

Empowerment Plus®



Dr. Teeya Scholten
Calgary, Alberta Canada
403.829.3441

www.empowermentplus.org



Abstract

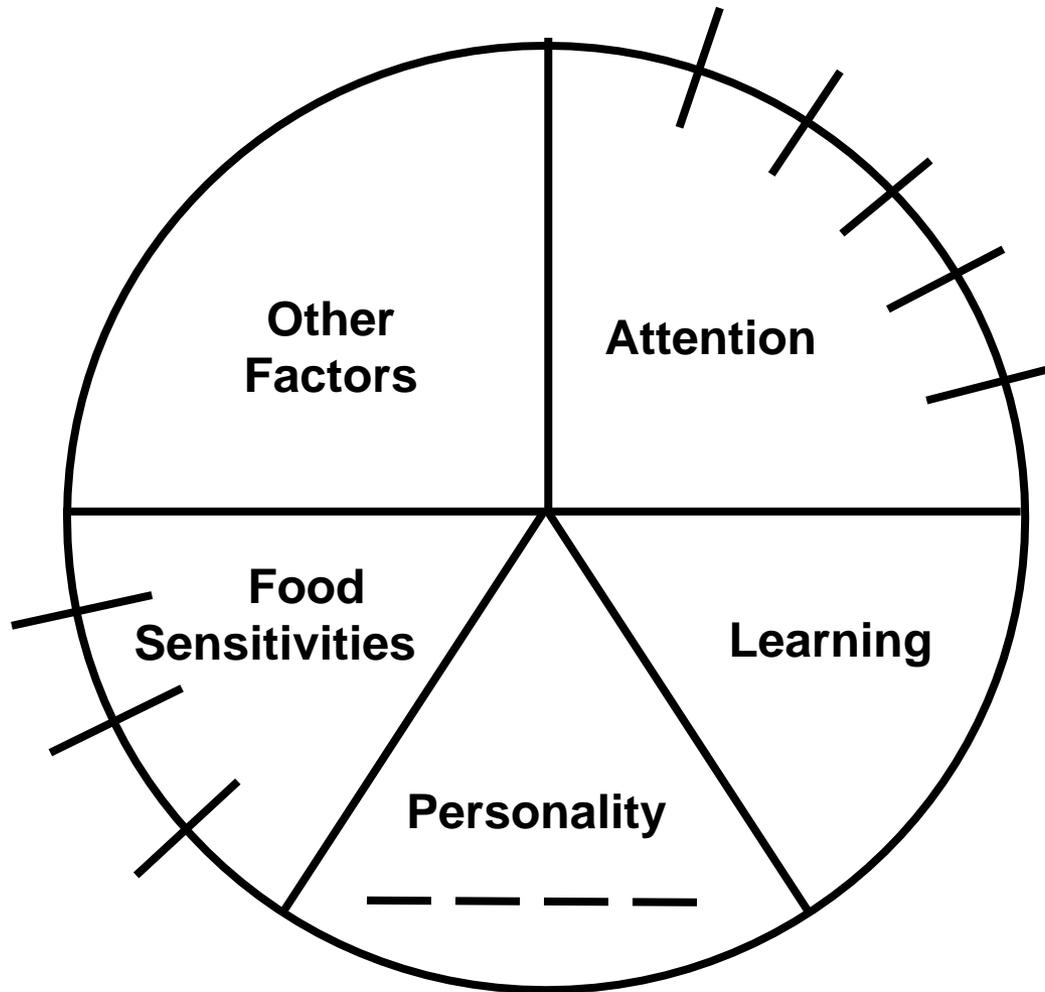
The purpose of this study was to explore descriptive and evaluative data gathered from a single scientist-practitioner who used an integrated, innovative model designed to diagnose and treat AD/HD (Attention Deficit/Hyperactivity Disorder) in adults and children.

Data on clients who presented with attentional symptoms and completed treatment were selected from a sample of 100 consecutive case files. Descriptive and correlational analyses were performed on 17 demographic and process-related variables.

Some highlights of the results include:

- ✦ Over three-quarters of the clients reached their goals in 10 hours or less of professional time
- ✦ 15% of clients experienced relief of symptoms with dietary intervention alone
- ✦ only 10% required an in-depth psycho-educational assessment.

