

# CHAPTER 1

## Your New Parenting Playbook

*The strong desire to create what I always needed.  
Something that could have helped me.*

*Something that will help others to avoid what I went through, and what I continue to experience every day.*

That has always been my goal, my dream, my purpose.

When I was growing up, many days were a struggle, especially in high school when everyone around me gained a level of maturity and social functioning that I simply didn't have yet. I never quite fit in and was never fully accepted. The lack of relationships and experiences takes a toll on you. It results in not having a strong social network and not having enough varied experiences, further inhibiting the development of the exact skills I needed.

I graduated high school in 2005, a time when ADHD was not fully understood or properly cared for. Did students even have individual education plans (IEPs) back then? If a child received any type of therapy after school, that was a very big deal. No one spoke about it, though; it was not openly discussed.

There were many things I could have done differently as a child and teen to improve my situation, but I didn't. Overall, my lack of self-awareness was debilitating. But that isn't an excuse. This isn't going to be a story about being a victim. Blaming my brain, the school system, the people around me—that gets me nowhere. Blaming doesn't get anyone anywhere.

My entire plan in life was to be a teacher so I could work directly with youth, inspire them, and give them the tools I needed as a child. It wasn't until I was a counselor at a residential treatment facility in Yonkers, New York, that I learned about speech–language pathology. I was instantly hooked. Instead of teaching students about math, science, and history—information they would honestly rarely use in their lives—I could work on skills that were directly correlated to quality of life. Skills that actually help because they improve self-worth, self-confidence, friendships, and life success. Skills that made kids and teens feel good about themselves. I immediately went back to college for my second bachelor's degree, and then eventually, in 2015, I graduated with my master's in speech–language pathology from Lehman College in New York City.

A major theme of this book is going to be discussing things that are widely misunderstood. Speech–language pathology (SLP) is one of them. Most people hear about speech therapy, and they think it's just professionals that deal with articulation, pronunciation, the “s” sound, the “r” sound, or stuttering. Those things are an incredibly small fraction of the scope of practice of an SLP.

First, speech and language are two different things. Speech is what most people think of—the ability to be understood by a listener when you speak. Language is different. Language is expressive: it's the words, syntax, and morphology that you use to express yourself. It is also receptive—the ability to comprehend what you hear and

develop a coherent and appropriate response. Language is also the social-pragmatic ability to converse with others so you can have successful social dialogues to make friends and keep them over time.

It was during my time as an SLP that I had the privilege of partnering with a national organization known as The Focus Foundation, based in Annapolis, Maryland, that specializes in chromosomal disorders. Initially, I was able to work with this group through another SLP who was supervising me because she was a motor speech specialist, and many of these children presented with apraxia of speech, which is a disorder that can significantly affect your intelligibility. It turned out that, along with apraxia, many of them also presented with ADHD and significant delays in their executive function system. I quickly learned that there was very little out there to help them with their ADHD symptoms. Counseling and talk therapy weren't working. I needed to create something.

I found myself with the perfect opportunity. I had the privilege to work side-by-side with some of the most amazing doctors and specialists in the entire country. I soaked up every single bit of information I could, and I loved every minute of it. From this opportunity, I decided to devote my entire life to learn everything I could about ADHD and executive functioning. I dedicated my time, finances, and energy toward learning from incredible professionals: Dr. Russell Barkley, Dr. George McCloskey, Dr. Peg Dawson, Sarah Ward, and many more. I quickly learned that the field of ADHD is incredibly small. This amazed me, as it is one of the most common psychiatric disorders, affecting 1 in every 9 children (Danielson et al. 2024) and 1 in every 22 adults (Kessler et al. 2006).

Another thing I quickly noticed was that there was such a major gap between what these incredible specialists

were saying about ADHD and what everyone else seemed to believe. The specialists described it as something very serious—something that significantly affects parts of the brain that are crucial to life success. Meanwhile, everyone else discussed ADHD as a “gift” that would only affect them in school. With some movement breaks and a fidget spinner, a child with ADHD would be just fine.

Soon, it was clear to me that ADHD was widely misunderstood by the general public, and this massive misunderstanding was negatively impacting kids because they were receiving outdated treatments that were not supported by the American Academy of Pediatrics. These parents were spending a lot of time and money on therapy for their children and seeing absolutely zero progress. Even worse, they tended to have no idea what was even happening in the sessions with the therapist. There was no communication at all. No parent coaching, no homework.

