

The Exceptional Educator from BayTreeBlog.com

Ep. 1- Unlocking Executive Function with Pamm Scribner

Hosted by: Anne-Marie Morey

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ANNE-MARIE: Good Morning Pamm, how are you?

PAMM: I'm well, and yourself?

ANNE-MARIE: Good. Very good, thanks. So let's start with executive functioning 101. What do you think?

PAMM: Mhm.

ANNE-MARIE: So tell me, in your mind, from what you know about executive functioning, what is it?

PAMM: People with good executive functioning are able to take a look at their day, or an activity, or an event, and figure out how to get themselves through it, know what they need to do to prep for it, are able to make changes when things work or don't work out, and then they can evaluate it and say, "Gee, did that work, will I do the same thing next time, will I change it somehow?" So it's that ability to know you need to make a plan, make a plan that contains all the components that are important, revise that on the spot if needed, and then do the metacognitive part and figure out if it worked, and if you're going to do it again.

ANNE-MARIE: Perfect.

PAMM: So people who don't have that are missing components.

ANNE-MARIE: Are missing components of that. And do you ever see people who are missing all of the components, or is it usually just pieces?

PAMM: It's usually just pieces. And it's like a puzzle. They come together to make different mosaics. No two of my clients have ever had quite the same profile. They may both have difficulty with initiation, but it happens in different ways.

ANNE-MARIE: Now, one of the things that I think is interesting, is we've been talking a lot more about executive function and we also talk about ADHD. So can you help us know, what's the difference between executive function and ADHD, and how the two kind of go together as well?

PAMM: Executive function is a stand-alone syndrome, so it's possible to have executive functioning challenges and not be ADHD. Just about everybody who's ADHD has executive functioning. It's part of the DSM V symptom list, and it makes sense because with an attention deficit disorder, it's that concentration and attention and generally there's a memory component that isn't working for that and you need strong memory components and strong integration ability to have good executive functions. And so impulsivity kind of makes that hard to do.

ANNE-MARIE: Absolutely. So for you, if you had a parent call you up or you're talking to a teacher, what are some of the big red flags that you see when you start thinking, "Hmm, I think there might be some executive function weaknesses here?"

PAMM: Is homework getting in on time? That's usually the first question.

ANNE-MARIE: Ok, so number one, is the homework in on time?

PAMM: 'Cause that's usually the big one, 'cause that's usually why the conversation has happened, is all of a sudden, the student has hit the wall. And it usually happens around sixth grade, although sometimes fifth. It just depends on when schools are making that transition from a lot of scaffolding to, "Wow, you're on your own now." And it's pulled way back, and they can't manage that.

ANNE-MARIE: So the scaffolding from the teachers has been: the teachers have been breaking down assignments, and having small due dates along the way, and helping the kids initiate.

PAMM: Right.

ANNE-MARIE: And then when you see us in sixth grade, a lot of those supports are pulled back.

PAMM: That's right.

ANNE-MARIE: Ok.

PAMM: So they have more independence that they have to do. All of a sudden you've got assignments. Multiple day assignments. So an assignment is posted on Monday that's due on Wednesday or Friday, and depending on how that website is set up – how the school site is set up, sometimes that assignment doesn't show up again. It only shows up on the day it's posted, it doesn't show up on the due date. So part of my job is to figure out, why isn't the homework getting done? Is it 'cause the student doesn't *know* that he or she has homework? Is it because they're not adequately determining the amount of time they need? 'Cause I had a high school student in my office yesterday, looked at me, and she said, "I have no concept of time. I don't know what a half hour is. I don't know how long it takes me to do a lot of my assignments. I know how long my writing takes, for some reason, but I don't

know how long anything else does.” So if you don’t have a sense of time, something is not due ‘till Wednesday, well you do it Tuesday night. Well, if it was posted the previous Friday, that idea that, “Gee, maybe you need several days to work on that.” So, it’s that time stuff. So the homework is one thing. The other thing is, how long can the student work before they’re distracted, or they’re seeking distractions. You know? If they’re only able to work five or ten minutes, that’s a problem.

ANNE-MARIE: Now are you thinking five or ten minutes for high schoolers, or middle schoolers?

PAMM: Anybody. Middle school or high school, if they can only focus for ten minutes, we’ve got a big problem. And then it’s, okay, what are they being distracted by? What distractions are they seeking? Because sometimes it’s like, “I can’t stay focused, so I’m going to go on YouTube, or I’m going to email, or text, or whatever it might be.” So, I want to take a look at what is getting in the way, the distracters, and the amount of time that can work. Another big red flag is the kid is always talking. Basically, the parent, in frustration, will say, “The kid just won’t shut up”. You know? Well, that’s an inhibition problem.

