

Partners in PROMISE Rough Transcript  
ADHD with Dr Jeffrey Katz  
April 18, 2021

**00:00:08** Hello everybody, welcome back to Partners in Promise's "Trust Your Gut" series. We are here today joined by Dr. Jeffrey Katz, and we're thrilled to have you. Welcome to the program, Dr. Katz.

Thank you, I'm glad to be here.

Dr. Katz is joining us - he is a clinical psychologist from Virginia Beach, which is, as many know, a very military-dense area of the country. We have the Navy base over there and others. Dr. Katz, can you tell us a little bit about your connection with the military? I know that you obviously serve a lot of military clients in your practice.

**00:00:41** Yes, I've never been in the military myself, so I can't claim that. But this area - and I grew up in the Norfolk/Virginia Beach area - so it's always been very highly military. There's a naval base, Oceana Naval Air Station, there's Langley Air Force Base, Army bases all over, and NATO headquarters is here for the United States. So anyway, there's a lot. But in my practice as a psychologist, I see primarily children, adolescents, and families, also some adults. I do a lot of work with schools and a lot of advocacy in the schools too.

I see probably three-quarters of my practice is probably military because I have a niche in ADHD. I don't actually accept insurance except for TRICARE because I know that if I didn't take TRICARE, officers maybe can afford it, but not enlisted men or women. So it's important to me to be able to serve the military in that way. But being around a lot of military and talking to families and being in contact with different departments that I have to be in contact with, I've learned quite a bit about the military.

**00:01:55** Well, thank you for doing that and obviously for the locals in your area for accepting TRICARE, because as military families, we have a hard time sometimes getting plugged into quality care. One of the things that our series today is talking about is giving families the tools that they need to understand a little bit more about those feelings and their gut instincts. If they observe something in their child - they wonder, maybe that's their first child, they don't have a barometer or a measuring tool to help them understand - is this something that's related to my PCS move or the stress of the deployment?

Obviously you mentioned your specialty area is ADHD. We would love to hear a little bit about your experiences either with the military community in that area - new diagnosis, things to be looking out for. Do you have any frequent situations that you can expand on?

**00:03:00** Yes, I'll try to. So first of all, there's a difference between when I'm doing an evaluation - trying to do a good evaluation on someone - but there's a difference between that and then what brings somebody into the office or what keeps somebody out of the office. It can happen both ways.

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So I see kids down to age two if necessary, and teenagers in school. That is where kids supposedly go every day and are involved in all the time. So things that might not have been much of an issue before - things can get handled at home - kids go to school and then they may start having issues. Particularly with ADHD, if the kid has a good IQ, they can do pretty well in the first two or three years. But then like fourth grade, fifth grade, when you're not learning to read anymore, you are now reading to learn. Now we have work you have to do, a lot of organization, and an expectation of more independence than what they're doing. Then you often see a lot of difficulties start up at that time.

When parents call me, first of all, I need to respect that their calling means that they have a concern. That's always my first question: "What's your concern?" And parents will say exactly the kinds of things you're saying - that he's always been a little rambunctious, but he's a kid and that's fine. I've got 18 other boys, but this one is a little bit different. So sometimes that's part of it - this particular youngster, there's something different about the quality of their rambunctiousness and whether they can turn it on and off, or the inattentiveness, those sorts of things.

**00:05:23** I kind of put it also that parents have the long view of a child. They've known the child over the course of years, so they have that view of the child from being very little to as they're getting older. Now if you look at teachers, teachers have the very short view. They have your child in that classroom, but what their expertise is is that they've seen many kids, so they have a sense of at this age range what would be generally appropriate for that youngster. So there are two things that are both very important things.

So I say to parents, because sometimes the parent will bring somebody in and they'll talk and say, "Well, what do you think? Do you think the child has ADHD? Might they have a learning disability?" And I usually say, "Well, in my mind it's like maybe I do think so, but I want to do an evaluation. I don't want to make a judgment or a diagnosis just based on an initial sit-down."

What I usually say is, "Well, I can understand why you're bringing the child in. I can understand what your concern is - that maybe they're not doing so well at school or they seem to be bright enough, but they seem to be struggling with certain things, or maybe even socially." So for parents, it's really if something just seems or feels off. To me, it's not a bad thing to have a child evaluated, particularly when you're younger, because then you have a baseline.