I wholeheartedly disagreed with most of what I learned in graduate school, what I saw while working in the schools, and how most private practices ran. All we ever did was push square pegs into round holes. We were trying to make kids into mini-adults. We pathologized them so much and tried to push them into an adult model of education and therapy, which made absolutely no sense to them at all. Everything was so data-driven and so focused on rigid goals. Why no focus on relationships? What about giving them experiences instead of worksheets or just sitting and talking? Why were parents so rarely involved?

It was obvious to me that there had to be a better way.

This is why I started GrowNOW. GrowNOW is my heart and my life’s mission statement: to give kids, teens, and youth the strength to persevere through anything. To always be their own unique self—but to have an internal system of checks and balances to ensure they are always focusing on learning from the past and visualizing the

future so they can make healthy and positive choices for a lifetime and always engaging in positive and motivating internal speech. Whether at school, at home, or socially, they can always be confident, they can push past any mistakes and move forward. Keep moving forward—toward their dreams and to becoming their best selves.

With GrowNOW, I wanted to make sure our clinics were different from everything else out there. I wanted to implement a coaching model that kids and teens who have already been through the gamut of failed therapies and counseling could go to and say, “Wow, this is different. I like this, I want to keep doing this, I feel good about myself here.” And this is exactly what I created.

Today, GrowNOW serves families all across America and internationally. We have a team of highly trained coaches providing unique and intensive parent coaching. We do virtual sessions that are nothing like COVID-19 virtual school, and we also have multiple locations across the country, with plans to open several more. I have had the privilege of traveling across the globe to train various school districts and professionals to ensure they have the tools to help not only their ADHD students but every single student they ever interact with.

As an individual with ADHD, this is what I have chosen to devote my life to. I have struggled my entire life with never feeling fully accepted, unable to fit in and do what’s right. I can’t go back in time to change my childhood and use the knowledge I have now to better inform myself. All I can do is pass along my lessons, follow the research, and tell the hard truths.

After working with thousands of families and consulting with hundreds of schools throughout my career, I’ve seen firsthand just how much ADHD youth, their families, and their teachers are struggling. Parents especially are feeling helpless. Raising an ADHD child is a daily grind.

As a parent, you are your child's (and probably your entire family's) prefrontal cortex. It's exhausting. Without you, the house would be chaos. Nothing would get done. Nobody would get to school or appointments on time. Homework would never be finished. This is not discussed enough—how parenting an ADHD child is just as stressful as raising a child with other serious disorders (Martin et al. 2019). This is because ADHD is serious—a brain disorder that is highly correlated to serious things.

I'm sorry, but it isn't a gift—no matter how many Instagram and TikTok videos tell you it is. ADHD is highly correlated with substance abuse, job loss, divorce, inability to live alone, automobile accidents, and early death. Fun, silly, happy videos with hundreds of thousands of likes and shares by influencers with millions of followers will tell you how quirky and cool it is to have ADHD. This is not accurate. ADHD has become a cool “trend,” partly because of how invisible it is. With the rise of smart computers in our pockets and social media, we now live in a world of pseudoscience where feelings trump facts. There may be more misinformation on ADHD on social media than any other neurobiological disorder.

It's time we clear up the misconceptions, erase the pseudoscience and “trendy” information from our minds, and focus on facts instead of feelings.

So many parents and teachers are still completely lost when it comes to ADHD. Each day they are stuck with the same questions: How do I help? Where do I send my child in the little free time I have? Where do I allocate my funds to help them? What works in the classroom? Why does homework have to be such a huge fight every single day? Why does my child have no friends and never go anywhere after school? Why does my child have no interest in anything besides screens?

At the end of the day, parents and teachers need answers. They need real, practical strategies that are going

to bring about real growth and change in the natural environment—not just within a therapy session.

Teachers with ADHD students are baffled about how to properly help.

Parents with ADHD children are burnt out.

Kids and teens with ADHD are feeling broken. They just want to do the right thing, fit in, and end the nonsense and daily fights.

We need to end this very serious youth mental health crisis.

We need ADHD hope.

This book isn't about me or GrowNOW—this is about ADHD hope. Helping teachers, parents, and ADHD kids themselves see that their goals can be achieved and all their dreams can be realized.

Kids and teens with ADHD do not come with an instruction manual. Consider this book your straightforward, no-nonsense playbook. My goal here is to be as brutally honest as possible. What's real, what isn't. What works, what doesn't. This book will discuss research and facts that, many times, will be hard to hear, because that's what ADHD is—hard. It makes life more difficult. It makes parenting more difficult. How do I ensure my child or teen has the highest possible quality of life? Follow the playbook.