ANNE-MARIE: Ok. Got it. So they’re not able to think before they act? Or before they speak, so to speak.

PAMM: Right. That whole cause and effect thing isn’t working for them. They’re constantly being yelled at, or reminded by teachers *and* classmates. So I kind of get that picture of, what are the things that are driving the teachers crazy, what are they complaining about, what are the parents frustrated about?

ANNE-MARIE: And what are some common frustrations that you’re hearing from parents?

PAMM: Ok. Can’t get up in the morning. Can’t get out the door in time. It’s just a battle just to get them to school. Materials are never where they need to be, so even though they’re told to pack their things up, and that sort of thing, it doesn’t happen. So, they come home without the right materials, they go to school without the right materials, chores don’t get done, the bedroom -- don’t even talk about it, the kid will go upstairs to get something and come down with something else ‘cause on the way they forgot about it. Those typical things. And also, a lot of these kids are athletes and even though they may have good agility, they don’t do well in team sports because can’t read the field. They don’t stay focused. Now, some kids do. Sports is the place where they can really pull it together, but a lot of my clients that are younger, like the middle school kids, that’s one of the things that comes up, is their teammates get mad at them because they’re not where they’re supposed to be playing soccer, or they’re playing and the field, or the base comes right by and they don’t see it because their mind is somewhere else. They tend to do better on one on one sports, like swimming or, something like crew, where there’s not a ball involved. Swimming and tennis seem to be the two big ones that the kids will go for. But on

tennis it's singles, not doubles, because it's fast, so there's something constantly changing. And another thing I hear is that the kids do everything too fast, so everything is surface; they're minimalists. They do the minimum amount possible, and the idea is to just get it done. Quality doesn't matter. It's just completion is all they're focused in. And usually if I just say, "tell me about your kid", I get all of those, I don't even have to ask questions, 'cause the frustration is so loud.

ANNE-MARIE: Right. So we're seeing a lot of behaviors, and they also have a lot of impact on the relationships, either with the family members, or classmates, teachers, and friends as well.

PAMM: Mhm.

ANNE-MARIE: So we can tell that this is going to be tough on these kids; that they're trying to manage this. So from your perspective, what are they most important factors for kids being able to overcome these challenges?

PAMM: First is just getting a good diagnosis. Oftentimes what looks... Sometimes. Let me rephrase that. Sometimes, what looks like ADHD can be anxiety, or there may be something that's physically wrong. Sometimes thyroid problems will mask as this. So I want a really good diagnosis to find out, what are we dealing with? And let's really take a look at the executive functioning and find out, which aspects are intact most of the time, and which ones aren't? And then it's up to the family to decide whether they're going to go the medication route or they're going to go alternative therapies. And that's a really hard decision for some families. For others, it's not. Its, let's get the medication in place, so we can start cleaning up all of these strategies that the kids didn't pick up. We can clean up. Because a lot of these kids present with learning disabilities because they were so unfocused, and in fact, they don't have a learning disability, per se, but they have attention issues, which has interrupted their learning. And so if we can get them back on track, then they're fine. The strategies that their classmates have, they don't have. So they don't know how to use their planner, they don't know how to set up some kind of organizational system, whatever that might be, they don't know how to take and use notes, they don't know to study for a test, they don't know how to do annotated reading. So they've missed that along the way. Our goal is to get those cleaned up, so a lot of parents will say, "good, let's get the medication in place, let's get those things cleaned up, and then we'll reevaluate." Other parents really hand-wring over the, "I just don't want to medicate my kid". And then it's, hopefully, whoever has done the evaluation can help them with that. If not, that's one of the places where I will step in and say, "All right. I want you to go up to Ned Hallowell's [website](#). He actually has a clinic here in San Francisco. Look at his website, because he talks about a lot of alternatives, and these are the things you should be looking at." So I list some of the ones that I've either used or have seen results because clients have used them, so listening therapies, sound therapy. One of the most popular ones right now is integrated listening system. There's also an online filtered music program called [Focus@Will](#). It's filtered music, but it's not just classical. They have a variety of

different music types that the students can listen to while they're working with headsets. About half of my clients really like that, whether they're on medication or not, they find that it provides, particularly at the end of the day, that it makes that difference so that they can sustain their focus through an assignment, so they can work for thirty minutes. Although I try to get them [to] work at least twenty minutes and take a break. Don't work more than thirty minutes because then you're starting to get into that whole binge study thing. Your brain needs to take a break. But if they find that they can't sustain that, stop, and then take a quick break and start again

ANNE-MARIE: Right. 'Cause you're working on that initiation piece too, aren't you?

