

HEALTH

Parenting Linked With ADHD

Study: Overly Critical Moms And Dads May Contribute To Kids' Persistent Symptoms

By ARIANA EUNJUNG CHA, Washington Post

If you've ever plopped down on your bed exhausted after chasing around your inattentive and hyperactive kid all day and wondered with self-doubt - "Could it possibly be me?" - a new study gives some credence to your worst fears. While scientists still haven't determined the cause of attention deficit hyperactivity

disorder and believe it is a mix of genetic and environmental factors, there's a new theory about why the symptoms seem to go away in some kids but not in others. It has to do with Mom and Dad. Erica Musser, an assistant professor of psychology at Florida International University, and her colleagues studied 515 families with children with and without ADHD, ages 7 to 11 when the study began. Of those with ADHD, 69 percent were male, 79

percent were white and 75 percent lived in two-parent households. About 30 percent had the inattentive type of ADHD and 70 percent the combined inattentive hyperactive type, a breakdown that is similar to that in the overall population. Over three years, the researchers measured how those children's ADHD symptoms changed and how this was related to their parents' levels of criticism and emotional involvement. The children's

ADHD symptoms were obtained through parent and teacher questionnaires. The study, which was funded by the National Institute of Mental Health, aimed to try to provide some insight into the perplexing question of why the trajectory of kids with ADHD seems to diverge during the teenage years. About half of kids with ADHD see their symptoms drop off at that time, while the other half do not. Previous ADHD, D5



PUBLIC SAFETY dispatchers Christina Wood, from foreground, Kara Selvage and Stephen Dubasak at their work stations at Harford County government's dispatch emergency call center in Forest Hill, Md.

TECHNOLOGY

EMERGENCY SHIFT

Cellphones Are Changing 911 Services, With More Calls Going Elsewhere

By ALISON KNEZEVICH and PAMELA WOOD, The Baltimore Sun

Kate Bergstrom was home alone with her toddler when the allergic reaction began. Her throat started to swell. It became difficult to breathe. There was no one else to help her.

As precious seconds ticked by, the Baltimore County woman reached for her cellphone and tapped 911.

But when the call connected, she got a dispatcher in Baltimore City - the wrong jurisdiction.

It's a problem that has grown increasingly common across the country: As more people rely on cellphones to communicate with the wider world, more emergency calls are going to dispatch centers in other towns, counties, even states.

When a caller dials 911 on a landline, the telephone grid routes the call to the correct dispatch center, and the 911 system tells the dispatcher the caller's address, which helps emergency responders get to the scene.

But a cellphone tries to connect to the nearest cell tower, which might or might not be in the caller's jurisdiction. And cellphone technology does not always provide a caller's precise location to a 911 system.



A DISPATCHER'S digital switchboard linking with other jurisdictions' emergency contacts at Harford County government's dispatch emergency call center in Forest Hill, Md.

Dispatchers who are able to figure out that a caller is in another jurisdiction can forward the call to the right center.

But in an emergency, a delay can be fatal. A newspaper delivery woman who drove into

a pond in suburban Atlanta early one dark morning in December 2014 had time to dial 911. But the call went to another county, and

CELLPHONES, D5

Advertisement for the Hartford Courant app. It features a smiling woman on a phone, the Hartford Courant logo, and the text 'Know What's Happening Always know, wherever you go. Hartford Courant'. It also includes a 'Download Today' button with App Store and Google Play logos.

## HEALTH &amp; WELLNESS

## ADHD

Continued from Page D1

studies have also shown that about a fourth of teens lose their diagnosis by the time they reach young adulthood. For those whose symptoms persist, the consequences can be serious and include drug abuse and addiction, school dropout, criminality and antisocial behavior.

In order to characterize a parent's relationship with a child, the researchers used what's known as a five-minute speech sample. Parents were asked in a very open-ended way to "tell us about your child and relationship with your child" for an uninterrupted period of time. Those descriptions were recorded and researchers went back and

assigned codes to various words, phrases and other patterns. A comment that "Charlie is a really bad kid. He's always getting into trouble" would merit a higher score for being critical than, say, "Charlie sometimes does bad things."

"The shift there is about talking about the behavior critically versus the child. This was one of the key aspects of the parent-child relationship that seemed to be affecting stability and change," Musser said in an interview.

Parental emotional over-involvement was noted if a parent did things like cry while talking with researchers, described the child and themselves as if they were one entity, expressed extreme self-sacrificing thoughts, how the child impacted their own self-esteem, or indicated overprotectiveness.

This test was conducted twice, with one year in between.

The analysis of the data, published in the Journal of Abnormal Psychology this week, had some surprises. First, it showed that parental emotional over-involvement did not seem to impact whether a child continued to have ADHD symptoms into the teenage years.