Client Profile Diagram



Empowerment Plus[®]

Method

1. Getting Informed Consent (website or 15 min. video)
 2. Empowerment Plus[®] Basic 6 hr. Evaluation:
 3. 3 sessions two weeks apart and a Follow-Up
- ✚ Session 1 - To identify:
 - patterns in attention
 - learning discrepancies
 - personality type
 - food sensitivities and other factors
 - intervention strategiesand select a food for removal from diet for one week
 - ✚ Session 2 - To assess effect of food on attention & make Diagnosis (Dx)
 - ✚ Session 3 – To rule out other factors causing AD/HD, and choose Treatment (Tx) in which medication (Rx) and/or nutraceutical supplements are considered for treatment of AD/HD
 - ✚ Follow-up (1.0 hr.) –Follow-up Evaluation of Tx - held 3-6 weeks after Session 3
 - ✚ 3. Additional intervention if needed.



Methodology

Descriptive and correlational analyses were performed on 17 variables from files selected from 100 consecutive clients from a single scientist-practitioner.

Clients were excluded for the following reasons: the client received services for other issues (such as marital counseling, behavior management, trauma treatment), clients were members of the same family, or the client did not complete the evaluation process.

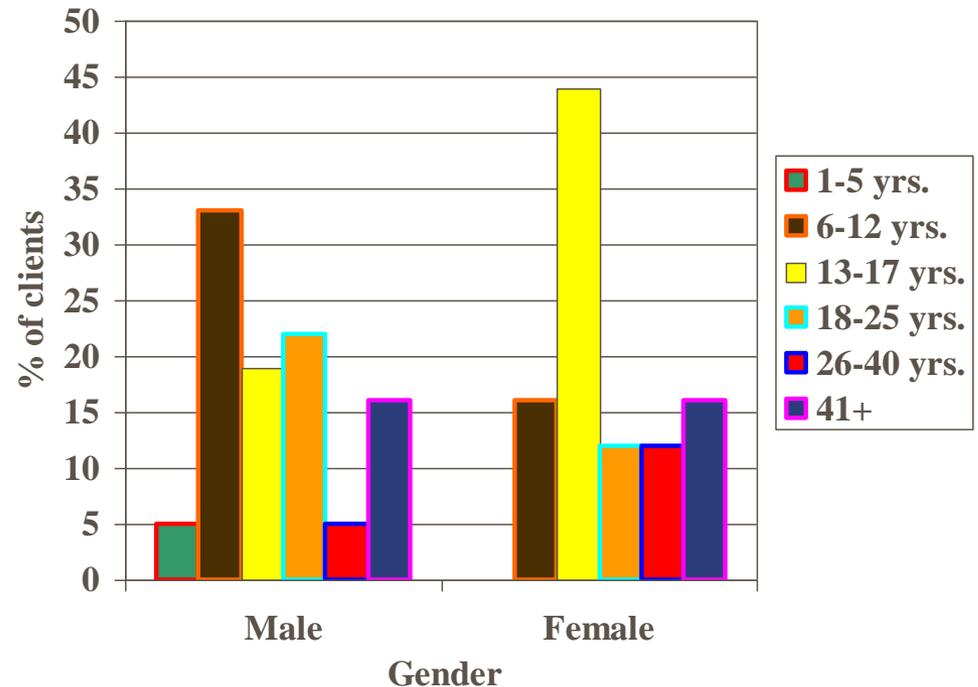
Sixty-two clients met the criteria for inclusion: completed files with attentional concerns as presenting problem.

Data included:

- ✚ Demographic information (i.e., age, gender, location).
- ✚ Descriptive information such as food sensitivities, total number of clinical hours, various treatment strategies.
- ✚ Evaluative self-report and collateral ratings on functioning and goal attainment.