PAMM: That's right. So it's: inhibit, which means "stop", take a break, and then initiate again. For a lot of my students who are, what I call the "binge study-ers", once they get started, they're afraid to stop, because they know they won't start again. And so they drop, and of course, after about forty or fifty minutes, they're not as alert as they were at the beginning, and their work suffers and it shows. And they kind of know it, but they're just too afraid to stop. So, things like sound therapy can help regulate that. There are becoming more computer-based programs that deal with working memory, and attention and concentration. **Cogmed** is obviously the first one that came out, and then there's been a lot that have come through that. If you just Google, "brain training", you're going to find a variety of different programs that are expected to do a variety of different things. I'm still waiting to see the research on that, which is why I read Hallowell, because he does follow that research. And I also get **Russell Barkley's newsletter** that comes out, because he really focuses on executive functioning. That is his issue.

ANNE-MARIE: Ok. And what I'll do is I'll put a list of links at the very bottom to all these resources that you're mentioning.

PAMM: Yeah. And, so I think that comes out ten times a year now. So there's really good articles, but then it's all the snippets of the research, so that I can see what's going on and the one's that are of interest to me. And [CHADD](#) is another one. So I'm constantly looking for, what are some of the new things coming out? There is a new game that's coming out; it's working with concentration and attention. It's something like forty hours. So they do it twenty minutes a day, a few times a week, for X number of weeks. And then, there's a difference. So those are the sorts of things that I want to look at, particularly for either the families that are adamantly opposed to medication, or they tried it and it didn't work. 'Cause if it's just executive functioning, I think the latest statistic I heard was something like about fifty percent of the individuals who just have executive functioning, do not benefit from medication. I mean, they just haven't figured out what external chemicals can get the brain to do what it's supposed to be doing, but isn't doing. So, I think that's why the world of alternative therapies is really growing right now, and particularly, once they found out a lot of computer-based programs, because the kids like the computers, it's fast, it's engaging, they're not bored. 'Cause boredom is the death of

these kids. That's when they tune out, that their behavior gets worse, they're in trouble, they make bad choices, they self-medicate, those sorts of things.

ANNE-MARIE: Those are the things we want to avoid.

PAMM: We do.

ANNE-MARIE: Absolutely. I want to circle back to that suggestion you made about having a really good diagnosis. So I know you have people that you trust and you refer to here, but generally, what do you think are the important steps to follow to getting a good diagnosis for a child where there's a concern about an executive function weakness?

PAMM: I think at that point, you're really looking at a neuro-psychic. And there's certainly psychologists who have just done a lot of training around that and do that very well. I tend to go to the neuro-psychs because they've had very specific training in how the brain works. So they interpret – it's not that they don't give different tests – they're able to interpret the tests more deeply, so they really can shake out, "okay, is this anxiety? Is there depression here? Do we have many layers?" And if there are, they can peel them away. That's what they're trained to do. And I particularly look for neuro-psychs who have a good history of working with this population. 'Cause some neuro psychs will focus on individuals with autism, or something else. Eating disorders, or whatever it might be. So I'm really looking for the group that is the ADD/ADHD/executive functioning profiles. And sometimes it's just so ungodly expensive. One of my favorites up here now is now charging \$6,000.

ANNE-MARIE: So what do you do when a family can't afford to hire a neuro-psychologist to do an evaluation?

PAMM: Well, up here we're very lucky, in that as long as their son or daughter is under the age of 18, [Masonic Institute in the Presidio](#) has a sliding scale. And they have qualified psychologists and neuro-psychs. It's not interns, I mean, these are people ...You know, 'cause they have full scale, and then reduced scale. And if that doesn't work, what I say is, "Go to your insurance carrier and find out how you do this. Get the list of names and bring it to me and if I recognize any of them, I will tell you. If not, I'll check with some colleagues and say, 'I have this list of names. Are there any we should kick out, or that I should put at the top?'" I'm able to kind of help that one.

ANNE-MARIE: Sounds really good. So we start with the really good diagnosis, tease out exactly what's going on, what's already working well for a student, and where we need to fill in the gaps and, "clean things up", as you said. Tell me what your roll is in working with a kid that's got some executive function weaknesses. How do you go in and do that?

