Beyond The Medical Model: A new way of understanding children with Attention Deficit (Hyperactivity) Disorder, Oppositional Defiant Disorder, and other behavioral and learning problems

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An increasingly number of children are being diagnosed with attention deficit disorder and other learning- and conduct difficulties. In the U.S., nearly three million children are being prescribed stimulant medication, according to a recent report by the NIH.

How to help these children whose internal world is one of emotional misery and loss—no matter how off-putting or recalcitrant the acted-out behaviours may be?

The key is to understand how the learning and behaviour deficits develop, their biological substrates in the brain, and what the conditions may be that would help promote the child’s healthy development. In attention deficit disorder (ADD), oppositional defiant disorder (ODD), and in most other childhood conditions that lead to learning problems and dysfunctional behaviours, we see not disease, but underdevelopment. The circuits in the brain whose function is to regulate emotion and to focus attention just do not develop properly, due to increasingly stressed social and personal circumstances over the past several generations.

The good news is that brain development and psychological growth can take place at any time in the human life cycle. Medications can be useful, but they should form only form a small part of the treatment plan. The long term goal is neuro-psychological development, not merely short-term symptom- or behavior control.

A. The Characteristics of ADD

a. Poor attention skills
b. Deficient impulse control
c. Hyperactivity of body and mind
d. Secondary characteristics: disorganization, selectively poor memory, difficulty with multiple instructions

B. General Principles of Brain Development

a. Biology does not equal heredity, physiology is not ruled by genetics
b. The miswired circuits and unbalanced chemistry of the ADD brain (key words: neurotransmitters, dopamine, cortical shutdown)
c. The orbitofrontal cortex: its role, and how its development is influenced by the psychoemotional environment

d. Attunement in brain development: ADD as Attunement Deficit Disorder

e. The hereditary component: sensitivity; predisposition does not equal predetermination

f. Acting your age: differential development

C. The Roots of ADD in Family and Society

D. Psychological/Emotional Aspects

a. Low self-esteem

b. Sense of being an outsider

c. Ingrained feeling of rejection

d. Inability to read social cues

e. Difficulty learning from negative experience

f. Desperate need for acceptance and belonging

E. What Is Acted Out: Understanding Behaviors

a. “Just looking for attention”

b. Provocative” or “manipulative” behaviors

c. No such thing as laziness, only lack of motivation

d. Oppositionality: counterwill (not true will, but the lack of it)

e. Implicit memory (example: rage, defensive detachment)

F. The Peer Factor
Peer Orientation: Children looking to each other for values, for direction, for cues to how to be--how to talk, how to look, for what is important to pursue

Attachment: the drive for closeness and contact, physical and emotional

Attachment Voids

The Six Ways of Attaching

1. Senses
2. Sameness
3. Belonging and Loyalty
4. Significance
5. Feeling
6. Being known

How Attachment Supports Parenting

1. Arranges the parent and child hierarchically
2. Evokes the parenting instincts
3. Commands the child’s attention
4. Keeps the child close to the parent
5. Makes a model out of the parent
6. Designates the parent as the primary cue giver
7. Makes the child want to be good for the parent

Peer Orientation Stunts Healthy Development

1. The flight from feeling
2. Immaturity, lack of individuality
3. Aggression
4. The making of bullies and victims
5. Precocious, inappropriate sexuality
6. Unteachability

Counterwill: Understanding Oppositionality

The Teachability Factor: How Peer Orientation Undermines Learning

The four types of learning:  
1. Curiosity
   2. Adaptivity, trial-and-error
   3. Integrative learning
   4. Attachment-based learning

How To Hold On To Our Kids (Or To Reclaim Them)

1. Collecting the child
2. Inviting dependence
3. Make the relationship the priority
4. Structures and restrictions
5. Attachment-friendly discipline

Preventing Peer Orientation

1. Don’t court the competition
   --peers are not the answer to socialization problems, shyness, lack of siblings
   --the stress of daycare in the absence of attachment
2. Recreate the attachment village
3. Who the adults are being for the child
G. Long-Term Goals of Development Take Precedence Over Short-Term Behavioral Objectives

a. The plasticity of the human brain: allows new circuits of impulse control, motivation, and attention to develop if the right conditions for such development are provided.

b. The essential conditions that only adults can offer:
   - unconditional positive regard: the importance of relationship
   - compassionate curiosity
   - self-awareness

c. Behavioral goals and behavioral techniques often result in emotional shut-down, the loss of vulnerability, enhanced counterwill, stored up frustration and anger, and diminished self-esteem.

d. The negative impact of punishments and rewards.

H. What Medications Can And Cannot Do
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