—it was just a matter of time for other people to figure this out. And that is what our society has to do: finally recognize the innate gifts these children have, nourish those gifts and give them the flexibility, the space and the understanding they need.

Being proactive

Parenting a child with AD/HD is one of the toughest parenting jobs that there is. It is utterly exhausting, frustrating, and lonely, demanding levels of patience and understanding of which I never knew I was capable.

"Why can't Blake be like the other children?" I used to ask myself, as he and I argued over putting his space shuttle Legos away. They were strewn all over the family room floor around the half-built spaceship. "It could be so easy, if he would just listen..."

But somewhere in the maternal psyche, I found the resources. Maybe it was a combination of the sheer willpower from my proud immigrant ancestry that "one does not give up" coupled with my Vassar education's sense of intellectual preeminence: "If one learns all there is to learn, one will succeed." Maybe it was also hard work, timing and some luck.

The good news is you as a parent will make a tremendous difference

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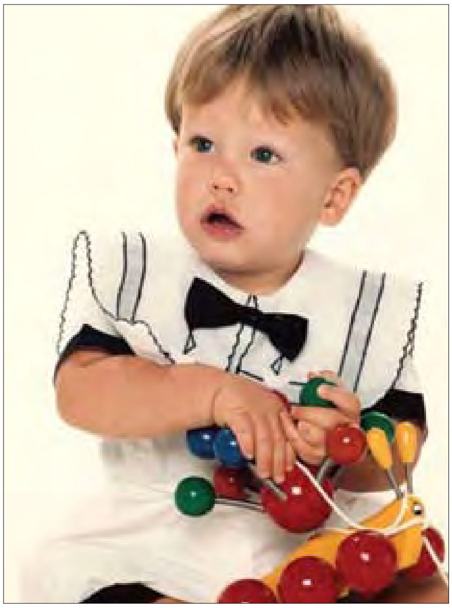
[*] **Editor's Note:** *Many other leading researchers, such as Russell Barkley, PhD, have documented the severity of disability faced by many individuals affected by AD/HD.*

in your child's life. It is a tough world and these children are fragile, but I believe there is a lot you can do. You can explain AD/HD to them, focus on their gifts, be their advocate, understand them when, literally, no one else does, get them diagnosed and treated, structure them, guide them, and protect them. And the sooner the better.

Many times it is the mother who sees the wonderful characteristics hidden in her child, as was the case with me. We see the sparkle, the intuition, the witty sense of humor, the compassion. It takes our breath away, but unfortunately, some others—family members, teachers, other children and their parents—don't see it. They see the differences inherent in the child with AD/HD: the awkwardness, the hyperactivity, the impulsivity, the not-fitting-into-an-established mode.

One night, during our bedtime reading session, with Blake on one side and Madison, an infant, on the other, Blake said, "Mommy, I'm going to read to you tonight." But being only three years old, he hadn't yet learned to read. He went on, however, to recite pages he had memorized from the book because he thought that was how one read.

Meanwhile, the Weston-Westport Nursery School principal told me she thought Blake was autistic and needed to be removed from her school. I knew there was a disconnect: I was seeing one thing at home and the principal and teacher were seeing something very different in nursery school. I told the principal about Blake's capabilities, of how he watched Discovery Channel science programs, but she wasn't listening. She was convinced that there was something wrong with him, and she wanted him out of her private school. But I knew better, and I was going to make sure he had better.



Blake in a formal portrait, at age three; Madison, poolside, also at age three.

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What I went through is not unusual. It is still happening today. I spoke recently with the editor of a major magazine who has a fourth-grade son with AD/HD. She said, "No one ever sees my son as anything but a bother or a kid with a problem… I'm beginning to feel like this is a hopeless situation—that my son has a light inside him that is going to be snuffed out by a society and school system that do not understand or appreciate what he can do."

Handle this early

Blake was five years old when I took him to my college reunion. I was trying to introduce him to my college friends, but he was being his typical hyperactive self, running all over Lathrop House, my former college residence.

"Blake! Come here, I want you to say hello to someone," I called after him as he took off down the hallway, not listening. Carrie, my best friend from college, watched him.

"Does he always do this?" she asked. "Yes," I answered.

Later during the children's art project at the athletic center, Blake had gotten into the paints for the children's tee shirt painting project and was starting to paint everything but the tee shirts.

"He has AD/HD," said Carrie. "Get him to a doctor. Don't go through what I went through."

Carrie's son is almost ten years older than Blake and, when he was younger, very little was known about AD/HD. Carrie explained that "the hyperactivity, the impulsivity, the distraction are hard when they are younger, but all those characteristics are amplified as they get older. Then their self-confidence starts eroding."

I understood what she was telling me. Handle this early before it starts seeping into his psyche.

My research began in earnest soon after the reunion incident. I contacted my friends to get references for child psychiatrists; I bought books on AD/HD and began the process of learning all I could.

Blake was diagnosed by a child psychiatrist in Fairfield, Connecticut, after extensive consultations, after we had filled out questionnaires, and after our doctor had discussions with Blake's teachers. "Blake has AD/HD and is at the higher end of the spectrum," the doctor, who specializes in AD/HD, told me.

Initially, I was shocked. When you hear the diagnosis, are you frightened? You bet. Confused? Yes. Do you ask "Why me?" Yes.

"Is there a blood test for it?" my mother asked, when she first heard about it, a little suspicious about this mysterious condition.

"No, there isn't," I responded.

This did not satisfy her, and she looked at me skeptically. It wouldn't be the last time that she would look at me skeptically regarding this whole issue.

You then need to get past these first emotions and ask yourself, given the situation and the diagnosis, "What must I do?" I think the answer is very clear. If your child had another medical condition, you would get him or her help, wouldn't you? Don't hide from the AD/HD diagnosis, and don't deny it exists in your child, even though you may want to.

"We will work on all aspects of his life; we'll make modifications; we'll work with the schools. Let me tell you about CHADD," the doctor said. "It's an incredible resource; they have support groups."

And so the journey began. ●