On the other hand, sustained critical parenting — which was defined as high levels of harsh, negative statements about the child at both measurements — appeared to be associated with the continuance of ADHD symptoms. Musser said that this finding, if confirmed, could lead to new types of interventions that focus on family well-being as a way of treating the disorder, which impacts an estimated 6.4 million children in the United States.

"Knowing parents may be overly critical and be sending their child down a more negative trajectory can help them change their behavior," Musser said.

Musser and her co-authors explained in the study that "this is consistent with prior work that has shown that the emotional over-involvement domain may be more strongly associated with internalizing symptoms, such as anxiety, while the criticism domain tends to be more strongly associated with the types of externalizing symptoms examined here."

The researchers also looked at severity of ADHD symptoms at the onset of the study and medication, as well as the presence of other conditions like anxiety and oppositional disorder, and did not see any of these factors impacting the overall trajectory.

They cautioned that because the study is observational there's no way to definitively tell whether it's the criticism that's influencing ADHD symptoms or the other way around — with the ADHD symptoms influencing parent criticism. "It could be because of negative halo effects by parents who experience negative affect and see their child as highly hyperactive also," they wrote.

Musser said another interesting aspect of the findings is that there were some children with critical parents who saw their ADHD symptoms decrease. That raises questions about why some children may be more resistant to parent criticism and others more susceptible. Is it temperament? Emotional self-regulation skills?

"If we can figure out that skill set," she said, "we may sort of have a double-edged approach."

## Cellphones

Continued from Page D1

dispatchers were unable to determine the woman's location.

The car sank. The woman was trapped and later died.

In an emergency, former Federal Communications Commission official Jamie Barnett said, minutes "can literally be a lifetime for somebody."

Barnett, former chief of the FCC's Public Safety and Homeland Security Bureau, led Find Me 911, a coalition that lobbied to improve the accuracy of 911 location information.

"Is the person going to remain conscious?" asked Barnett, a retired Navy admiral. "Is the cellphone going to drop the signal?"

"There are any number of things that can go wrong."

The problem is as old as cellphones. But as Americans abandon their landlines, it's growing.

In 2003, 96 percent of U.S. households had landlines. A decade later, the proportion had fallen to 53 percent. Today, more than 70 percent of 911 calls nationwide are made on cellphones.

Now federal and state officials are trying to catch up.

New federal rules require the wireless industry to improve the technology for locating cellphones used to dial 911. A federal work group convened by the FCC is studying how to prevent emergency cellphone calls from being misrouted. Technical advances such as 911 texting are

becoming more accessible.

There is also a federal push for dispatch centers to move toward an Internet-based system called Next Generation 911. The system would not only help prevent misrouting and improve location accuracy, but would eventually also let callers send videos and other multimedia messages to dispatchers.

The FCC has estimated that the transition to Next Generation 911 nationwide could cost up to \$2.68 billion over a decade.

Technology exists to track cellphones. But it's not yet precise enough to always pinpoint exactly where a person is located.

"What is wrong and where — those are the two key things that we have to know," said Ross Coates, public safety manager for Harford County in Maryland.

Of the 210 cellphone calls the Harford center receives daily, about eight come from another jurisdiction — mostly Baltimore and Cecil counties, but also Baltimore City, and occasionally Pennsylvania.

When a cellphone call comes in, the center receives the GPS coordinates.

But those coordinates are not always exact. Current federal law requires wireless carriers to provide location accuracy to within 50 to 300 meters, depending upon the type of technology used.

Coates said it isn't enough. "If you're on the edge of the cornfield or in the middle of the cornfield, chances are we can find you," he said. "But when you're in a heavily wooded area or you're in a downtown metropolitan area, that can still add to some complications of locating our callers."

For callers, getting the wrong jurisdiction can still be disturbing.

Bergstrom, who lives in the Anneslie neighborhood of Towson, Md., was suffering an allergic reaction to ibuprofen. As she remembers it, it took the Baltimore City dispatcher about a minute to figure out where she was and to redirect her call.

"It's very concerning that my cellphone doesn't go correctly to 911," Bergstrom said. "I just want to be sent directly to the right people."

In one highly publicized case, 31-year-old Shanell Anderson of Sandy Springs, Ga., was trapped in her vehicle, which was sinking into a pond, in Cherokee County at 4 a.m. when she called 911. The call was routed to a dispatcher in neighboring Alpharetta.

"We could not plot where her location was," said George Gordon, spokesman for the Alpharetta Department of Public Safety.

Rescuers found Anderson more than 20 minutes after her call. She died at a hospital days later.

The FCC is pushing the wireless industry to increase location accuracy for mobile emergency calls.

In 1996, when the FCC first adopted rules for wireless 911 calls, it required carriers to determine the location of the caller. But back then, most 911 calls originated outdoors, from motorists on the road. The technology wasn't ideal for determining the location of a caller inside a building — where a growing number of calls now originate.

New rules adopted in 2015 require carriers to be able to provide a caller's location within 50 meters for 80 percent of all wireless 911 calls by 2021.