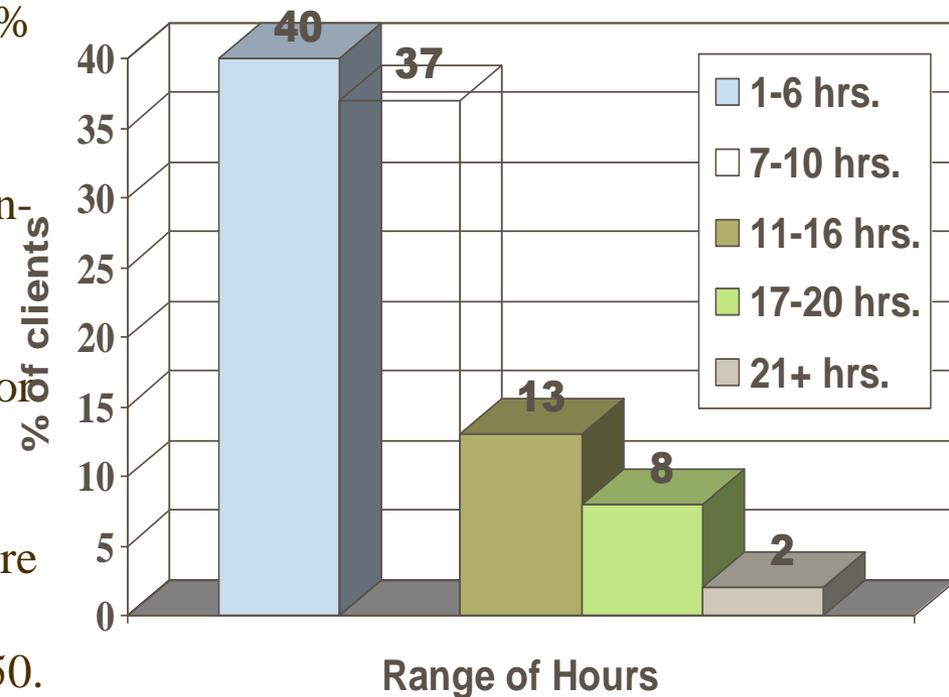
Participant Age & Gender

- ✚ 60% of clients were males and 40% females
- ✚ 58% children and 42% adults
- ✚ In most age categories, the frequency of males and female clients was not significantly different except for the 13-17 year olds, where girls significantly outnumbered boys and in 6-12 year olds where the opposite was true



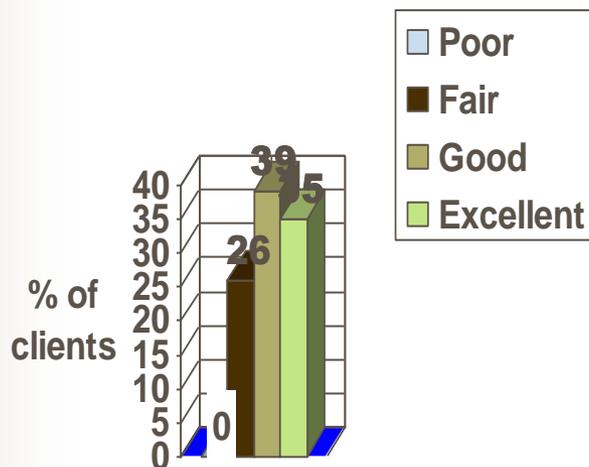
Range of Hours

- ❑ 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 involve an in-depth assessment which costs about \$2000. In this approach, 40% were served for \$600 each, while 37% were served for an average of \$850. This represents significant cost-savings.



Client Ratings of Goal Attainment

Goal Attainment



Clients were asked to set goals (I.e., I can focus, I achieve to my potential, I am happy) and asked 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

Part One: Attention



Screening Checklist

	OBSERVATION	NOT AT ALL	JUST A LITTLE	PRETTY MUCH	VERY MUCH
1.	Difficulty with details – makes careless mistakes				
2.	Difficulty sustaining attention to current task				
3.	Does not seem to listen or sustain attention to discussions. May ask for questions/statements to be repeated.				
4.	Difficulty following through on instructions				
5.	Difficulty starting/finishing tasks				
6.	Loses things necessary for tasks or activities				
7.	Easily distracted by noises or other surrounding activities				
8.	Fidgets or doodles				
9.	Uncomfortable staying seated for periods of time or leaves seat frequently				
10.	Talks excessively or dominates conversations inappropriately				
11.	Blurts out answers before questions have been completed				
12.	Interrupts others inappropriately				
13.	Daydreams				

Reasons for Attentional Symptoms

- Fatigue
- Depression
- Stress
- Trauma
- Hunger
- Boredom
- Hypoglycemia
- Thyroid



Part Two: Learning



Visual Spatial Learning Discrepancy VSLD

+ Verbal/Language
(Vocabulary, English,
Social Studies)

– Visual Spatial
(Penmanship, Basic
Math Facts)

Accommodation

- Computer



Language Learning Discrepancy

LLD

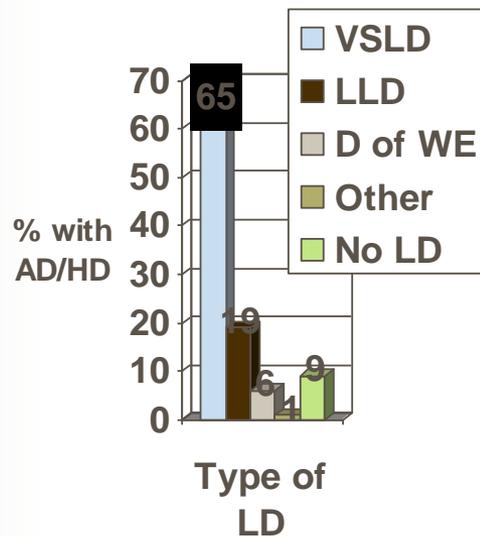
- Verbal/Language
(Reading, Word Problems)
- + Visual Spatial
(Science, Math Facts)