**00:07:04** If you have a concern, for example, when my younger daughter was like two years old, we just didn't think she was speaking much. We had an older one who was very verbal, and so we had her seen by a speech pathologist who came back and said, "Perfectly normal, maybe a little bit above, but this is not something to worry about." But if you were going to do something for a child, the sooner you get involved the better. The sooner you intervene, the better. And I think that's important for parents to know.

That's hard for military families too, because it's hard for military families because we transition a lot. So that's why your expertise is so important.

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**00:07:32** And that is an issue for military families because they do transition. I find that some military families build support for themselves pretty easily, other families do not. Some families I see - they don't, if they're coming from out of the area, they don't have much of a support network, which can be very tough on families too.

In military families with the service - with the Navy - the service member goes on deployments. They used to be able to count on six months, but it could be nine months, a year with very long deployments, or even worse for the family when the ship is going in and out doing training. Dad's in for two weeks, then he's out for three weeks, comes in for one. That creates a lot of stress in the family.

I think military families - the dependents - feel like they should be able to take care of themselves and the family. That's kind of part of that culture in the military, I think - being able to take care of things. And I think the spouse who's at home doesn't want the spouse out at sea to feel like they can't handle the kids, which creates a lot of pressure. If the child's not doing well for good reason - I mean, you need to check that out. But even if the child's not doing well because they're having trouble moving into this area, or the school system is different than what they're used to, for any number of reasons, that creates stress. Also the stress of when the spouse comes home - what are they going to say?

**00:09:19** Sometimes, with all kinds in the military, I see a lot of kids who are the kids of SEALs. This is one of the bases here. And the secret is that many SEALs have ADHD.

SEALs Kids is one of our partner organizations.

Okay, and many of the kids have ADHD. But SEALs have certain training - I mean, that's kind of what happens in the military, and really it does happen in my experience. I imagine for the families, I'm telling you all kinds of things you already know. Sometimes the spouse in the service - maybe a chief in the Navy - their expectation they have learned in their training is that people do what they're supposed to do or they do what you tell them to do. And kids just don't work that way. But that can be normal, right? So that happens with all kids, right?

**00:10:36** Most people are resilient and deal with that, and most kids do fine. It's okay. We're kind of talking about the kids where that's not working - where it's not working for what you would expect to happen.

With ADHD, I had a parent tell me the other day, "Well, how would I have known that this was not normal? Because this is what I was like as a kid, or this is what he was like as a kid. What made me think this was not normal?" But then as they learn about ADHD, they realize, "Oh yeah, it's a problem, and it was a problem for me." And not necessarily that they were shielded from it, but it was a part of their lives. So that's also something.

**00:11:38** So what would those - you mentioned like "How would I have known?" So are there any indicators that you would say would be something that would be a little bit outside the

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norm? Or is it truly case by case? Because sometimes, as with all special education, everything is case by case. There are different diagnoses, different levels, and all of that. So is there any kind of standard that parents can look to, or at least consider?

Well, like ADHD - and many kids with learning disabilities also have ADHD, and the reverse is also true - ADHD is a developmental disorder, meaning that the child is not - or as what's usually said is - he's not as mature as the other kids his age. He's immature. He can't keep his attention on stuff, he's playing with little stuff, he's just not doing. And that's true because most people with ADHD are about 30% behind their age mates. It doesn't mean that they're not going to develop, but they kind of stay behind.

**00:12:54** So rule of thumb with ADHD, like with homework, is kids can probably handle about 70% of the homework as their peers - they just can't handle that 30% because of the focus, organization, or things like that. So one of the things is developmentally goes along. So if your child is not seeming to do as well as they really should - it doesn't mean 30% in everything, I mean it could be emotional control. Kids with ADHD also have emotional dysregulation often.

So it's something that - and that's where you kind of look at teachers and say, if you're getting feedback from the teachers that he's not keeping his mind on his work, I always ask in a meeting, "Well, how is he doing compared to the other kids in that class?" And you could ask that in a school meeting: "How's he doing compared to the other kids?" It could be, "Well, actually not that bad, they're all kind of like that." Well, okay, why are we having the meeting?

