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EDITOR'S GREETING



Hello again,

This issue is all about the upcoming festival "Bèl Bagay Lakay" that is scheduled for July 30th and 31st of this year.

Your presence made it the success that it has become. Needless to say, we want to see you again! So, in every page, or whenever we could manage it, we included a prompt to ensure that it captures your attention and finds space in your memory bank. However, this is not all that you will come across. As you read through, you will run into a comprehensive article on Attention Deficit/ Hyperactivity Disorder in children and adolescents, get news about the successes of our children and an exceptional community member, meet our new community residents, and learn about community members who have transitioned to the afterlife.

You have a lot of edifying and exciting information ahead, so goodbye for now! Happy reading!

The Editor
Jean-Claude Dutès, Ph.D.
Retired Clinical Neuropsychologist ■

Nou paka pala!
You gotta be there!
July 30th—31st, 2022
Bèl Bagay Lakay
Arts & Crafts Festival
Farmington Riley Park &
Sundquist Pavilion

IT TAKES A COMMUNITY

IT TAKES A COMMUNITY

by Maggy Corkery

Generally, the word "community" evokes for most people a physical location. In this instance, when referring to a community, the word conjures up the image of a place, a neighborhood, or a town in which one lives. On the other hand, there are times when we find that the notion of community goes beyond a physical location, and that it involves something more private; something that prompts people to connect, find a common goal and work together to ensure they reach that goal. In those instances, the physical location is no longer essential for people to feel that they are part of a community, part of something that has become so important to them that they are willing to go the extra mile to ensure that the common goal is reached. Such is the case when it comes to HNGD's Bèl Bagay Lakay Festival.

This year will mark the 4th edition of our biennial event. Many are committed to make this event a success and they have indeed gone the extra mile to reach this objective. First there is the Festival committee comprised of individuals from Chicago, New Jersey, New York, Ohio, Florida and of course Michigan. Then there are those in Metro Detroit like Edouard Edelin, Marie Noël and Gracie Xavier who have wholeheartedly lent their skills and talent to support this endeavor and are making HNGD look good in the process.

As we count our blessings, we cannot forget a special group of people who continue to believe in the importance of having this festival and appreciate what it represents to our community. Rilck Noël, Dr. Jean Alcé, Dr. Serge and Rose Marie Jean-Louis, Sophia Chue,

Ime Ekpenyong and Nicolas Paul (Ohio) we thank you for being repeat sponsors of Bèl Bagay Lakay! Don't believe for a second that this all the people we have backing us up! The list of "community members" is quite extensive. Several Metro Detroiters have already signed up to volunteer. Not to be outdone, our young people have been working hard so they can add their special touch to the festivities. Bèl Bagay Lakay has die-hard fans from all over: Indiana, Maryland, West Virginia, and Miami; they all answered the call and will all be in attendance to help the festival attendees discover the beautiful things Haiti has to offer.

This year, we wanted to advertise for the event in a very special way. Lo and behold, a new "community member" from Boston came to our rescue. Ketlyne Cantave offered to help pay for an oversized float on wheels that's guaranteed to get oohs! and aahs! from onlookers at the Farmington Founder's parade on July 16th. This unexpected contribution was complemented by donations from other out of towners: Yolène Paul-Blanc (Indiana) and Réjane Pierre Tyler (Chicago). This is what a real community is about, togetherness and solidarity to attain the common goal of celebrating Ayiti Cheri! On July 30th and 31st, the limitless and mighty HNGD community will congregate in Downtown Farmington to showcase many beautiful things from Haiti. Nou paka pa la! You gotta be there!



Purchase tickets on Eventbrite

https://www.eventbrite.com/e/krik-krak-a-humorousstorytelling-session-celebrating-haitian-culture-tickets-368384236167

ATTENTION DEFICIT/ **HYPERACTIVITY DISORDER:** THE SELF REGULATION CHALLENGE

By Jean-Claude Dutès, Ph.D.



Young children of pre-school years are usually active, energetic, and curious about the world around them. Moving from object to object, they are driven to explore their surroundings, investing little time in any one thing while gravitating towards novelty. Without any discernible plan, they look, touch, grab and interact with objects and those around them. From time to time, when their interest is piqued, they may shake an object and even try to take it apart. Over time as the child develops and grows and their brain strides towards maturity, this erratic activity lessens just as their attention span expands, and interactions with their environment become more purposeful and planful.

Now imagine a group of children who are stuck at that early pre-school phase while they are in kindergarten or in first grade, or who continue to have similar difficulties in a more subtle manner when they transfer to middle school, high school, or college. The school setting requires greater selfcontrol over one's urges and the ability to allocate one's attention to activities that are not immediately rewarding. Sitting in one seat and resisting urges to move toward objects or to engage others in the classroom is a minimum requirement.



Being able to sustain one's attention on what is going on in the classroom, more particularly on what the teacher is saying and doing, is a challenge for many youngsters with an atypical brain. Compared to other children, their brains predispose them to display excessive motor activities and inattention that interfere with their ability to learn at a level consistent with their intellectual ability or to engage in social interactions with their peers at a level consistent with their age. Below are a series of vignettes describing behaviors characteristics of these children and some of the challenges they present to parents and teachers.