I want this book to be a “one-stop shop” for all individuals who come in contact with youth with ADHD: parents, teachers, therapists, counselors, principals, directors, and superintendents. This is going to be about knowledge, acceptance, understanding, passion, and truth—a playbook for success.

## **ADHD 101**

ADHD affects approximately 5–7% of children globally (Polanczyk et al. 2007; Thomas et al. 2015). In the United States, an estimated 9.4% of children ages 2–17 have been

diagnosed with ADHD (Danielson et al. 2018). That's around six million children in total in the United States alone. It's quite possibly the most common yet most misunderstood neurological condition.

Thankfully, emerging research is helping us to dispel many of those long-held myths and misconceptions.

At one time, the large majority of children receiving an ADHD diagnosis were boys. This led to a belief that ADHD is uncommon in girls. But what we're seeing now is that boys are more likely to have the hyperactive subtype of ADHD, which tends to include more externalized, disruptive behaviors and is therefore more likely to be noticed as problematic by teachers and parents. Girls, on the other hand, are more likely to have the inattentive type (Biederman et al. 2002), which usually involves fewer externally disruptive behaviors. This can lead to underdiagnosis. In childhood, girls are still diagnosed less often than boys, at a ratio of 1:3 (Barkley 2005).

ADHD was once regarded as a disorder that only affected children. But today, as awareness increases, many people are first receiving a diagnosis as adults (Montejano et al. 2011). We now know that, far from being limited to childhood, ADHD can have wide-ranging impacts all throughout a person's life. ADHD affects 2–7% of adults globally (Song et al. 2021). Around 4.4% of US adults are estimated to have ADHD (Kessler et al. 2006), though many remain undiagnosed.

Despite what is commonly believed, ADHD isn't just a set of behaviors or bad habits. MRI scans have shown structural and functional differences in ADHD brains, particularly in the prefrontal cortex, which is involved in decision-making, attention, and impulse control (Arnsten 2009).

Most of what people do know about ADHD relates to how kids and teens are affected academically. Without a doubt, ADHD has a huge impact on education: Children

and adolescents with ADHD are more likely to receive low grades and poor test scores (Kent et al. 2011). Up to 33% of students with ADHD may fail to complete high school, compared to 10–15% of students without ADHD (Barbarese et al. 2007; Breslau et al. 2011). People with ADHD are significantly less likely to graduate from college, with some studies indicating that only 5–10% of symptomatic individuals complete a degree (Hechtman et al. 2016).

But many aspects of life outside of school are also affected by the disorder. People of any age with ADHD often struggle to regulate their emotions, which can lead to mood swings, outbursts, and difficulty calming down once they're upset. They may have a hard time recognizing and following social cues. Inattentiveness can hinder meaningful communication, and impulsivity makes it difficult to follow through with plans. With all of these emotional and interpersonal challenges to contend with, people with ADHD can find it extremely hard to create and maintain healthy relationships. Individuals with ADHD often report feeling misunderstood by peers (Michielsen et al. 2018), which only worsens their loneliness and anxiety.

It's well-documented that ADHD is associated with a higher likelihood of engaging in impulsive or risky behaviors, which includes those that can result in legal consequences. For example, adolescents and adults with ADHD are more likely to be arrested for traffic violations, reckless driving (Barkley and Cox 2007), or substance use-related offenses (Mohr-Jensen and Steinhausen 2016). We see this reflected in the demographics of our prisons. The prevalence of ADHD is much higher there than in the general population: 30% of youth and 26% of adults in prison have ADHD (Young et al. 2015).

Teenagers and adults with untreated ADHD are more likely to abuse alcohol, nicotine, and other drugs as a way of coping with impulsivity, emotional dysregulation, and stress. The unfortunate reality is that people with ADHD are twice as likely to develop a substance use disorder compared to those without ADHD (Biederman et al. 1995).

Symptoms like impulsivity, inattention, and time management issues can lead to poor work performance, interpersonal conflicts, and missed deadlines. As a result, adults with ADHD are more likely to experience frequent job changes, job loss, or underemployment (Barkley et al. 2008). Individuals with ADHD earn, on average, about 17% less than their non-ADHD counterparts (Jangmo et al. 2021). Over the years, that adds up: ADHD can cost individuals over \$1 million in lost wages during the course of their lifetime (Pelham et al. 2020).