**00:13:54** I wonder how that plays out with teachers and other observations. And again, we go back to different places. So in California where I am, it's 100% virtual right now, and then in other areas of the country, this county is in person and this one's a hybrid. Everything's a little different. So I wonder, have you noticed that?

That is true, it's a challenge. And just now studies are beginning to be published about kids with ADHD in the virtual setting - what happens. But that's something else.

So ADHD - to diagnose it, you have to diagnose it in two of three situations: home, school, community. Right? Because it could be really bright, be having trouble in school, or not having any trouble at school, but with soccer, you can't get - he's all over the place.

So a good diagnosis of ADHD is really gathering information from different areas - from teachers, parents, coaches, other people who may know the child well. So you need to get a good history because ADHD doesn't generally just pop up. So if the child starts having big problems, something happened. You really have to look at what happened. And not that sometimes they didn't have ADHD, but something shifted in their environment that it's now coming out. But that's what a good diagnosis is about - trying to figure that out.

**00:15:02** In most kids, if you ask a parent when they think that maybe there's something different with their kids, they generally will say around the age of two - like the terrible twos

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came and stayed. It didn't go anywhere. So part of it is trying to get that long-term view that it's more than just the transition, it's more than the move, it's more than just the deployment. There are changes like that.

**00:15:36** I mean, you mentioned the transition, and I know that that's something that is important, especially if someone's early in the stages of recognizing these symptoms or how can parents kind of keep an eye out during those times for indicators? Obviously they're caring for their child, so they're just aware of those stressors in their child to be able to just love them as a parent would. But are there any tips and tricks that you would suggest for parents during transitional times when there's...

I would have to go with structure, structure, structure. Because moving - there's a lot of changes, no doubt. But when you move, you want to get the house back together as quickly as you can. You want to get the routines back in time - about bedtime, about when kids can be online, when they can't, chores, what that pattern is. And with any - and not even just ADHD - but kids with ADHD, you're going to have a harder time with those things. But structure is the kind of thing that holds kids together anyway.

**00:16:41** So for any kid, you want to get that structure in place. And then, because once you have that going better, then you again have your measure of how is the child doing - the particular child you may have a concern about. How are they responding again to the structure? Because you'd likely see the other kids settle in, but the kid with ADHD or learning issue may have more difficulty with that. So even when the structure's back in place, it's harder to feel like in a rhythm.

Right. In other words, what you were seeing before, it's popping up again, right? What does that mean?

So, and that happens here too. Families will move in and, for example, Virginia Beach school system is said to be harder or have higher expectations, they'd like to say. So sometimes parents will give me a call about this and they'll say, "But it's the new school system, maybe it's just that." Well, maybe. But listening to them and what their concerns are, sometimes I'll say, "Maybe it is, but it doesn't hurt to say to the school, 'I'm concerned about my youngster. I suspect they may have a learning disability' and get the ball rolling, or at least have a meeting so that there is documentation in this child's record that you brought this up."

**00:18:19** So you mentioned meetings. So it's one thing I know we wanted to talk about as far as when you do get in an IEP or 504 meeting - and those we call them a student success team or whatever the terminology is where you are. What do you recommend as far as those early meetings for parents, especially with ADHD, of any best practices or things that parents should know?

Well, so one is know what the terms are. So the student success team is not IEP and it's not a Section 504. It's essentially an informal meeting. "Oh yes, well, we'll try some interventions and

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we'll see how they go." It's not official. The school - there's no contract, there's no obligation from the school to do anything.

Now, I'm not going to go down on schools, but I have to believe that schools want to do the best for your kid and the teachers want to do the best. However, they may not understand the problem, they may not recognize the problem, and they also may not necessarily want to be responsible for working with it.

**00:19:34** I guess by the time a parent gets to me - and I understand that maybe some parents who haven't talked to somebody - but by the time somebody gets to me, I usually say I would not do student support team. Because if you're concerned and they're concerned, call for an IEP meeting, call for going forward, because you won't get an evaluation from student support. So let the school know what your expectations are.

I know in this area, the EFMP program and the pediatric program at Portsmouth Naval Hospital used to have a military person who was really an advocate, and she was pretty effective, but there was only one.