A MOTHER'S ORDEAL

Jésula just got home and was getting ready to leave to attend her son's first teacher-parent conference for the new school year. While dressing,

she called out to him for the third time telling him to get ready. The boy is playing a video game and does not say anything or move, keeping his gaze set on the TV screen, moving his body in contorted ways while vocalizing inaudible noises conveying either a feeling of triumph or frustration depending on his performance.



In an exasperated tone, the mom called out again in a threatening tone this time, "Mèsidieu, you hear me?" she shrieked, "I do not know why your head is so hard. You better get off that chair and get ready. I am tired of having to tell you the same thing over and over again... I am telling you again, I am going to take that game away. That is all you want to do!"

Mèsidieu looked up and seeing his mom coming out of the bathroom with her belt in hand, got up quickly, said something under his breath and walked into another room.

"God help me, ti gason sa pa tande, tèt li di konsa!" or this boy does not listen, he has a hard head, Jésula said to herself in a pensive mood.

Sheepishly, Mèsidieu came out of the room and looked at his mother as if to say, "here I am let's go." Jésula taking one disgusted look at him told him to pull his pants up adding "I better not hear about you bothering other kids doing their work and instigating fights. Have you been staying in your seat like you are supposed to? Se pa tenten m voye w al fè lekol" or "I did not send to school to be a class clown."

Without pausing to let him answer, she said, "you better have, or you are going to be in big trouble."

"What about your homework, did you finish it?"

"I was about to work on it when you told me to go get ready" as if casting blame.

In a voice combining frustration, exasperation, and irritation, she exploded, "Mèsidieu, don't play with me. You have been home since 3 pm... what have you been doing? You had better not be playing video games when you were supposed to be doing your homework."

Feeling cornered trying to explain, Mèsidieu said in a muffled voice, as if he were whispering, "I tried but it's boring."

Jésula was about to say something but thought the better of it. Turning back to look at him she said, "We will see. Your teachers better give me a good report. I work too hard for you to be messing around."

Silently, she thought to herself, I hope they don't tell me he has ADD, like this other awful neighbor boy who was caught stealing hubcaps. "O Bondye, banm kouraj, tete pa janm twò lou pou mèt li" or "good God, give me strength, I know you never give your children more than they can handle." Briefly

pausing, and looking up, with her hands joined together in a supplicating stance, she said to herself "manman Marie, you gave me that child, you cannot leave me by myself. I don't know anymore; he does the same thing over and over again; even whipping him does not work anymore. He does everything in a hurry and is always getting into accidents. All he is good for is playing that stupid video game and talking to his friends. Mother Marie, you are a mother like all mothers, a woman's pain is every woman's pain, please help me with this boy... I don't know what to do anymore."

TRAUMATIC EXPERIENCES

Sandra's mother recently divorced and is starting to date a man she met on the internet. After the man met Sandra at their home during a visit, she started having trouble sleeping at night and wanted to sleep with her mother. She seemed more moody than usual but mostly irritable and on edge.

Her mother Didi describes her as an extremely sensitive child who was overly attached to her father. Like him, she said she is always in a daze in her own world and very prone to accidents. She remembers how hard it was for Sandra to leave her



when she came to the United States. At the time, she was seven years old. Holding onto her mother's dress, her father had to gently pry her away. Afterwards, she could not sleep and eat for weeks.

One of her aunts said that Sandra, being the only child, was traumatized by the separation from her mother. In addition, now she has to deal with two other traumatic events: the loss of her dad through the divorce and the introduction of another man into her life before she has had time to heal emotionally. Both her mother and the aunt remembered that she was always slower to take in information but enjoyed playing the piano, which she would do for hours to the detriment of most everything else. An articulate girl of twelve years of age, she confided to her mother that she daydreams often in school and has problems keeping her concentration in class, even when she tries awfully hard.

GOLF OUTING GOES WILD

Andrew, a thirteen-year-old boy of Jamaican ancestry, turned a golf outing into a disaster. Hyper-excited, he could not contain himself. Moving about in his seat during the drive, he talked incessantly about Tiger Woods and his prowess and how happy he was to finally get to play. In the shop, while his father and uncle paid for the game and arranged

for a tee time, he occupied himself look- Continued on next page

ing at and touching the myriad items that were for sale. He picked up a golf club and was about to swing it just in time for his uncle to catch a glimpse of what he was about to do. The uncle heard him more than he saw him, as he was also talking aloud to himself, impervious to the other customers. Once on the course, he wanted to do everything at once, paying little attention to instructions. Most of all, at first, he just wanted to hit the ball. Instead of listening to instructions, he took a ball, placed it on the ground and hit it wildly, without taking an aim or any concern as to where it might land or about other players who were just ahead of them. With his father's and his uncle's focus off him for an instant, he jumped into the golf cart and started driving it at full speed, almost getting into an accident. Not at all bothered by what he had done or what might have happened, he seemed energized and enthralled with excitement. Needless to say, the outing became a two-hour exercise in ADHD management that left his father and uncle exhausted.

