



# The Empowerment Plus® Method:

Meeting the LD Challenge in an Integrated, Cost-Effective Way

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## What is the LD challenge?

### **Learning Disabilities (LD):**

- A lifelong challenge
- Are accompanied by other concerns (co-morbidities)
- Can affect self-esteem, relationships, quality of life

**↑ Co-morbidities related to ↓ Quality of Life**

**How can we address concerns early in cost-effective ways to enhance well-being?**



## My Objectives:

To introduce a positive, integrated, family-centered approach that may improve the quality of life of your children, students and clients through:

- the use of positive language
- early identification of LD and use of 'by-pass' strategies to facilitate learning success and enhance self-esteem
- experimentation with several highly allergic foods that can affect attention and depression
- a balanced approach that combines natural or "alternative" methods (e.g., diet) with traditional medicine (e.g., medication)



# Agenda

- A. Facts about LD, ADHD and Co-morbidities
- B. Overview of the Empowerment Plus® Method
- C. Results of Retrospective Research
- D. Implications: Where to from here?



- Facts about LD, AD/HD
  - and Co-morbidities

4-8 % experience AD/HD and in half of these continue to have symptoms as adults

The existence of co-morbid conditions is very common in **attention deficit/hyperactivity disorder (AD/HD)**, affecting up to 3 of every 4 patients. As a result, psychiatrists must typically evaluate for AD/HD amidst other psychiatric disorders. Mood disorders (major depression, bipolar disorder and dysthymia), anxiety disorders, substance abuse, personality disorders, anti-social behavior and **learning disabilities (LD)** are the chief psychiatric co-morbidities.”

Biederman, 2005



# Common Clinical Co-morbidities

**Learning Disabilities (LD)**

**Attention Deficit/Hyperactivity Disorder (ADHD)**

**Substance Abuse (SA)**

**Psychosis (e.g., Schizophrenia)**

**Internalizing Disorders:**

Depression - From Dysthymia to Major Depressive Disorder

Anxiety

Post-Traumatic Stress Syndrome (PTSS)

Eating Disorders

**Externalizing:**

Conduct Disorder (CD)

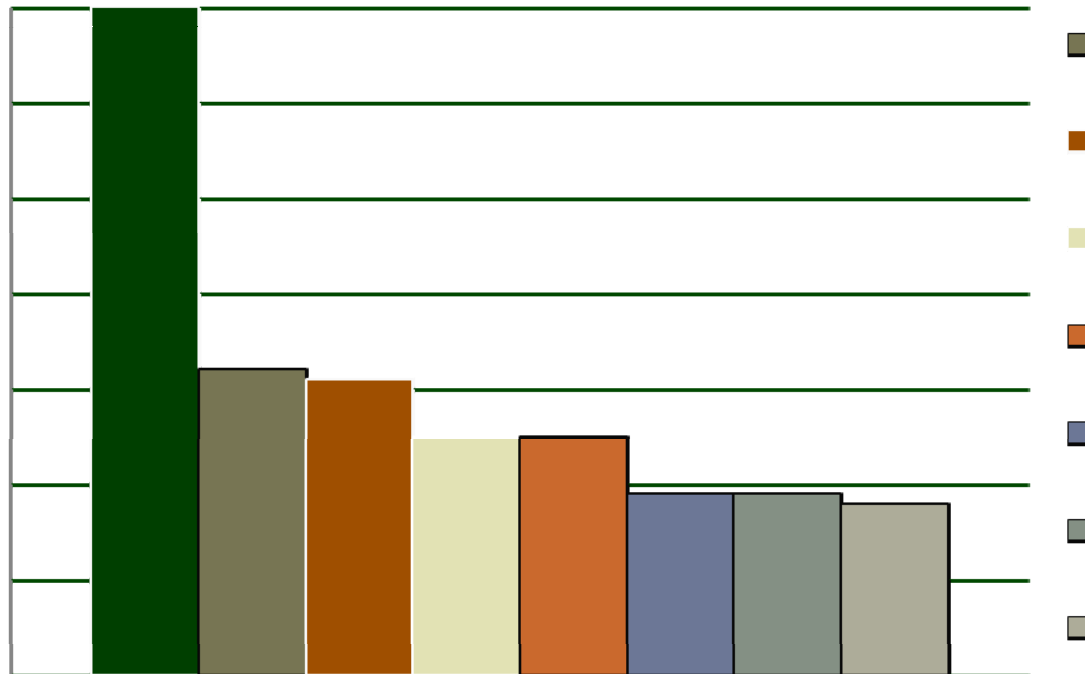
Oppositional Defiant Disorder (ODD)





## Psychiatric Co-morbidities in Clinical Pop'n

**Chart Title**





# The High Cost of Co-morbidities

AD/HD is ... associated with a wide range of long-term adverse outcomes, including criminality, lower occupational status, substance abuse, lesser academic achievement, more driving accidents and a greater incidence of divorce. Moreover the public health impact of the disorder and its burden to the health care system are significant...nearly double the costs for children without ADHD.