I mentioned how much I've seen families struggle to help kids with ADHD. Raising a child with a serious disorder is not easy for anyone, but it can be especially difficult for parents who are disproportionately likely to have ADHD themselves. ADHD is highly heritable. Over 75% of ADHD cases are linked to genetic factors (Faraone et al. 2005). When children and their parents both have ADHD, the combination can create an even more challenging environment at home.

The risks of ADHD encompass every aspect of life, including life expectancy. A Danish study found that people with ADHD are twice as likely to die prematurely compared to the general population (Faraone 2015). This may be due to accidents, substance abuse, risky behaviors, or comorbid conditions like depression. Tragically, adolescents and adults with ADHD have a suicide attempt rate that is about five times higher than the non-ADHD population (Fuller-Thomson et al. 2020).

I'm sharing this because I want you to understand the reality of an ADHD diagnosis. I want to be clear about what's at stake when we talk about youth with ADHD.

But what I don't want is to scare you. Like I said, this is meant to be a book about hope. There's good news: early intervention can greatly improve outcomes, both academically (DuPaul et al. 2015) and socially (DuPaul et al. 2018), for children with ADHD. Executive function skills can be trained and attained. They can gain these skills.

Today, we know more about ADHD than any time in history. With all of this knowledge, we can provide more effective interventions than ever before.

## **The Four Pillars**

If you heard the name “attention-deficit hyperactivity disorder” for the first time, what would it make you think of?

Kids who are extra hyper? Kids who can't sit still? “Ants in their pants”? Kids who need more discipline? Kids who eat too much sugar? Kids with “bad” parents?

Nonsense. And it is exactly these massive misconceptions about ADHD that have given everyone the idea that “maybe I have ADHD too” and “everyone is a little ADHD.” This is also one of the ways ADHD has become so trendy on social media. “I'm ADHD! I'm so wacky; I just drive my spouse crazy!” “I'm ADHD; I had to go to the same store today five times because I kept forgetting things.” “I'm ADHD; I pick up a brand-new interest every day!”

These terrible misconceptions and stereotypes are exactly the reason why kids and teens with ADHD get labeled as “lazy” and “disinterested.” This is also a main reason for parent-blaming. “Oh, that kid is so hyper, he needs more discipline!” “His parents must always let him do what he wants, so when he's at school or in public, he has no boundaries.”

The pioneers and leaders in this field agree, ADHD is a terrible name for ADHD.

(We no longer use the term “ADD.” If you are working with someone who still uses this term, there is a good chance they are quite behind in their ADHD practices.)

One of the most common things I hear from parents is, “My child has ADHD, and I also think he struggles with executive functions.” It is time that we all fully understand this: there is no distinction. They are one and the same. ADHD is a developmental disorder of the executive function system.

Over the first 30 years of life, our brain grows and develops. The direction it grows is from back, behind your ears, to front. This means the prefrontal cortex, the area of the brain right behind the forehead, is the last to develop, and it is not fully developed in some people until around 30 years old (O’Rourke et al. 2020). The prefrontal cortex is the part of the brain responsible for executive functioning. In individuals with ADHD, there will be a developmental delay in this region. This delay is typically 20–45% behind their same-age peers, depending on severity (Barkley 2023). For example, if an individual is 10 years of age, but they have ADHD, their executive function system and maturity may be that of a five- to seven-year-old. Dr. Russell Barkley refers to this as the “executive age.”

This is important for parents to understand. When you fully comprehend and accept that your child has a significant delay in self-regulation and overall maturity, their behaviors start to make a lot more sense. When their behaviors start to make more sense, you have a greater ability to stay calm and deal with them appropriately.

To better understand what ADHD is, we have to first understand executive functions. Just like ADHD, executive functions are wildly misunderstood. Still to this day, when most people hear the term “executive functions,” the first

two things they think of are time management and organization. Messy backpacks, papers all over the place, messy lockers, messy bedrooms, and an inability to use or follow a calendar or an agenda. This idea in no way encapsulates what executive functions truly are, or how unbelievably important they are.

Executive functions are the greatest predictor of success we have for human beings. Strong executive functions indicate an individual has a great chance to graduate, move out of their parents' house, live on their own, get a job, keep a job, make friends, keep friends, pay the bills on time, stay relatively healthy, and live a positive and productive life (Low et al. 2021). So, executive functions must be so much more than just time management and organization, right?

Yes—so much more.

Using the GrowNOW model of executive function, I like to break down these skills into what I call the “Four Pillars.” They are: self-awareness, self-regulation, self-motivation, and self-evaluation.