PAMM: I just consider myself the frontal lobe for a while.

ANNE-MARIE: Alright!

PAMM: It's kind of a two-prong approach. The first is, I ask the parents to back off, because oftentimes, if it's middle school to the beginning of high school, the parents have chosen to micro-manage in order to hold things together, and so it's very hard, they're scared, it's hard for them to let go. And they're also at that time where their kids are distancing themselves, so you've got that normal developmental thing happening, and the parents are scared to death. So, as I'm working with the student, I'm also working with the parents to back off. Things are not going to be perfect, there's going to be some messes, and we will get through them. It's all right. We're really tiring to get a cause and effect going here, so "stop stopping failure."

ANNE-MARIE: I like that. So you're "stop stopping failure."

PAMM: Yeah. Your kid has to fail in order to figure out that they don't want that. 'Cause as you move along, the teachers are going to have a zero tolerance policy for no homework turned in. And there's nothing you can do about it. So let's get started as early as we can, with the kid understanding that, "If I choose to do this or not do this, there's a consequence." 'Cause they don't get the cause and effect thing, because they're not stopping to think it through. So my biggest goal is that. So how do I do it? I generally ask the student, "What's one thing you want to change right now? What would make life easier if you changed one thing right now?" Because I only work with students that will admit that things are not going well. If they're not there, then something else needs to happen before I come in, and oftentimes, that's some form of counseling or psychotherapy, or cognitive-behavior therapy. So, we're assuming that we've got a student that realizes things aren't going well and they'd like to change.

ANNE-MARIE: Ok, so the first step is, you have to have a student who's got the buy-in, and that the parents are willing to take a step back.

PAMM: Right. So when we get that, I ask, "What's the first thing you want to change?" And oftentimes, for the kids it'll be, just getting their homework turned in. So, we start with that, 'cause that's when I can backtrack and get them into the planner, or say, "Okay, you've got to go up to the school website, let's print out what the week looks like." Because they work moment by moment. They can't imagine looking two days ahead or, dear god, a week ahead, right? So let's start looking at that. You don't have to use a planner right now, that's fine. What will you use? What is going to work? So generally, I try to see the kids on Sunday or Monday, and then a second day. So at the beginning of the week, we print out whatever we know and then add to that and then it's, "Alright, what is the assignment? Tell me what you have to do. How did you understand this?" 'Cause oftentimes, they haven't read it all the way through. They don't really know all that they have to do. They read the first part, and they start that, and they forget to go back and read and realize

there are two more things they have to do. So it's really understanding the whole assignment, and having them tell me, "So how many things do you have to do? What are you going to do first? What are you going to do second? What are you going to do third? How are you going to get started? What's the first thing you're going to do?" And once I get them to that point, "well first I have to do this", then it's like, "okay, do it! How long do you think it's going to take you to do that?" "X number of minutes." Internally I laugh a lot when I get that number, and so I'll say, "Okay, write it down, let's see." And then I leave them alone. Now it gets a little boring for me, because I'm sitting there. I need to sit there, because I'm the visual reminder to stay focused. And I also learned, initially with kids, I sit right next to them, so that they don't go up and do something. If I sit diagonally, or across the table and I can't see their screen, then their habits kick in, their distractions kick in, and so if I'm sitting right next to them, and they start to reach for the computer key, I can just clear my throat, and say "And you think you're doing what?" Fortunately, I only work with kids who have a sense of humor. So I'm that visual reminder just sitting next to them. So they do the work and then we check in and we say, "okay, let's go back and look at what the assignment was. Did you hit all these parts?" "Yes." "Well read it out loud. Let's see how in depth you were." And that's usually where we come in and do some editing. They did what they thought they needed to do, and most of the time, it's very surface-y, it's the quick answer. So it's like, "Well, the way I read it, the teacher wants evidence, so you have the big statement which is great. Where's the evidence? Where in the text, in the novel, in the whatever, supports that?"

ANNE-MARIE: So you're serving as a quality control there, when you go in, and you're trying to get them to go a little bit deeper than...