Great impact on the individual, everyone around the affected person and the health care system

- **Direct Medical costs**

- Almost 6 times higher (\$1600 CAN as compared to \$250/yr. for children with no behavior problems)
  - \$40 billion annually in the US

- **Psychosocial pressures**

- Time needed for appointments, absence from work and reduced efficiency
  - Cost is 3 times higher for mothers of children with AD/HD than for mothers of children with no behavior problems (\$3000 as compared to \$935/yr.)



### **The Problem:**

Parents are dependent on expert advice.

High demand and high cost of services often means only the most challenging cases are served.

Guidelines for the experts based on research on these difficult cases and may not be appropriate for all people with LD and ADHD.

Co-morbidities are costly to treat and confusing to mental health and educational personnel who may not be able to tell which came first.

Medically-trained practitioners may not be open to natural or "alternative strategies" - where is the balance and guidance for clients?

### **The Promise:**

Early identification using screening tools and early intervention based on consultative methodologies, including dietary experimentation can address LD concerns and other co-morbidities

Much suffering can be alleviated and quality of life may be improved.



## Empowerment Plus® Method

- positive, integrated, collaborative approach to AD/HD
- systematically screens, diagnoses and treats the adult or child as a whole person in terms of:
  - Attention
  - Learning Discrepancies
  - Personality Type
  - Food Sensitivities
  - Other Factors (e. g. Depression, Spinal Alignment)
- identifies and removes barriers to functioning
- offers counseling in communication, behavior management and referrals, if needed
- client/family-centered and cost-effective

See [www.empowermentplus.org](http://www.empowermentplus.org) - Self- Managed Journey



## Case Study - Meet Ronald

- 14 yrs old, expelled from 3 schools, multiple codes including Code 42 - behavioral - CD & ODD. ADHD - on Rx and did not like taking pills.
- Multiple Co morbidities - ADHD, ODD, CD - human suffering and a poor prognosis
- Yet, seemed to be a very pleasant and co-operative young man when brought into my office.
- Any ideas as to what was going on with Ronald?



# Ronald's Results

## **At Intake**

Attention- Had been diagnosed with AD/HD in Grade 2 - Yet Screening Checklist for Attentional Concerns (SC/A) indicated attentional issues were not being improved by Rx - he disliked taking RX

Learning - Disorder of Written Expression (DWE)- advised to do all written work on a computer with a spell-check

Personality type - Extraverted-Sensing-Thinking-Perceiving - accuracy important

Food Sensitivities -symptoms of irritability suggested sensitivity to wheat and obsession with sugar; wheat, corn and sugar eliminated from diet for a week

Other Factors - still upset about deaths of dog and grandpa (Post-Traumatic Stress Syndrome)

## **2nd Appointment**

Attentional symptoms disappeared within a week when off wheat, corn and sugar

Treated for PTSS - EMDR 1 appointment

## **3 weeks later**

in New School, using computer for written work and doing fine :)



## Food Sensitivities

Food	Common Symptoms of Sensitivity
Milk	colds, flus, asthma, eczema
Wheat	"temper", irritability, history of celiac disease
Corn/Sugar	obsession with these substances, history of diabetes or alcoholism

These are all highly allergic foods. Identified substances are taken out for one week only. Pre- and post-testing done in terms of goal attainment as well as functioning in attention (SC/A), physical symptoms (SFD) and depression (SF/D). Results are quantifiable.

**No other method has ever selected food for elimination based on the individual's symptoms.**

Other studies take out one particular food at a time - results not significant.





## Methodology for Retrospective Evaluation

**Descriptive & correlational analyses** performed on data from 62 client files using the Empowerment Plus® method yielded information on:

- Demographics (i.e., age, gender, location)
- Client characteristics (e.g., personality, food sensitivities)
- Co-morbidities (e.g., type of LD, CD, ODD, depression, SA)
- Evaluative statistics such as total number of clinical hours, goal attainment, satisfaction ratings.

**Types of measures** included:

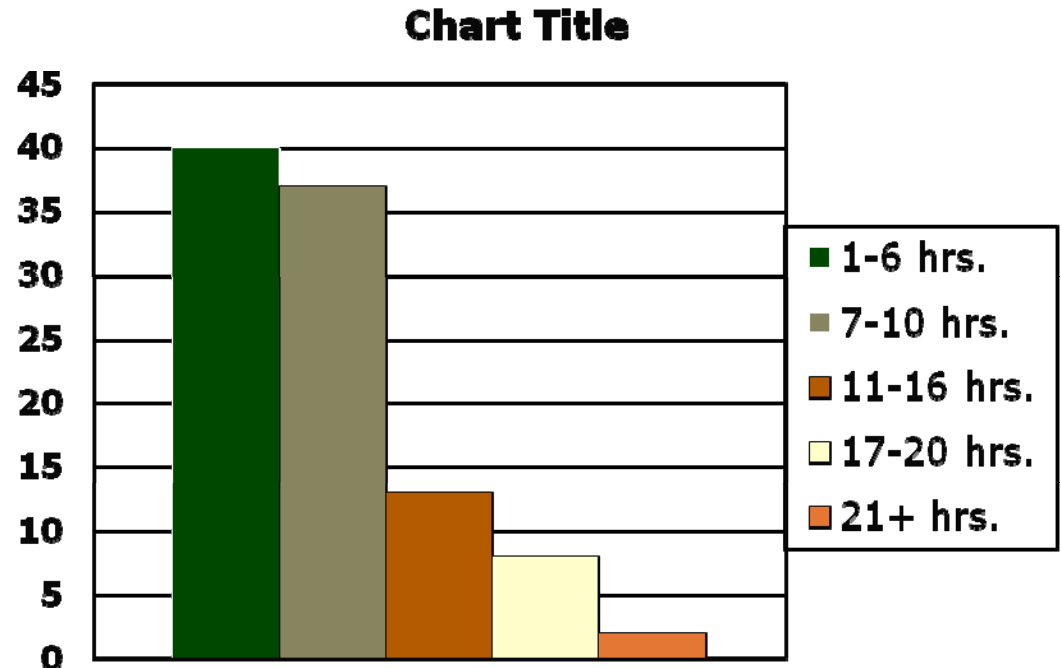
- ratings on screening checklists (SC/A, SFD and SC/D)
- subjective self-report and collateral ratings on attention, physical functioning and depression.