The Four Pillars of executive functioning help us to define this crucial set of skills so we can better help our youth in need. For decades, we looked at ADHD as solely an external, behavior-based disorder. Knowing what we now know about it, it is heartbreaking how we treated this disorder for so long. Schools pushed ADHD kids into “executive function classes” that just taught them how to use an agenda book and keep notes for themselves, not realizing this would never happen unless they were specially told to do it by a teacher. They taught them how to clean their backpacks and organize papers in their folders, which only kept them more prompt dependent on adults. The backpacks stayed messy long after they graduated from these classes.

Families dealt with extreme behaviors in the home after being told their child's ADHD was just about attention and getting work done at school. This explanation left them at a loss as they struggled to understand what they were seeing: "Why does my child yell so much? Why is he always so angry? Why is she always attacking her siblings? Why do they never leave their room? This has to be more than just ADHD!"

Now we know that it is this internal set of skills that is lacking and needs to be developed over time. No more focus on time management and organization, no more outdated beliefs that ADHD is just an issue of keeping up with schoolwork. Nothing is going to get better without the Four Pillars.

The Four Pillars give us a behind-the-scenes view of what these ADHD kids and teens are facing on a daily basis. The constant struggle that makes an already difficult life even more stressful and anxiety-producing. Every day, they're dealing with the same issues, the same fights, the same failures.

These pillars help us to understand the behaviors that we are seeing externally:

- (1) **Lack of self-awareness:** A child or teen who does not recognize that they are alienating themselves from peers by making offensive jokes or repeating the same jokes over and over. This is a lack of an ability to self-advocate or know what is best for them due to the inability to sense their own strengths and needs.
- (2) **Lack of self-regulation:** A child or teen who consistently responds with anger, frustration, and aggression toward parents when asked to do a task.

- (3) **Lack of *self-motivation*:** A child or teen who does whatever they can to stay within their comfort zones of screens, video games, YouTube, and smartphones and refuses to participate or exhibits negative behaviors when presented with new and novel experiences.
- (4) **Lack of *self-evaluation*:** A child or teen who performs the same negative or hurtful act consistently, even after experiencing consequences or seeing the harmful effects to themselves or others.

Now that we have the Four Pillars, we have the inside information on exactly what these kids need. We are no longer guessing, and we are no longer focused solely on inattention and hyperactivity. We see what's lacking, so we can strengthen it, just like any other muscle in the body.

The prefrontal cortex is the last part of the brain to develop, and it is also the most malleable and plastic (Stuss and Knight 2013, p. 562). Executive function skills can be strengthened. We do have hope. With the right treatment and right approach, we can make incredible strides and speed up this troublesome delay.

Just like any sturdy set of pillars, standing strong against the dangerous elements, our Four Pillars need a stable foundation.

## The Pillars' Foundation

There is a set of two very specific internal skills that are the foundation for all executive functions. Without these skills, and their ability to combine and work together, we do not have the Four Pillars or any chance for success. These skills are nonverbal working memory (NVWM) and verbal working memory (VWM).

Nonverbal working memory is a fancy medical term for the visual imagery system of the brain. It is the ability to create mental movies and hold them in mind. This is truly the skill that separates human beings from animals. By five years of age, human beings' nonverbal working memory system is stronger than all other living species (Levy 2024).

VWM works closely with NVWM. After engaging nonverbal working memory to visualize past experiences and future consequences, the brain shifts gears into verbal working memory. As the cognitive process responsible for managing self-talk, VWM guides us through tasks, regulates emotions, and allows us to make decisions with input from our inner voice—our ever-present “brain coach.” VWM offers ongoing feedback, instructions, and encouragement.

These two skills, which we will refer to as the “foundation,” help us to better understand some of the most problematic issues associated with ADHD, including time blindness, emotional dysregulation, and impulsiveness.

The pioneers of ADHD describe these foundational skills much better than I ever could—most notably, Dr. Russell Barkley and Sarah Ward, M.S., CCC-SLP. Without these two individuals, my understanding and knowledge of these skills would not be what it is today, and I most certainly would like to be able to help students as effectively as they have. Their work on these specific skills is groundbreaking and moving, and it completely changes the game when it comes to ADHD and executive function treatment.

With this new understanding of NVWM and VWM, we can better tailor treatments toward unique individuals and not take a “one-size-fits-all” approach simply because of a diagnostic label. By helping to strengthen these skills, we are giving our children and teens a mental Swiss army knife to help them fully utilize the Four Pillars and respond to life's inevitable obstacles as their best selves.