PAMM: So that's why I said that I'm their temporal lobe. I'm the one that says, "Think this through. Let's do the problem solving part here." So, yes. I'm quality control. I hadn't really thought about it that way, it's really nice. And then it's, "okay, that's done. Submit it. Print it. Put it in the whatever container you're putting it in." It doesn't sit on the table. Everything gets put away as soon as it's done. And with some students, we just set it up with the teachers that even though the teacher wants a hard copy, an electronic copy gets sent, because we're never sure it's going to get there. Or if it gets there, that it's going to get turned in, because the kid gets out his or her notebook, goes to turn it in, somebody talks to them, they walk back to their desk, it's still in their hand, they throw it in their backpack, and it disappears. Sometimes we just really have to get the buy-in from the teachers that right now we're working on these things, and some of the scaffolding we're doing is: this.

ANNE-MARIE: Makes sense. Now, I'm sure there's a range with your students, but how long would you say you stay at that stage where you're sitting next to them and you're *really* serving as their frontal lobes, and you're asking these questions, and you're coaching them step by step through this process?

PAMM: For some students, it's maybe three or four months. 'Cause it takes about three months to change a habit. It's three or four months and they've got it. For others, it could be a year and a half. A lot of it depends on just how mature they are, because we know with the ADD and executive functioning, there are lags in brain development. So it just depends on, they're a sixth grader, but maybe they're a happy little fourth grader, in some respects, so I have to work with where they are developmentally. And sometimes they're a fourth grader here, but they're an eighth-grader there. It's all over the place, so it is a range. Generally with the high school students, I know, three to four months. Usually by the end of the first semester, they've got it. I still need to be at the table, but I don't need to be sitting next to them and monitoring them.

ANNE-MARIE: Right. So tell me, how does more of the responsibility move to the student, and away from you? So your proximity changes....

PAMM: Generally, they'll cue me. So they'll come in and say, "Okay, Pamm, I've already downloaded, or I already know what my homework is." So it's like, "Alright! Tell me. Just to check, because I've got my list too." That's part of my job, is when that student walks into my office, I've got to know what's sitting there waiting for them. When I was teaching reading and spelling and writing, I spent a lot of time writing lesson plans. Now I spend a lot of time on school websites just finding out what the assignments are. And if it's a novel I haven't read, I do spark notes. So I have an idea of what's going on, 'cause god forbid they should all read the same thing. So, generally the student will come in and say, "Okay, I know what my homework is, I want to focus on this one today." So they know where they need the help, and sometimes it's a prompt, like, "Tell me how you're going to do that assignment." Or they'll just say, "And I know, the first thing I have to do..." You know, they've got it. Sometimes you just need a few prompts, and then they're off and running, and it's, "Okay, you know what to do, when do you want me to check in with you?" And they'll say, "Well, I think I can do this much, and then I'll need you to look at it." Or, "Set the timer for twenty minutes, and then I'll take a quick break." So they're starting to self-regulate. They need me there as the reminder. And oftentimes, that's when I have to say, remember, you can't work more than twenty or thirty minutes, or you're exhausting your brain. 'Cause they're so excited, that they move into that binge mode really fast. So my job is to help remind them that they've got to take care of their brain here, right? At that point, I don't sit next to them anymore. I just watch their eyes, 'cause, you know, I can tell when they're doing something they're not supposed to, 'cause they're so transparent. And if I think I need to check in, I'll say, "So where are you right now?" Or if I just move, I get their attention again. And sometimes they'll tell me, "Okay, I'm stuck on this. I want a break now." And I'll say, "Okay, where are you stuck?" "I can't remember how to do this." And I said, "Well can we look this up somewhere? Do you have it in your notes?" Or whatever. Or sometimes, it's just they're frustrated because they're trying to come up with words, or they're trying to pull up evidence, and they have a block, in which case, a break is exactly what they need. And I have a variety of different things here, so they do movement stuff, and whatever. I have them stand

on a balance board and juggle, or whatever, something that's hard. And then I set timers, so three minutes later, they're back down at the table and "Okay, so what's the last thing you did? What do you think you can do next?" And sometimes it's me saying, "Let's get your notebook out, 'cause your teacher has really good notes and you take really good notes in that class. Or maybe we need to go up to [Khan Academy](#)." 'Cause sometimes they've exhausted what they know and they've forgotten the other resources that are out there. So I act as a reminder of resources that are there. And my job is always when they finish the assignment or they've gotten as far as they're going to go, is to check over what they've done, just to make sure that, they've... Particularly in their writing. I spend a lot of time working with writing, because that requires the most integration and the most executive functioning. So to make sure that they do have a solid intro with a good thesis statement, and they've got topic sentences. 'Cause oftentimes in writing, if we can just get the pre-write done, then organize information into paragraphs and get a topic sentence for each paragraph and a thesis statement, they're off and running until they've got their first draft done.