# Range of Hours

- 77% of clients were served in 10 hours or less (40% in 1-6 hrs., 37% in 7-10 hrs.)
- Only 10% required more than 16 hrs. (which usually included an in-depth psycho-educational assessment)
- Typical service delivery models for AD/HD and LD involve an in-depth assessment which costs about \$2000. In this approach, 40% were served for \$600 each (6 hrs. @\$100/hr), while 37% were served for an average of \$850. This represents significant cost-savings.





## Goal Attainment

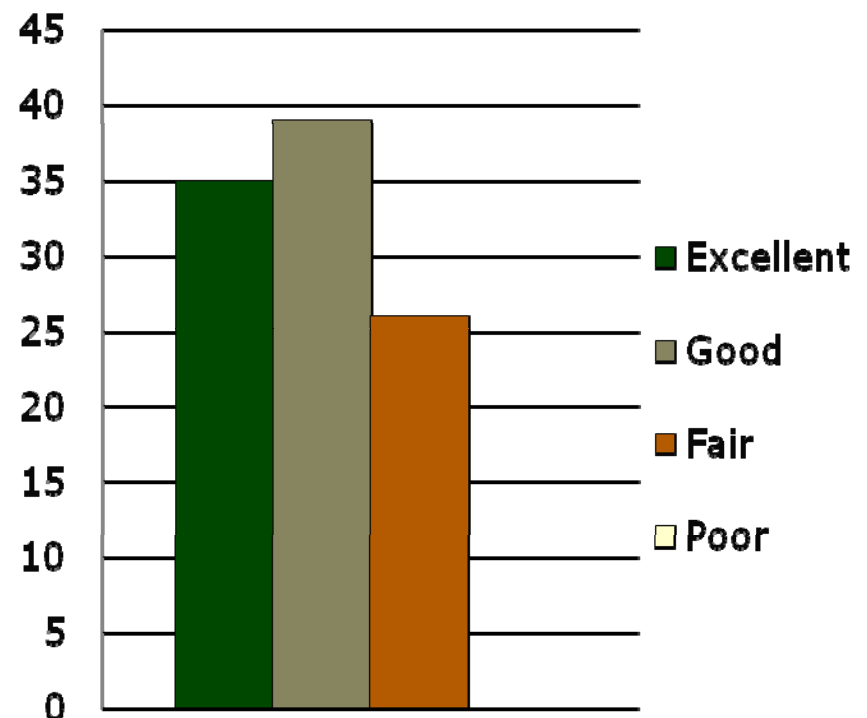
Clients were asked to set goals (i.e., I can focus, I achieve to my potential, I am happy) and to rate their current level of functioning out of 1-10 at each appointment.

Client ratings of goal attainment, on a scale of 1-10, were assigned to one of 4 categories:

- Poor (0-3)
- Fair (4-5)
- Good (6-7)
- Excellent (8-10)