Accommodation

- Extra Time on Exams
- Vocab. Development



Learning Discrepancies (LD)



In those 54/62 clients diagnosed with AD/HD:

- ✚ 65% had a Visual-Spatial LD
- ✚ 19% had a Language LD
- ✚ 6% had a Disorder of Written Expression
- ✚ 1% some other LD
- ✚ 9% no LD

Part Three: Personality





Examples of Preferences

Extravert

Friendly, Talkative

Introvert

Quiet, Reflective

iNtuiting

Random-Abstract, Innovative

Sensing

Neat, Accurate, Step-by-Step

Thinking

Values Logic, Debating

Feeling

Values Feelings and Harmony

Perceiving

Likes to take in New Info
Spontaneous

Judging

Likes to Finish,
Make Decisions

ENTP – The Tigger Type

Bouncing thru' Life

- + easy going, flexible, adaptable
- last minute, careless errors

STRATEGY:

Work Before Play, Proofreading



ISFJ – The Piglet Type

Spinning Their Wheels thru Life

+ reliable, accurate, finishes
-worried, anxious

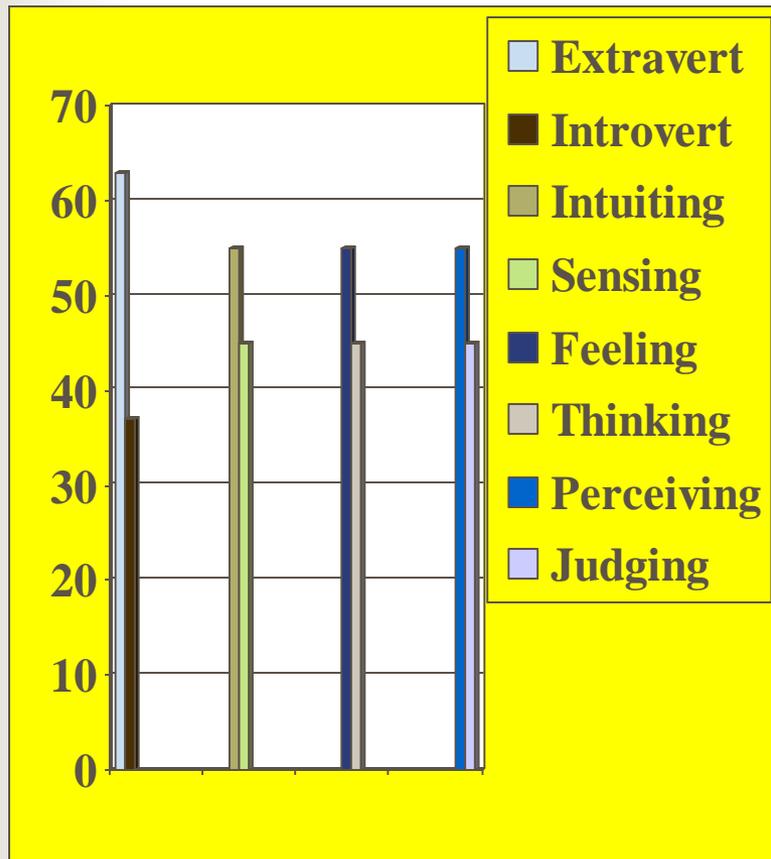
-STRATEGY:

Allow to Finish

Encourage Play and Relaxation



Personality Type



Of the 5/16 personality types represented in the sample:

- ✚ There were significantly more Extraverts than Introverts; while the other dimensions were fairly evenly balanced
- ✚ 75% (6/8) of the N - Intuitive types was significantly higher than expected (when Self-Selection Ratio SSR greater than 1.0 see Briggs- Myers & McCaulley, 1985)
- ✚ ENFP's (17.7%) and ENTP's (11.3%) accounted for almost 30% of the sample. There were no ISTP's