ANNE-MARIE: So a lot of what you've done is just the initiation of that writing for them, and then they know what the next step is. You've broken that down.

PAMM: That's right.

ANNE-MARIE: So that makes a lot of sense when they're sitting next to you, like I am today, but what about on Tuesday and Wednesday, when they're at home? How do you help them manage?

PAMM: I text them.

ANNE-MARIE: You text them. Tell us about that.

PAMME: I check in with my students and say, "How do you want me to contact you on the days when we don't meet? Do you want a phone call, do you want an email, or do you want a text?" Most of them want the text. Let's say it's a fairly new client. The fairly new clients, I will text them almost every day and say, "Where are you with..." Never ask yes/no questions, 'cause you're going to get the answer they think you want to hear, which is, "Yes, I got that all done." "Where are you with the history this. Where are you with the science this. Where are you with the ... what. Send me your draft of..." So very specific questions and request. And if I don't hear back from them in twenty minutes, I text them again and I say, I'm waiting to hear from you. Stop whatever you're doing, and reply. 'Cause I kind of know what the family dinner hours are, so I know when I can kind of work around this. And if I have to text them a third time, it's "I'm going to rat you out to your mother if you don't reply." And they do!

ANNE-MARIE: And that works really well for you?

PAMM: It works really well.

ANNE-MARIE: Alright!

PAMM: 'Cause, you know, a text could be sent to two people, right? Once I do it once, then that usually kind of solves that. So daily texting, and then it's, we meet on Sunday or Monday, then I will ask as part of the scaffolding, "When do you need a check-in this week?" And, "What is it you want me to help you track?" And oftentimes it's the paper, or the multiple-step project, the multiple-day project. So it's just reminding, "Making sure I do this". And I say, "Okay". 'Cause they know what they can and can't do. The middle school kids it's a little tougher, because they're still kind of in that mythical world that everything's fine. "If I just get my homework in, everything's fine." High school kids have had enough feedback that they understand. And most of my clients are from private schools, and they're expensive. And parents expect that they will perform at a B level or above. They were accepted to the school because their profile says they could do that, so the expectation is they will. The initiation part tends to be the one thing that's kind of in common with all of my students. Another issue is sustaining attention. So these are the kids that start, and then because their minds are going so fast and they've got six different thoughts going on, it's so hard for them. And those are the kids that I really try to get them to sound therapy. So, let's get [Focus@Will](#) going, or I have the ILS system here, and I'll have them listen for the first fifteen minutes while they're here, and then I have a countdown clock here.

ANNE-MARIE: The [Timer Timer](#)?

PAMM: Mhm. I set that in front of them and say, "You're going to work for ten minutes." For some of these kids, their brains are working so fast that it's torturous, and that's when I have to go to the parents and say, "We've got to get something else going on. The desire, the will is there, this brain is just not letting this happen. We've got to amp up whatever we're doing. So if they're on medication, it may be time for a med re-eval. I had one client this year, at the beginning of the year, that really wanted to do well, and when she was on, she was the poster child. And she couldn't sustain it. She was playing two sports, and I thought, "Wait a minute. If she's playing two sports, and that's what she's living for, that's how she's trying to self-regulate." So I asked, I said, "When was her last med eval?" It was four years and twenty-five pounds ago. So I said, "You've got to get her back in. Like, now." And within a week, all the strategies that she'd learned were back in place. She's filling out her planner (sometimes with reminders), she's looking at the week, she's making appointments to see teachers. So all of those things that we'd been talking about, and she agreed that she needed to do, she was able to do. So we moved from twice a week to once a week.

ANNE-MARIE: And that's so reinforcing for her too. It feels good.