74% of clients rated their level of goal attainment as Good to Excellent

26% achieved Fair results; none were Poor

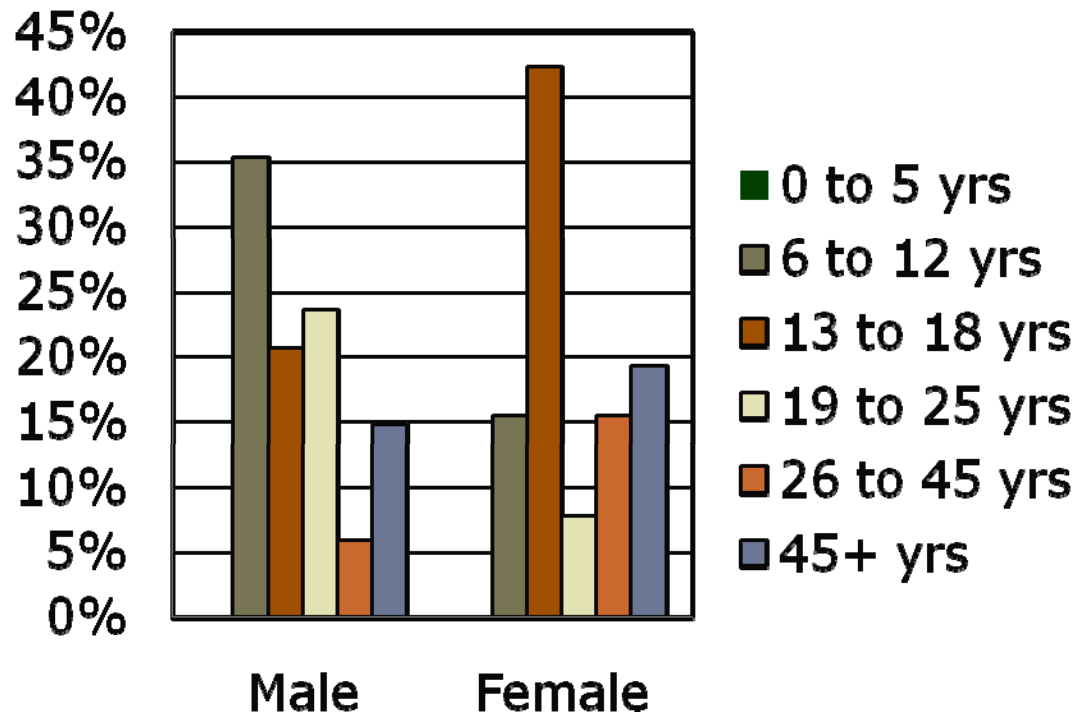




# Client Gender and Age

## Chart Title

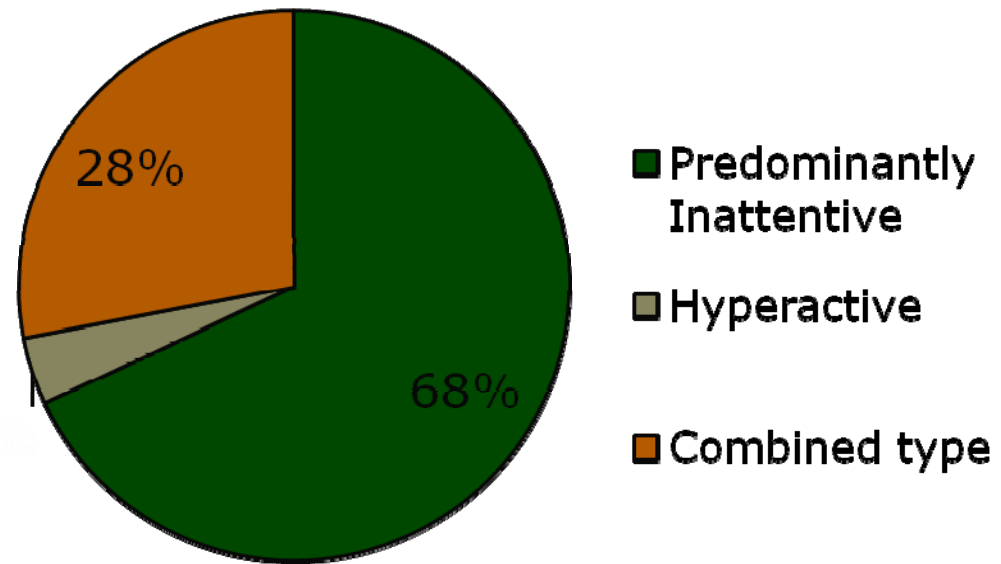
- 60% of clients were males and 40% females
- 58% children and 42% adults





## Type of AD/HD in Retrospective Evaluation

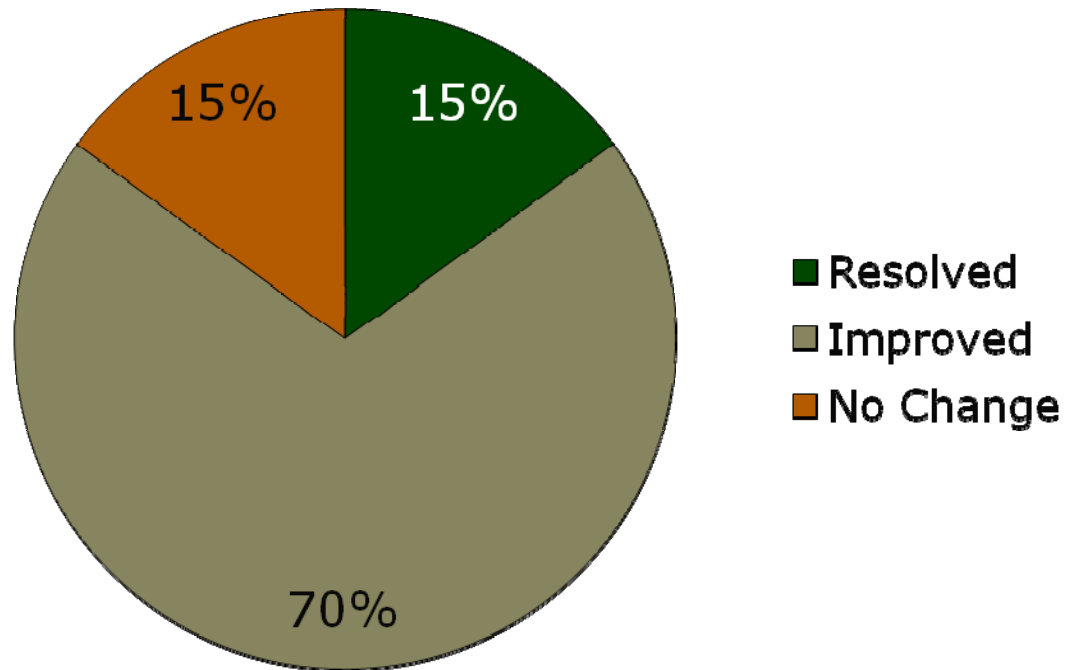
- Almost 70 per cent met criteria for Predominantly Inattentive type