I enjoy what I do. Not all psychologists get involved with the school. They may write a note saying, "I think he needs a 504," but in my perspective, that's not enough. There are some advocates in this area. The basics of having a meeting is to have somebody else there with you. I record every single meeting, and you have the right to record meetings - that's a federal regulation.

**00:20:52** And each state does have - just so parents know - each state has different regulations. It's important to know your specific state. Some, you're always allowed to record, but sometimes you need to give written notice that you will record. So just be sure to check your state laws prior to - at least give yourself a few days prior to give notice.

And I also say to parents, tell them a day before that you're going to record it. You have to know the terms. Talking to other parents - Partners in Promise is a good place. There are other organizations like CHADD - Children and Adults with Attention Deficit Disorder - that I'm highly engaged with, and they have a lot of really good information there. And they have health information specialists if you want to call in and ask questions. They can't do the advocacy for you, but they can give you the information. But you have to educate yourself as much as possible.

**00:21:52** People in the service are trained to obey. Even if you were a kid, you've learned to listen to the teacher and listen to the principal - they know what they're doing. And you can't take that stance. You have to give an expectation that this is my child, and I understand that this is what he's entitled to. You really have to talk to people about things, having somebody in the meeting, having an advocate, and don't necessarily just take their word.

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Other things I do is if the school isn't responding, I find out who to talk to. So in our area, we have the special ed coordinators, and they each cover a group of schools. They're really compliance officers - is the school doing what they're supposed to do? But I get them involved. So if you're not sure that the school is responding, call downtown and say, "Is there somebody who oversees the school in special ed or Section 504? Because I'm concerned that they're not doing what needs to happen." You need to find out what people are doing in different areas.

**00:22:50** If your area says, "Well, we don't do that here," if you have an IEP and you're coming in and they sit down for a meeting, it seems like the first thing the schools want to do is to change the IEP. And you can say no. You have a working IEP, and these are the services, and he's just shown up here. I'm not changing anything till we have a few months to see how things are working. It's better to have things running well and then change the IEP - maybe reduce services or whatever - than to start and start poorly and then have a kid who's really frustrated and then try and fix things.

So to me, you have to get information.

**00:23:54** That is true, and that's exactly why we're having the series - to give parents some tools so that they can understand what their rights are. And because state to state is different, county to county, school to school, everything is a little different, and it's hard to understand. So parents feel overwhelmed, so education is very important.

So one thing I'll say - it's a little different because it's still all under federal regulations. So that, but there are some things that are different. The other thing I would tell parents all the time - and I do too - is when I am really not sure about something the school is saying or doing, or something's happening, I call the state department of education. The state department of education special education office - and then it's called the Dispute Resolution Office. And you can call them - anybody can call them - and say, "Look, this is what's happening. Is this the way it's supposed to be?"

And sometimes they'll say, "Technically yes," and so like it's not - you can't file a complaint on that - "technically yes." Sometimes they'll say, "No, would you like us to call the school and talk to them about this? Yes." Or they'll say, "This, again, they're not going to advocate for you, but they can - they'll tell you what the regulation is, if what the school doesn't make sense or not, and where would you go with it." Call the state, find out what the state says about it. That's what you do.

**00:25:25** And I mean, as parents, as military parents especially, if there's a deployment going on, sometimes those things can feel overwhelming to begin with. But once you get going and you become more familiar with the language and the terminology like you said, it becomes easier and more accessible to parents.

We have on our website - we have a huge list we call "The ABCs of Special Education," and we have a section that talks about special education, one that talks about military terminology in

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special education, one that talks about legal terms. So there's a lot of resources that we provide, but organizations like CHADD and all the other partners we have can get you started. It's not easy, but it's at least a starting place, right?

**00:25:54** And honestly, nobody's going to come in and take care of it for you. As a parent, you're the child's best advocate. And you do - and nobody's superhuman - but you do what you can. And I always talk about letting the school know what your expectations are. And that is going into an IEP meeting or 504 meeting, and if you don't - if you're not walking out feeling really satisfied like, "I don't know" - don't sign anything. Get more advice, talk to somebody. I just think it's so important.

And unfortunately, it's a cottage industry out there. There are people who are advocates out there, and there's no certifications, so you really have to talk to people. CHADD has, I think, 200 chapters around the country, and there's one in this area. Go to a CHADD meeting - they're online - and ask people, "Who do you talk to about school issues, and who do you go to?"

