

**A Retrospective Evaluation of Empowerment Plus®:
An Integrated, Innovative and Cost-Effective
Approach to Attention Deficit/ Hyperactivity Disorder**

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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
- ✚ 13% of clients experienced relief of symptoms with dietary intervention alone
- ✚ only 10% required an in-depth psycho-educational assessment.

Introduction

The diagnosis and treatment of AD/HD is a controversial area with increasing polarization among professionals and consumers.

Recent CAM research (Cole and Siegel, 2003; Kemper, 2001) indicated need for an approach to AD/HD that is:

- ✚ Practical
- ✚ Integrated
- ✚ Cost-effective
- ✚ Respectful of differing values and beliefs

Empowerment Plus® is a consultative method which has been designed to meet the above goals. It works by helping clients understand and celebrate who they are (Scholten, 2003).

Methodology

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

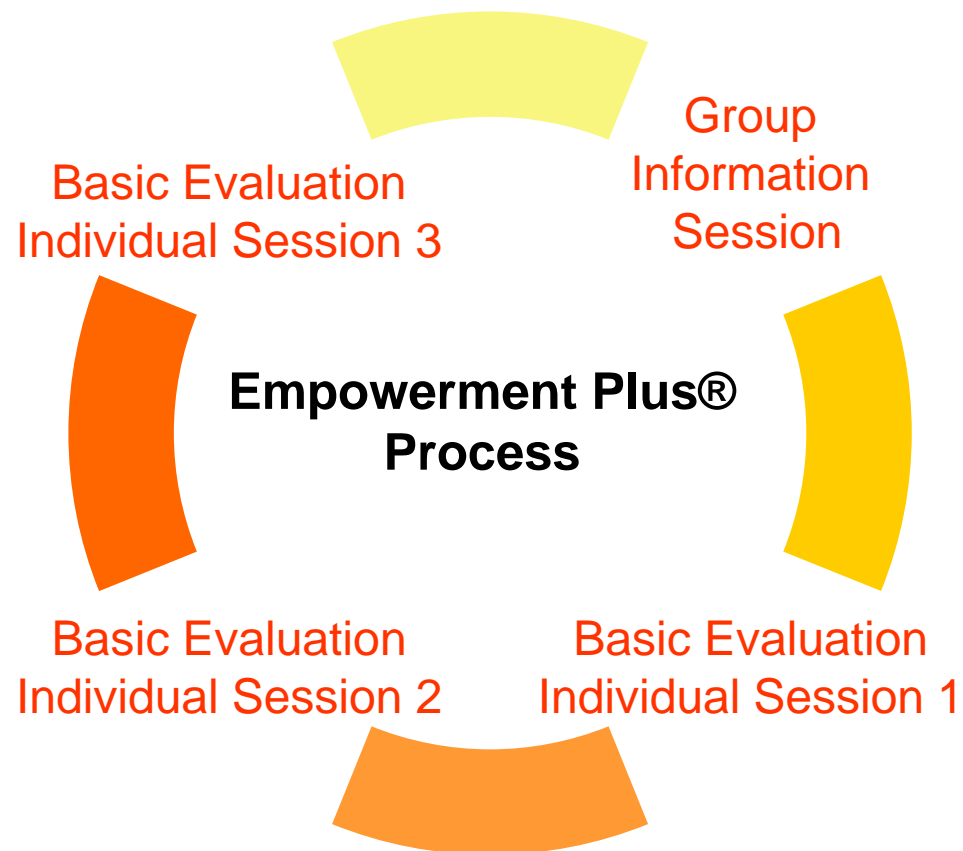
Clients were excluded for the following reasons: the client received services for other issues (such as marital counseling, behavior management, trauma treatment), clients were members of the same family, or the client did not complete the evaluation process.

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.