PAMM: Yeah. And she's the one that when I meet with her, she can tell me what she needs. "This is what I need from you." I think it's harder when the parents are anti-medication and they've got a very hyper-active kid with a lot of concentration and attention difficulties. That's when I try to get the kids into sound therapy or looking at their diet, looking at their sleep hygiene, get them into Taekwando or Aikido, because they're such good mind-body practices. And I mean 3, 4 or 5 times a week, just almost obsessive about it. And taking it down, finding that amount of time they *can* work. So you've got ten minutes on, three minutes off, ten minutes on... whatever it might be. "What do you need? Do you need me sitting next to you? Can we walk, can we talk through it?" And those kids that are really at that extreme level, I have to walk them through every step of the assignment. Because that keeps them focused. So that's where my humor, that's where change of voice, it's "Get up! Go to the white board." Lots of movement. It's like working with a seven year-old. That's what they need in order to get this concept into their head, mull it over, and be able to produce something. And there are times when I will be the scribe. I'll say, "All right. Stand up, get on the balance beam. Juggle. I'll keyboard, you talk." And we get through the paper that way, or we get through the project that way. There's a point where the kids hate that. They want to be independent. Pride is a good thing, you know? We'll use that wanting to be independent. "I can do it myself." "Okay, what do you need from me in order to do it?" 'Cause they get there pretty fast. Within two or three months, they can get to that point where I can say, "What do you need in order for me to support you in this?" Of course, I'm not working with ten year-olds – it's a whole different world. 'Cause they don't have the experience yet, they don't self-regulate. So with the younger kids' self-regulation tends to really be the issue. Older kids, they're learning how to self-regulate.

ANNE-MARIE: Can I circle back to the medication? We've touched on this a couple times. We know some families feel really strongly against it. We also see some kids that respond really well, and some kids who don't. So can you tell me a little bit about what you think are the advantages and disadvantages of going down the medication route, and just some things for families to keep in mind, or therapists to keep in mind.

PAMM: The medication is usually prescribed for those kids who are in that moderate to severe range. I mean, above moderate. There are different levels of that severe range. They just aren't functioning. They have the ability, they aren't functioning. Life is miserable for them, the teachers, the class, the parents, the family, everything. What I suggest to parents is that they just *try* a medication trial. Try it for three months, and see what happens. First of all, "What are your fears?" "My kid will become a drug addict." I said, "The research does not show that." There certainly are people who have taken ADD meds that go on to abuse substances. It's not any higher than any other person in the population; in the other group. So *that* is not an established relationship. What the medications do, is what your child's brain *can't* do right now. It helps it to regulate so we can go in there and teach those skills that didn't get taught: the basic skills. Teach the study strategies and the study skills, and build those habits. So, let's try it for three months and see if

we see a change. See if your son or daughter notices a change.” And usually the kids will, pretty fast...I just had this little sixth grader who was on a medication trial the last two months of school, and the second day in, he said – the parent’s haven’t seen any difference. They’re still seeing this kid who’s all over the place. – and he says, “Mom, I think it’s working.” And she says, “What do you mean?” He says, “I now have just one thought in my head at a time. So I have one thought, that means I can actually do it.” He’s still doing it at triple speed, and he’s still doing it at a surface level because those are the habits he’s picked up, so we get to go in and change those habits. We had instant buy-in from this kid, because he could feel the difference. So then, teachers aren’t seeing changes, and thank god the psychiatrist was smart enough to email everybody and say, “Listen, we can see that he’s calmer and able to stay focused a little bit longer.” He still has bad habits that his ed therapist has to untrain. We have to get rid of those and retrain good habits. So his mother was able to explain to him and he said, “The medication is working, and how come I’m not?” And she said, “Because, you got used to doing things a certain way that wasn’t working for you, and you just automatically do it. It’s a habit, and so we have to un-train that. And that’s what Pamm and you are going to do together.” I’ve had other kids that they think maybe the medication helps, and then they forget to take it before their algebra test, and they get a really awful score. And it’s like, “Wow that stuff really does work.” So it’s when the kids can see the buy-in, and hopefully we can get the parents to just withhold judgment, and say, “Just wait and see.” ‘Cause some kids, the parents say “No.” The kids say, “Yeah, I want it.” That’s where they’re going to do their push-back. So “Let’s try a med trial and see if it’s going to make a difference.” And either it does or it doesn’t. I try to get parents to commit to three months, because I say, “Sometimes it takes a while to find the right medication, because that brain-science is still developing. And it also takes time to find the right dosage, and also to get the eating habits online, to get the sleep hygiene up and running again, ‘cause those things can sabotage the medication. Knowing whether we need time release, or just one pill in the morning, and half of that again in the afternoon to get through homework time. It takes time to figure those out.

ANNE-MARIE: The other thing you’re saying too, is you’ve got to have a good psychiatrist on board who’s going to work closely with the family and the child to make sure we’re using the right medications and the right dosage as well.

PAMM: The kid that goes four years and twenty-five pounds without...

ANNE-MARIE: Right. It might be time to reevaluate.

PAMM: It’s like, “you sure you’ve got the right person?” And I did mention that to the parents. They said, “Oh, we like him so much.” I said, “Yes! And, I want to know why you went four years without a med eval. So, I don’t care whether you like him.”