**00:27:08** Where, through the military, the EFMP program, or some of the - I'll say the pediatricians at the Naval Hospital, because there's the TRICARE clinics, but a lot of the people move in and out, so it's hard to get ongoing care. But I imagine in this area with TRICARE, for the most part, 95% of the time, mental health, you have the right to go outside of their clinics - the TRICARE clinics - and you can go to a physician, you can go to a psychologist or social worker of your choosing. Occasionally they'll say that you have to get permission to go, but I think there are ways to get around that - not around it, but to get through that so that you get the help you need.

And you can always - Military OneSource has counseling, at least advisors you can call in and ask what is covered and what isn't. And it's not through your primary care doctor. And even if you are on TRICARE where you're paying out of pocket to see a non-military facility, you can still call in to Military OneSource and get a counselor on the line, even if it just ends there. But you can ask what resources are in your community and they can plug you in.

**00:28:20** But also, when you're talking about advocates, if you read Partners in Promise, we know a lot of people throughout the country, and we definitely can help point you in the right direction. So if you are looking for an advocate, that's a good option as well. But if you don't know where to start or you're new to an area and you don't know who to talk to, feel free to reach out to Partners in Promise, and we can connect you.

And I would like to say that I wouldn't want any of the parents listening to feel bad about doing these things. It's about your kid. So one of the things that's important to remember is that kids want to do well. Kids want to be liked by people, they want to be loved by their parents. If a kid is not doing well at home or at school, to me there's something that's not - something's getting in the way, something's missing. There's a skill the child doesn't have, or something's happening.

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**00:29:16** Like a kid with ADHD - oftentimes they'll get put on medication, and whatever the oppositional behavior was the parent was concerned about, they don't seem to be so oppositional because the kid always wanted to do well but couldn't regulate themselves to do well. So as a parent, if you see your child not doing well, they're not going to be happy, and then sometimes they show up angrier. To me, that's a sign that it's not your fault, parent - it's because something really is going on. And that's where maybe it's time to get that assistance to sort that out and to understand - of course your kid wants to do well. Who wouldn't want to?

**00:30:20** And I think that's important to remember. They just need the tools to succeed. And that's why where parents come in - we come in to observe. We're not experts, but we are experts in our children. We're the ones who know them best. And so we don't have to be perfect medical professionals to understand our own child. And so that is the thing that we have that others don't have is that - like you said - the length of knowledge and the breadth of knowledge of how you know your child, especially with COVID when you're possibly with them all the time.

Thank you for these insights, Dr. Katz. Do you have any last anything that you would like to add to this conversation? You've said so many wonderful things. I can't wait to watch it.

**00:30:47** Well, thank you. One thing I had was that - different from other families I see - so there's a lot of different kinds of people, they come from all over the country, from cities to farms. I'm always interested where people come from. I look up these tiny towns where people may come from. And that's a good thing, and people who are in the military - that's a positive of really meeting other people in other places to live and other ways of living.

**00:31:23** But many people who come - there's pressure, right? There's stigma about mental illness, about ADHD, learning disabilities, depression, anxiety, and you're coming from a small town or more of a close-knit group. It may be hard to - one place that maybe sometimes military families get a little concerned is that they may be living life here, but their parents and the rest of the family is back home, and what will they think about this? So I'd say overcome that. Remember, it's for the child - that's what's important. It's your child, something we need to do.

**00:32:01** Stigma is a big deal in the military, and it's something that I think by having these conversations, by talking about this, by making it more accessible for families - especially we're hoping that families who are not yet diagnosed will benefit from this session and the other sessions we have for the Month of the Military Child. Because it is all about education. You don't know what you don't know, and it's important as parents to educate ourselves about our kids and to take what we see and those little moments, those little feelings in our head or in our gut, and measure them against fact. Because we can't always know, but we can - we are our child's best advocate.

So thank you so much for your time. I appreciate you coming on today and sharing your knowledge. Hopefully between this wonderful conversation, you can get some starting points to know if it's appropriate to go reach out to your pediatrician or make next steps at your school district. So thank you again for your time, and keep tuning in for the rest of our series this April.

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**00:32:57** Thank you.