Empowerment Plus[®] *Method*



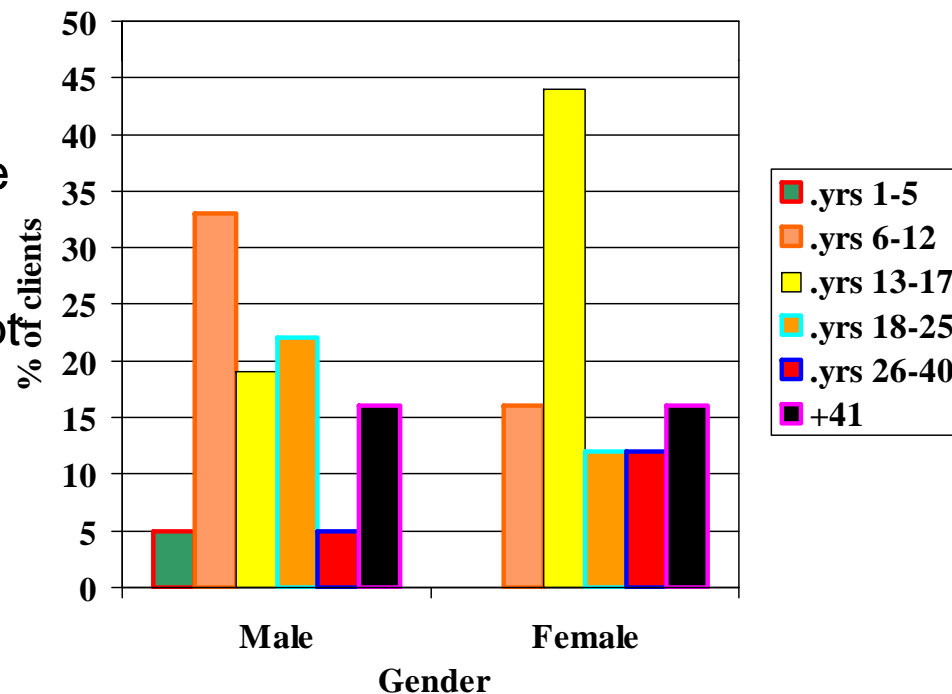
Empowerment Plus[®]

Method

1. Group Information Session (1 hr.) – held once per month
2. Empowerment Plus[®] Basic Evaluation:
 - ✚ Individual Session 1 (2.5 hrs.) – consultative assessment to help client 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
 - ✚ Individual Session 2 (2.5 hrs.)- held one week after Session 1 - Diagnosis (Dx) and choice of Treatment (Tx) in which medication (Rx) and/or nutraceutical supplements are considered for treatment of AD/HD
 - ✚ Individual Session 3 (1 hr.) –Follow-up Evaluation of Tx - held 3-6 weeks after Session 2
3. Additional intervention if needed.