They also require development of technology that will determine how high up a caller is in a multistory building.

Barnett, of the Find Me 911 coalition, said

the group was disappointed in the final rules. The coalition, which included 911 operators, first responders and professional organizations, received funding from True Position, a company that develops location-finding technologies.

Barnett said earlier proposals were stronger and had shorter timelines. The wireless industry — which helped develop the rules the FCC ultimately adopted — contended that it was impossible to meet the previously proposed benchmarks and timetable.

The new rules will "assure widespread improvements for first responders," Meredith Attwell Baker, president and CEO of cellphone industry group CTIA-The Wireless Association, said when the rules were adopted in January 2015.

FCC Chairman Tom Wheeler has described the new regulations as "a beginning, not an end."

"We should not be satisfied with a situation where Uber can consistently find a user's house via an app, but the EMT's location fix is within half a football field 80 percent of the time," Wheeler said in a statement last year.

One component of Next Generation 911 is the ability to text 911 — a technology officials say will help people with hearing disabilities, and those in situations where calling 911 would endanger the caller.

"Many people just assume that you would be able to communicate just as you would with your friends," with texts, pictures and videos, said Brian Fontes, CEO of the National Emergency Number Association. "You would think you have that ability with 911, but you don't. We're stuck in last-century technology."

## He's Heterosexual, But He Loves To Dress As A Woman



RUTH WESTHEIMER

**Q:** When I was 45, I started dating a lovely woman. She started asking me to wear a nightgown to bed, and I complied, as the sex we were having was excellent. Then she had me wear women's panties, slips, bras and dresses. It was gradual, but eventually she would dress me up entirely as a woman, and I have to admit I learned to like it. Then I had to move to another state because of my job. I am dating a woman who wouldn't understand my dressing up like this. I have a very nice wardrobe, and every day after I get out of work I rush home to change into these clothes. And if my lady friend calls and says she wants to come over, I tell her I have to go out, as I don't want to have to take them off. Before I met this other woman, I never thought about wearing women's clothes, but now all I want to do is be at home dressed this way. What would you tell me about changing back or going on living the way I am?

**A:** This is a complicated issue, because, as you've noted, if you continue to dress as a woman regularly, you're probably going to lose the new woman you're seeing. And you might not find another, and so you will be very lonely. But this isn't a question that I can answer. Only you can figure out what you want to do, and so I'd strongly suggest that you see a therapist, with whom you could talk about this.

**Q:** My wife is 55 years old and has been going through menopause for the past two or three years. We used to have a very active and satisfying sex life, but now she's claiming a seemingly progressive loss of interest in having sex. She says that physically she's just unable to respond, although she'd like to. It's driving me crazy. She has been to medical doctors and gotten several medications, but none has seemed to help. Is this result of menopause a common one?

**A:** Menopause does cause changes in a woman that can affect her sex life, but usually these can be managed. But it seems her doctors haven't been able to provide her with the relief she seeks. So maybe the problem isn't physical but mental.

Some women who haven't really enjoyed sex all that much use menopause as an excuse to stop having sex. So I'd advise you to have a talk with your wife and see if she has any complaints about the way you have sex and also about your love life in its entirety. Is there enough romance in the relationship? Maybe an increase in your attention is all it would take to get your sex life going again. But I can't tell what's going on from my vantage point. You need to see a sex therapist

**Q:** Oral sex seems very popular these days, especially among senior citizens. Are there any harmful effects for either one? Seems a subject no one wants to discuss.

**A:** It's an important question that does need discussion. It's popular among seniors because of the changes that occur in both men and women as they grow older. A woman's natural lubrication lessens, and so intercourse can be painful. Artificial lubricants offer one solution, but even they sometimes aren't enough. Oral sex performed on a woman gives her the sexual stimulation she needs to have an orgasm without the pain. And oral sex on a man can be more stimulating than intercourse, and as a man grows older, he may need this added stimulation to obtain and maintain an erection.

**Q:** I'm 14 and have gone out with only two guys. I know you can catch the kissing disease, mono, by exchanging saliva, but I'm really worried about catching AIDS. I've turned down some guys because of this fear, but there's this really cute guy I'd like to go out with, and I'd like to know whether it's safe to kiss him. He's 18, but I look much older than I am, so I'm pretty sure I could get him to want to go on a date with me.

**A:** HIV is not spread through saliva; however, if someone were bleeding in his mouth — say, he'd bitten his tongue — and then you kissed that person and you had an open sore in your mouth, like a cold sore, then you could catch AIDS. So the risks are fairly small, but they're not zero.

I'd say you are better off dating guys your age, who probably have not had sex with anyone yet, so that the risks of catching any disease by kissing them would be much less.

*Dr. Ruth Westheimer is the author of "Dr. Ruth's Sex After 50" (Quill Driver Books) and "Sex for Dummies" (IDG Books). Have a question for Dr. Ruth? Write to her at [drruth.com](mailto:drruth.com).*

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