Part Four: Food Sensitivities

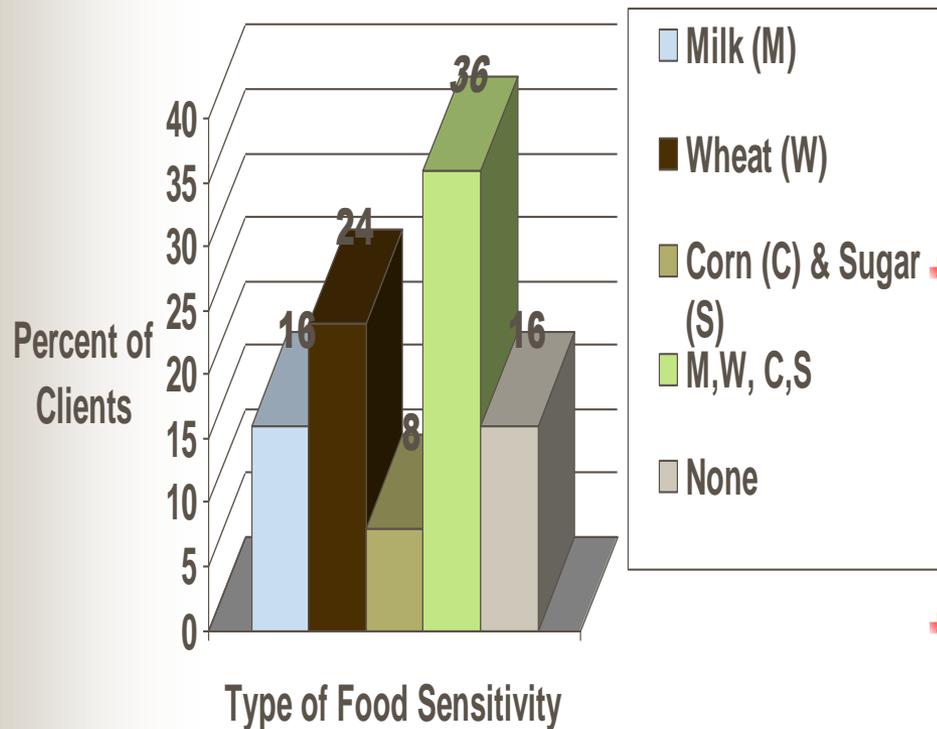




Foods Sensitivities

- Milk Products – colds, flu, earaches
- Wheat – bad moods – Dr. Jekyll/Mr. Hyde
- Corn/Sugar – “obsession” with corn/sugar

Type of Food Sensitivity



- ✚ 24% of clients showed improvement when Wheat was removed from their diet, 16% with Milk and 8% when both Corn and Sugar were removed

In total, 48% of the clients showed symptoms of being sensitive to only one food group; while 36% were sensitive to one or more food groups (W,M, C/S)

- ✚ For 16%, there was no change in their symptoms when W or M or C/S was removed from their diet

Part Five: Other Factors



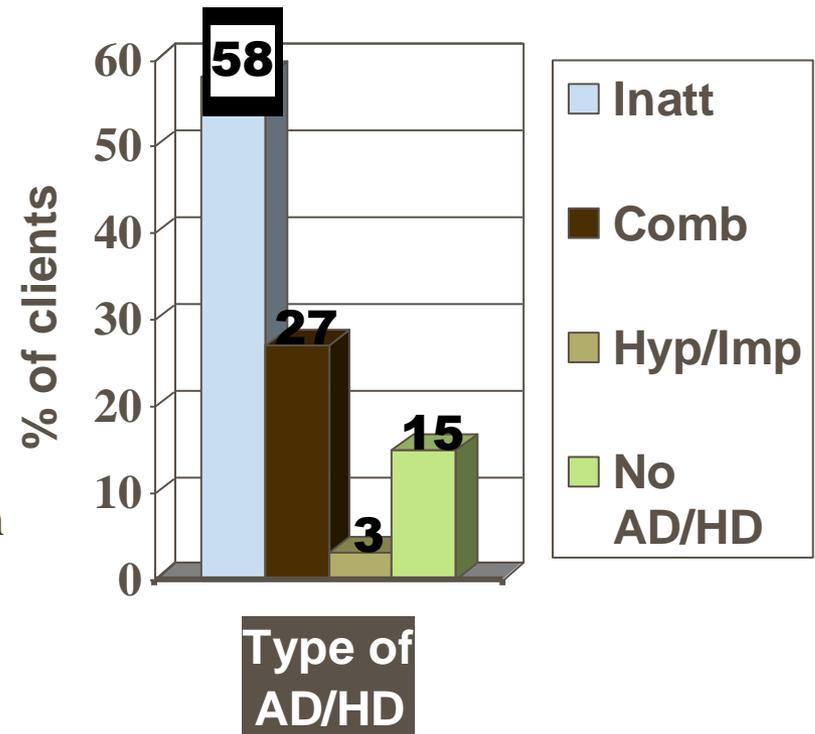
What makes you unique?