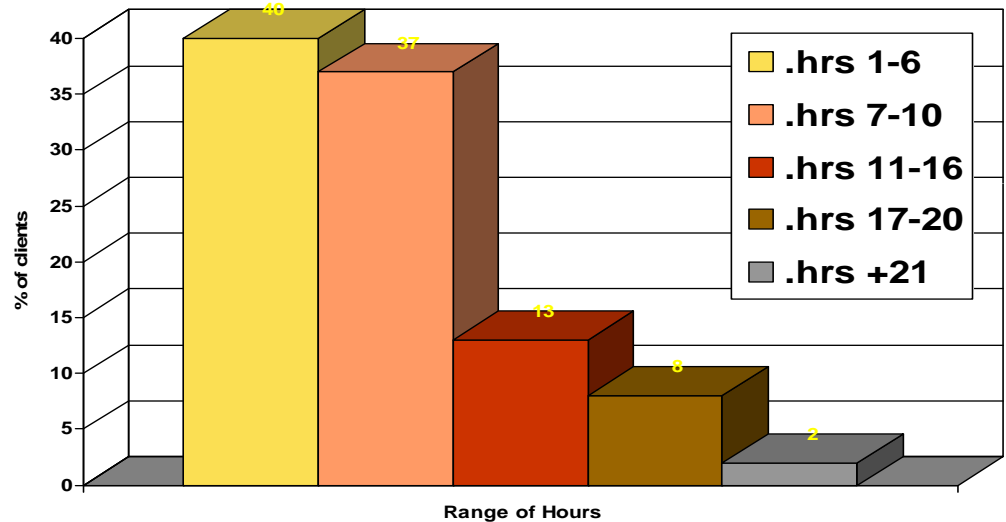
Participant Age & Gender

- ✚ 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

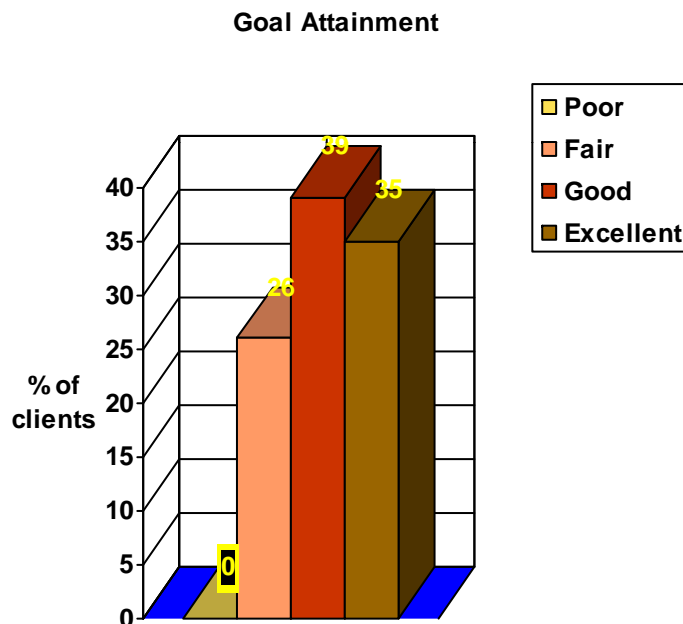


Range of Hours

- ✚ 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



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)

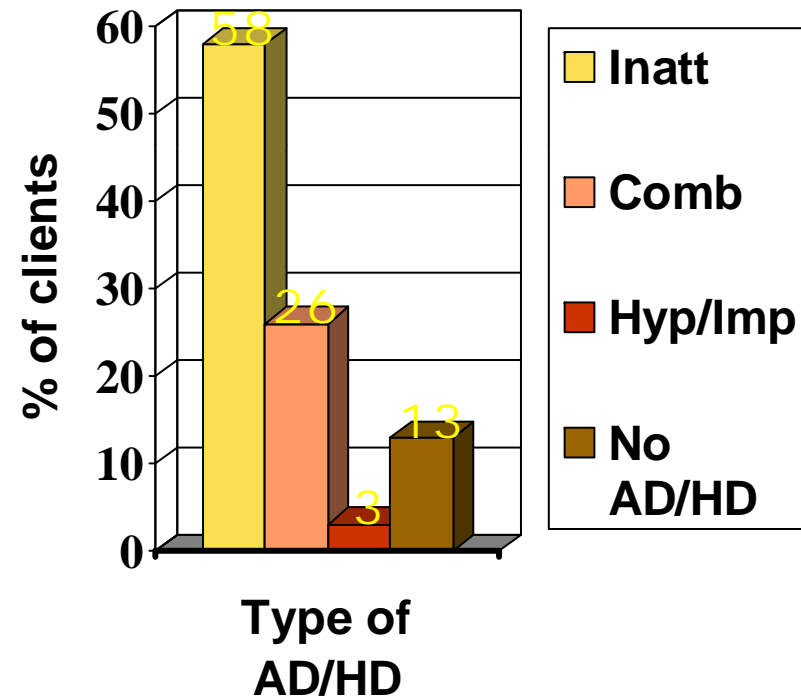
74% of clients rated their level of goal attainment as Good to Excellent

26% achieved Fair results; none were Poor

AD/HD Diagnoses

Of 62 clients, referred for attention concerns, 54 obtained a formal diagnosis of AD/HD:

- ✚ 13% of clients reported relief of attentional symptoms through dietary intervention (no AD/HD)
- ✚ 58% of clients were diagnosed with AD/HD Predominately Inattentive Type
- ✚ 29% either Hyperactive/Impulsive or Combined Type



AD/HD Treatment

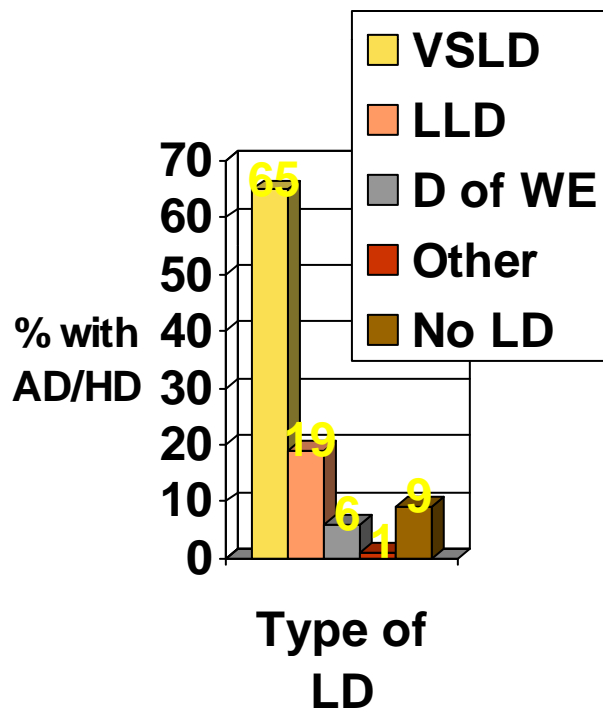
Of 54/62 clients who were diagnosed with AD/HD, they chose:

✚ 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%

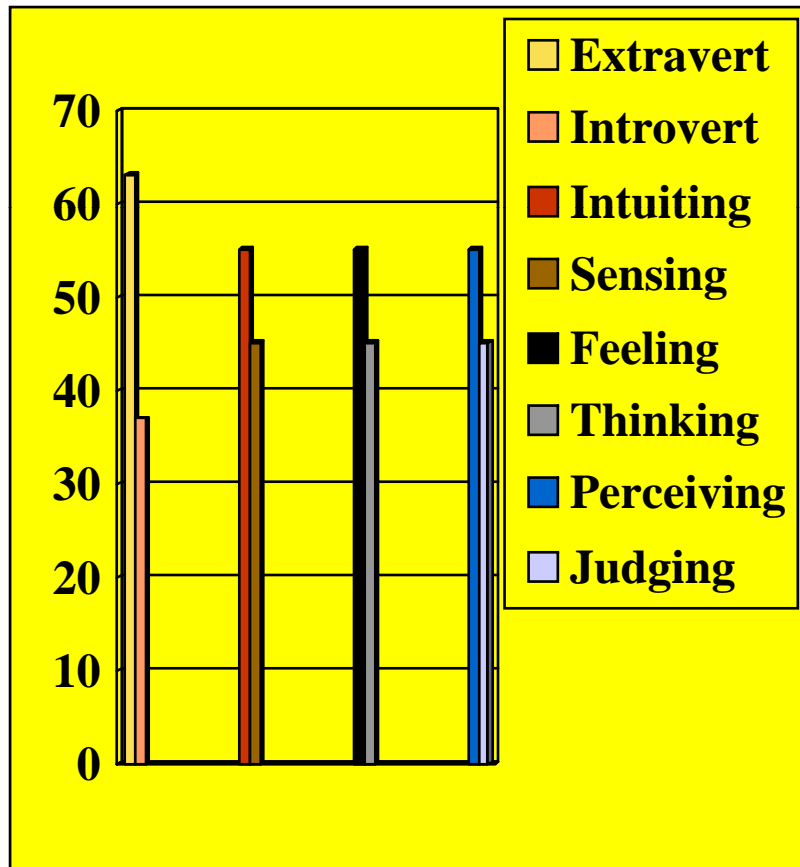
Learning Discrepancies (LD)



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

- 66% had a Visual-Spatial LD
- 19% had a Language LD
- 6% had a Disorder of Written Expression
- 1% some other LD
- 9% no LD^L

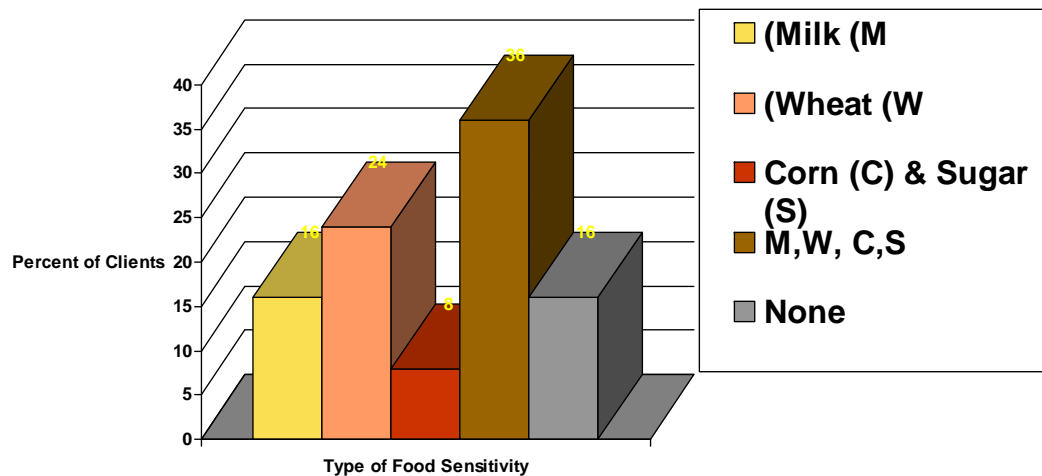
Personality Type



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

Type of Food Sensitivity



- ✚ 24% of clients showed improvement when Wheat (W) was removed from their diet, 16% with Milk (M) and 8% when both Corn (C) and Sugar (S) were removed
- ✚ Challenge test indicated that 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)

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% of clients reported improvement in symptoms
- ✚ 13% of clients (included in improved group) obtained complete relief of attentional symptoms
- ✚ 15% of clients reported no difference in 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.

References

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