# Attention Before and After Dietary Intervention

- 85% felt better within a week
- Of this group, 15% no longer reported attentional symptoms





## Use of Positive Terminology

Attention Deluxe Dimension”  
and the  
“The Channel-surfing Brain”



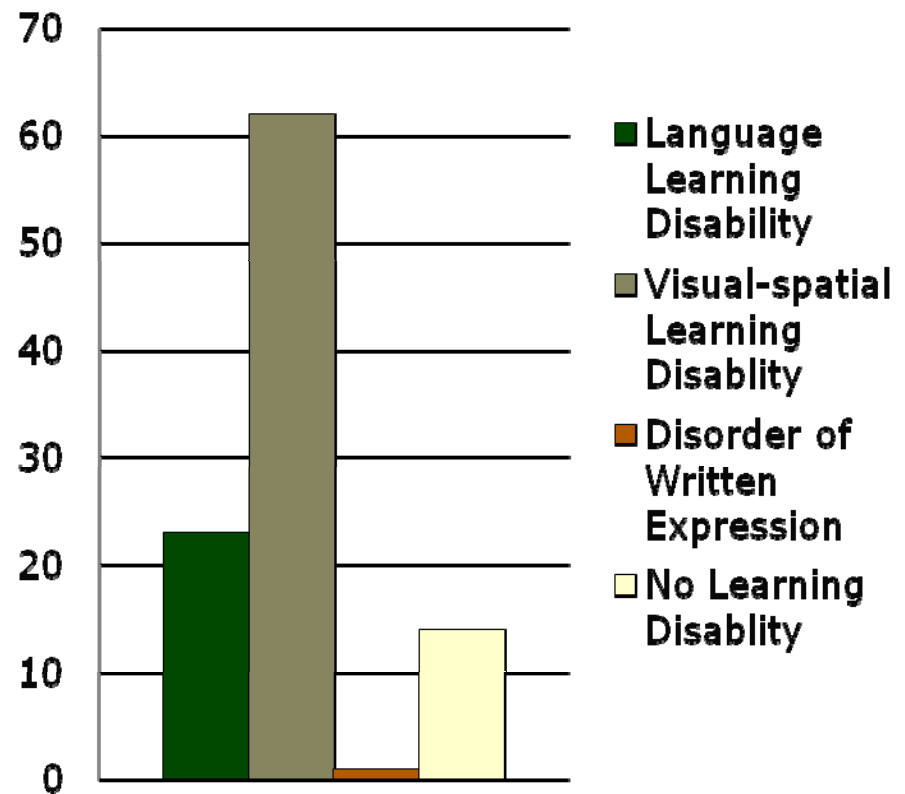




## Frequency of LD Type

Of the 62 who presented with attentional symptoms

- 62% had a Visual-Spatial LD
- 23% had a Language LD
- 1% had a Disorder of Written Expression
- 14% no LD