ANNE-MARIE: Any rules of thumb about how often somebody should be checking in with a psychiatrist when you're maybe in those first three months and then once you've got things under control, how often you should be checking in.

PAMM: The psychiatrists set that, and I think in California by law, there's actually times. It's regulated. However, the check-in is more than an office visit. There really needs to be some check list or some inquiry from the people working with this young adult to see if things have changed. So you ask for the Connors to be done again, or the BRIEF or one of those types of questionnaires, where you send out some brief questions to teachers, coaches, whoever, to see if there's been a change. So I'm also starting to collect a list of psychiatrists that I like that are following their clients more than just, "Come in, see me, and I'll write you a prescription for your meds again." 'Cause parents are relying on the professionals to guide them. They're not educators, they're not medical personnel. They expect us as professionals to manage. And that's part of my job as an educational therapist, is to manage. If I see that things are out of alignment... sometimes it's a growth spurt and their hormones are all over the place, and it'll ride itself out. Or there's been some kind of emotional trauma in the family. A divorce, a grandparent has died, a sibling is ill, something. Well, I expect to ride that through. We can work through that. It's when I see ongoing, that all of a sudden homework's not getting in, there's nothing else going on the family that would lead me to this, there's not bullying going on in the classroom. Then, something else is going on. It's the medication update, or we have self-medication going on, because high school kids will be high school kids, and experiment with a variety of things. Not all of them, which are good for them. But it happens, and so my job is to be on the lookout when things shift in a way that we don't want, and they shift in a downward way, to figure out what's going on, and to ask the question. And I'm amazed how many times I can ask a high school boy, "So how often are you smoking?" And they'll tell me! 'Cause we built that kind of relationship, and it's like, "So, how long before you think your parents find out?" And that usually is a question that shocks them, because they haven't thought that through. They think they're so clever. It's like, "How long do you think before someone's going to notice this?" When you slip and go home, you haven't had enough time for it to dissipate from your clothing or your breath, or whatever. "Oh, well we're using..." I said, "Ya, what happens? That one time when it doesn't? What's going to happen when your parents find out?" Usually they'll come up with the answer they need. It's like, "So are you going to tell them, or am I?" "Oh, please, please, please!" I said, "You better! You got a week, then I'm checking." And they will. Or, what they'll do, is they'll mess up in the school and someone will find out, so they don't have to tell, but they'll make a very blatant mistake.

ANNE-MARIE: Huh. Well can I ask you one more question? I've been really lucky to have you as my mentor, and to have you as a resource. What would you say, if you could share advice with other educational therapists and other educators, or even parents, about, what do you think makes you so affective at what you do? Like what are a few of the things that make you Pamm?

PAMM: The first concepts when I started looking at ed therapy that I resonated with, is, we work with our clients holistically. So, we see all of them. And as a special ed teacher, it was easy to see the disability, and after a few years, I realized that wasn't working. It was like, "But these kids have other parts of their lives that work really well for them. Let's bring that in." And then I realized that that 's part of seeing kids holistically, is to see *all* of what they bring. It's like, "Okay, I do that!" The next, is just meeting my clients wherever he or she is. This is where they are on their journey. They're at this point. So I can't take them five steps ahead. I can't expect them to start there. I have to start where they are, and we agree to walk along that journey and put in whatever scaffolding, or whatever else needs to happen so that they can be successful. That was another one of... basic trainings in special ed, is that kids have to be successful. They don't walk out of a session, they don't walk out of a classroom experience without having met success. You have to figure out how to bring success to them. So I was engrained with that. And it just fit well with me. And also, I'm funny. I can joke with teens, which is why I don't work with second-graders. And we can use humor in a playful, wonderful way. It breaks the tension, and it diffuses a lot of things when they realize that, you know, who cares in five years. Who cares in five days? Is it something we have to care about in five days, or not? If it is, then we'd better settle down. If it's not, just let it go. So I think it's just seeing who my clients are. *Seeing* them. Seeing them as people, and not as a set of problems, not as a train wreck, or other in other words I've had them described. And I really believe in collaboration and sharing, so I think that's why the mentoring is... I learn as much from the people I mentor. I know they don't believe that, but I do. 'Cause, there's no way I can study everything, and read, and experience. So in the process of sharing that, I add to my experience and my toolkit, which means I can share that then with the next person, and they bring me something else. So, I just continue to grow in that whole mentoring process.

ANNE-MARIE: Right. Thank you, Pamm.

PAMM: You're welcome.