- Interests
- Talents
- Past Traumas that may need to be treated with EMDR
- Values
- Spiritual Beliefs

AD/HD Diagnoses

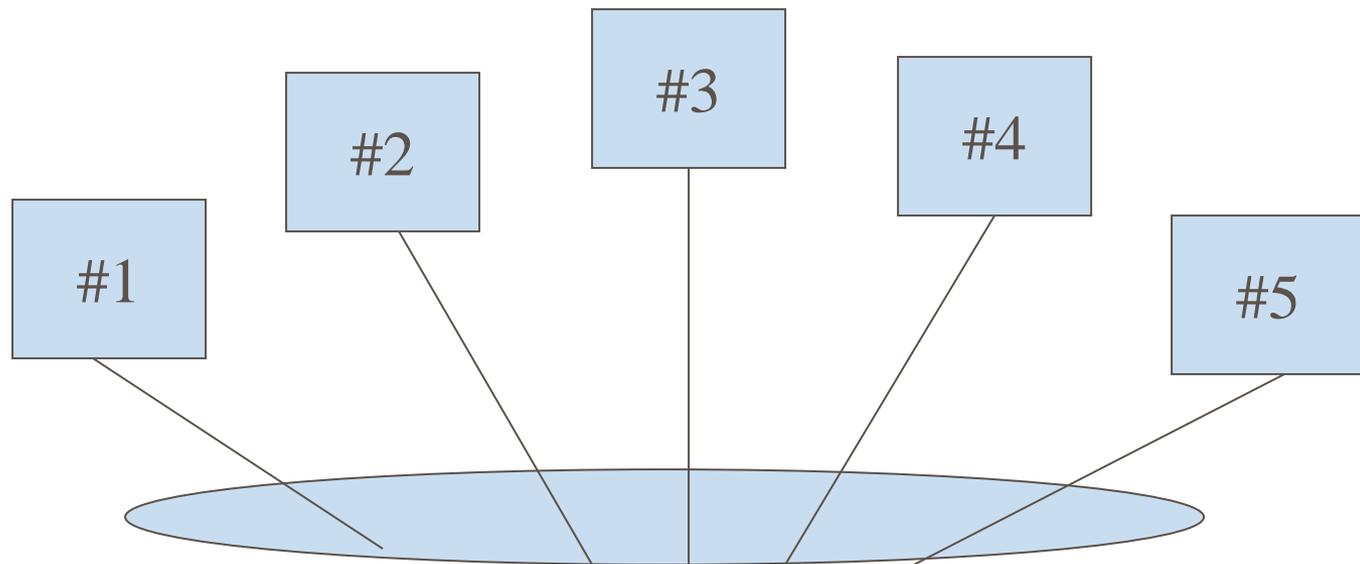
- Of 65 clients, referred for attention concerns, 85% obtained a formal diagnosis of AD/HD:
- 15% of clients reported relief of attentional symptoms through dietary intervention (no AD/HD)
- 58% of clients were diagnosed with AD/HD Predominately Inattentive Type
- 27% either Hyperactive/Impulsive or Combined Type





**Attention
DELUXE
Dimension**

Channel-Surfing Brain



AD/HD Treatment

Of

✚ Medication	54%
✚ No Medication	46%

In 54% where medication was desired, it was:

✚ Ritalin	28%
✚ Dexedrine	8%
✚ Stimulant and Anti-Depressant	6%
✚ Other combination of Rx	5%



Conclusions

The data supports the cost-effectiveness of the Empowerment Plus® for the diagnosis and treatment of AD/HD for:

- ✚ both children and adults (5yrs. to 41+ years)
- ✚ males and females
- ✚ all sub-types of AD/HD

Three-quarters of clients:

- ✚ were served in 10 hrs. or less
- ✚ indicated Good to Excellent satisfaction with goals attained

Through dietary intervention alone, within one week:

- ✚ 85% indicated improvement of physical symptoms
- ✚ more than 15% obtained complete relief of attentional symptoms

Subsequent data have suggested that other health care professionals may be able to apply the Empowerment Plus® model with effectiveness given appropriate training and use of a manualized protocol.