## Accommodations and By-Pass Strategies

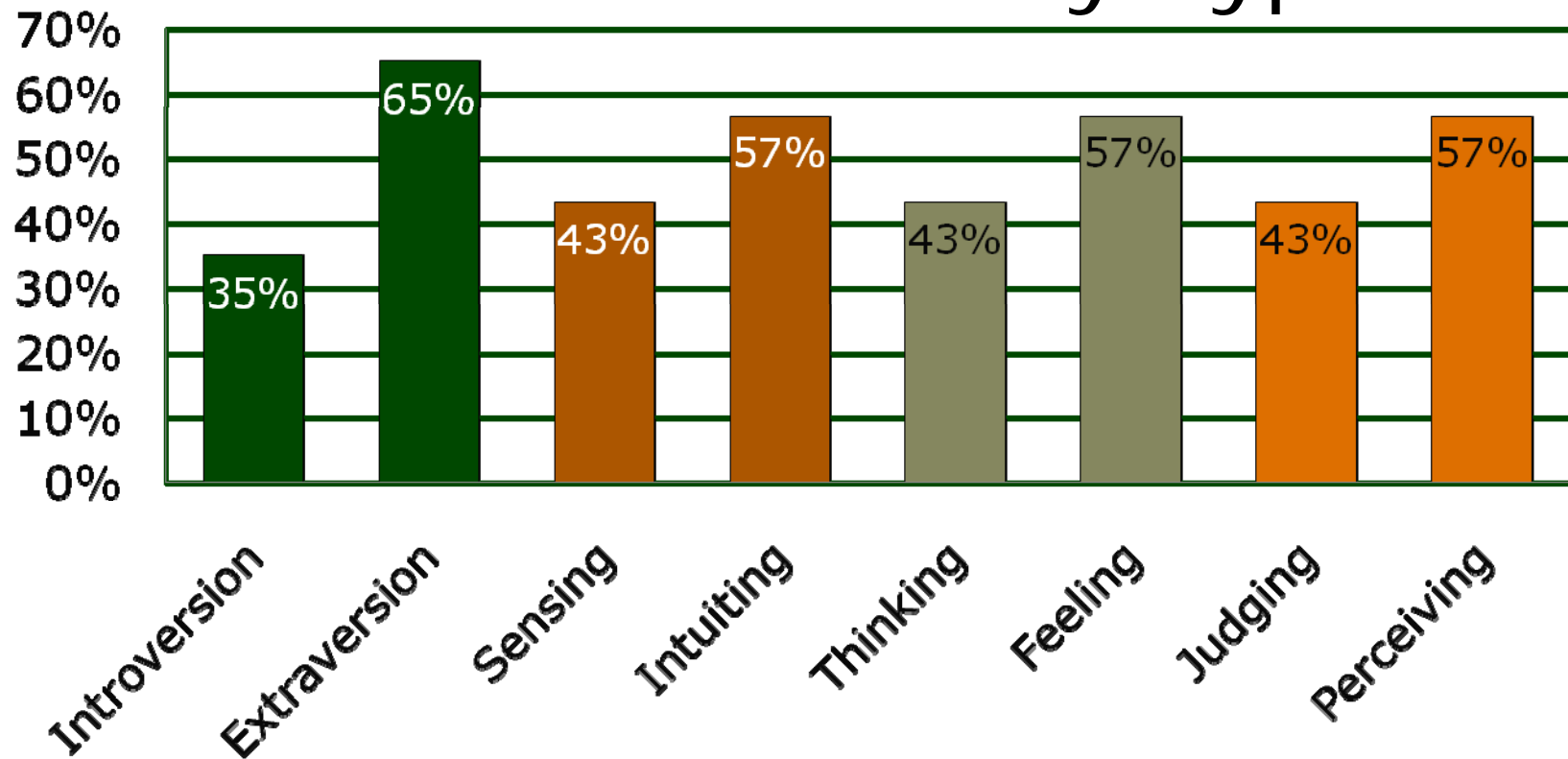
**Visual-Spatial (VSLD) - Computer**

**Language Learning (LLD) - Extra time on Exams, Vocabulary (5 words/week)**

**Dis. of Written Expression (DWE) - Computer with a Spell and Grammar checker**



## Client Personality Type





## “Tigger” versus “Piglet”

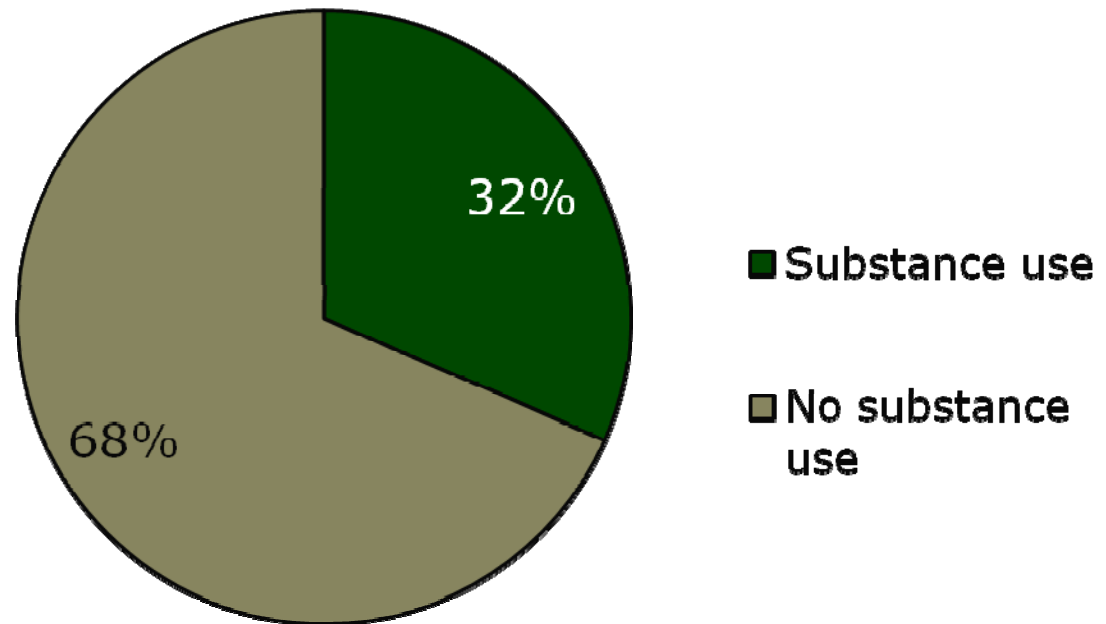
**“Tiggers”** - ENTP (Extraverted-Intuiting-Thinking-Perceiving)  
Strategies: Work before Play, Proofreading

**“Piglets”** - ISFJ (Introverted-Sensing-Feeling-Judging)  
Strategy - Allow to Finish



## Frequency of Substance Use

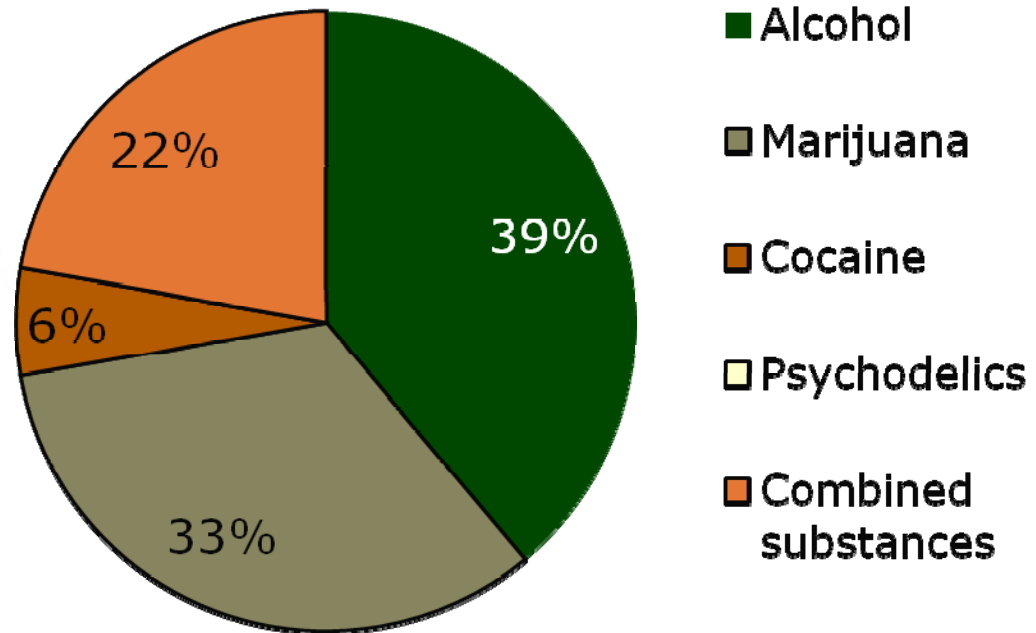
- More than 30 per cent of clients reported regular substance use





## Type of Substance Use Sales

- Almost 40 per cent consumed alcohol on a regular basis
- More than 30 per cent of clients reported regular marijuana use
- More than one out of five reported regular use of a variety of substances

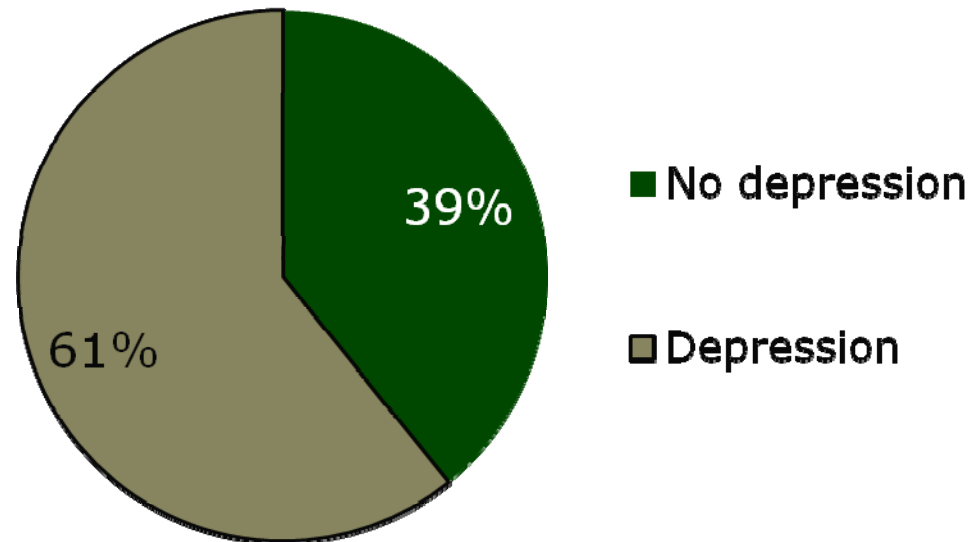




# Frequency of Depression

## Intake

- Over 60 per cent of clients reported some degree of depression at Intake

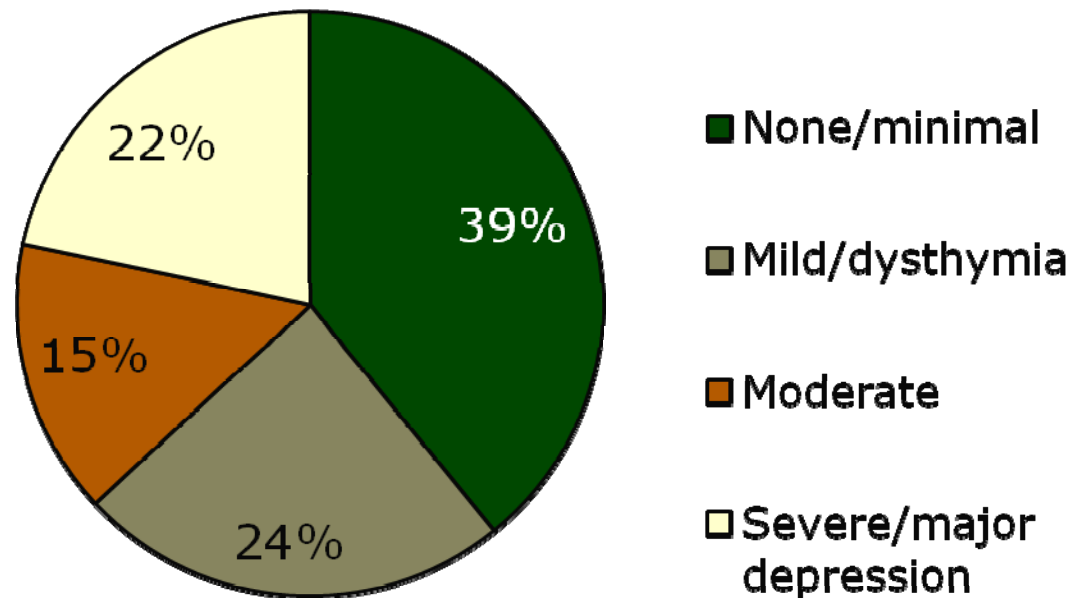






## Type of Depression

- More than one out of five clients reported severe depression

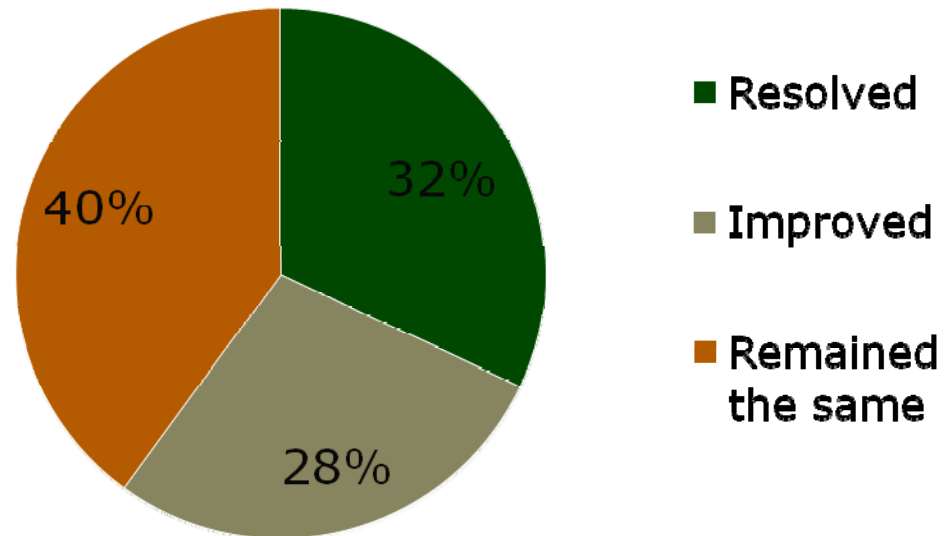






# Depression Before and After Dietary Intervention

- Almost 60% of ADD group depressed
- 60% reported improvement within a week
- Of this group, 32% no longer reported depression





## The Effectiveness of Medication

### **Because studies have shown that:**

- medication alone and medication with behavioral treatments are superior to behavioral treatment alone (Offord, MTA, 1999)
- those with AD/HD who received medication have less chance of Substance Abuse

### **The result is that:**

- Medical people are advised that medication should be tried first and if not effective, the dosage should be increased. Therefore, many people are diagnosed with AD/HD who don't have it and many report unpleasant side effects that negatively impact their quality of life.
- Physicians are also incorrectly taught that:
- If a person responds to Rx it means they have AD/HD
- That dosage corresponds to weight



***“Medication belongs at the caboose of the train,  
not the engine.” T. Scholten***

Empowerment Plus® recommends:

- i) **Ensure AD/HD is present** through dietary experiment tailored to the specific symptoms of the client. If AD/HD present use positive terminology to promote understanding
- ii) **Address any LD patterns** with accommodations and or by-pass strategies to facilitate academic success
- iii) **Celebrate personality type** and role in family dynamics
- iv) **Screen for Convergence Insufficiency** and other visual concerns, spinal alignment, emotional trauma and treat if needed
- v) **Use the Farrelly Protocol** to determine the “lowest amount of medication that gives the maximum payoff”- to minimize side-effects
- vi) **Explore alternative treatments** (e.g., allergy, detoxifications, nutraceutical supplements) to see if these improve the quality of life of the individual



## Implications - Where to From Here?

It's time for a family-centered, balanced, integrated approach to the LD challenge - address the "whole person"

Your opinion counts

- √ Use positive and empowering terminology to enhance self-esteem
- √ Use by-pass strategies to facilitate success
- √ Explore effects of food on functioning in a scientific way

See the Self-Managed Journey on the website

[www.empowermentplus.org](http://www.empowermentplus.org)

Consider certification training in Empowerment Plus®



Thank you!