VISUAL LEARNER



Another ten-year-old boy that I worked with would complete his homework at a great cost to himself and his mother but ended up leaving it in his locker when it came time to turn it in. When he did his homework, he spent considerable time looking for a pen and finding his assignment sheets. Seeming to like math, he quickly runs through the assignment and refuses to work on any other subject, preferring to go next door to watch the neighbor who is an auto mechanic work on cars. According to his parents, he seems more attentive than at other times and is quick at catching on and offering his assistance. Joe, the neighbor thinks he is very smart and that he understands what to do just by watching him. His parents wished he would be like that in his classes. Very sociable, he spent more time talking to his friends while changing classes than did getting to his next class. While doing his homework, he tended to get marred in detail, seeming unable to decide what he should do first, going from one incomplete assignment sheet to another. Seeming overloaded, he had great difficulty organizing his work without assistance.

SLOWED INTAKE

An eight-year-old girl spent so much time daydreaming in class that she remembered truly little of the day's lesson. Her teacher, in order to make sure she was paying attention, had to repeat instructions at least twice to make sure she heard what was said.



Self-effacing and lacking self-confidence, she was very accommodating to her peers' wishes even when she did not like what they were doing and did not want to join them. They, in turn, looked at her as dizzy and slow because she took longer to catch up.

THE CHOSEN

JeanJean, a nine-year-old boy, lives with both of his parents, two older sisters and a little brother. He has been diagnosed as having an Attention Deficit/Hyperactivity Disorder, but his parents question the diagnosis. The father, an engineer, thinks that he is fine and prefers to describe him as "yon ti moun ki dezod," or a child who is high strung. In second grade, he usually gets good reports from his teachers but requires more of his teachers' attention than most of the others in his classes. He enjoys talking with other students more than following what his teacher is saying, and is constantly moving, fidgeting, speaking out of turn or occasionally uttering out a "salty" word. From time to time, he blurts out the answer to a question without raising his hand and seems in a hurry most of the time, rushing to be first or ahead of any line. This creates conflicts with his peers, but he does not seem to care. Other students are starting to shy away from him and refusing to play with him. They complained that he does not play fair and always wants to argue. Interestingly, he has an excellent memory even when he does not appear to be paying attention in class.

His father sees his behaviors as indications of leadership, explaining that JeanJean is able to affirm himself and to impose his will because he has a strong personality. His mother, a nurse practitioner, who pushed the father to agree to get him evaluated by a licensed psychologist with expertise working with children with behavior problems, does not know what to make of JeanJean. While she says she loves him to death, she also said that he is hard to manage and that he wears her out after being around him 30 minutes. She lovingly refers to him as "my energizer bunny."

JeanJean's grandparents who are still living in Haiti do not think there is anything unusual about him. Being enormously proud of their grandchild, they actually have a special affinity and fondness for him.



They tell his uncles and aunts that he is actually an incredibly lucky boy, explaining that a healthy boy is an active one and indicating there is more to JeanJean than meets the eye. When asked why that is, the grandmother once told them in a whis-

pering and conspiratorial tone that a powerful spirit told her in a dream that two powerful Vodou Gods: Guede and Ougou Feray have chosen him, and that he was destined for remarkable things in life.

ATTENTION DEFICIT/HYPERACTIVITY DISOR-DER (ADHD)

Current research literature indicates that ADHD is a brain disorder. It consists of persistent patterns of difficulty paying attention to tasks that are not intrinsically rewarding, being easily distracted, having problems being still, and acting impulsively. These symptoms interfere with the ability to address tasks until they are complete, to organize the environment to facilitate task completion, to resist urges to move about, and to follow through on intentions.

According to the *Diagnostic Statistical Manual of Mental Disorders, Fifth Edition*, Attention Deficit/Hyperactivity Disorder is "a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development." The DSM-V described three types of the disorder: hyperactive/impulsive; inattentive; and a combined mixture of the first two.

Daly and his colleagues in their concise and reader friendly book, *Attention-Deficit/Hyperactivity Disorder in Children and Adolescents*, state that ADHD "is a neurodevelopmental disorder marked by persistent patterns of inattention and/or hyperactivity-impulsivity symptoms that emerge during childhood and are functionally impairing across settings."

Not all children display all of the behaviors for each type. The diagnosis is made based on the presence of a set number and duration of symptoms, the age of the child--with symptoms needing to be present by age 12--and the number of settings in which they are noted. The diagnosis is more likely when symptoms are present at home, community and/or school settings than when observed only in one of these places.

MY BRAIN MADE ME DO IT

The brain is an organ made up of billions of nerve cells or neurons that are organized into specialized circuits that work together in a coordinated manner to support and direct our mental and physical activities. Daly and his colleagues indicate that converging neuroimaging research indicates that the right prefrontal cortex, basal ganglia, and cerebellum are the primary anatomic regions and basic circuitry underlying the pathophysiology of ADHD.

While there are negligible structural differences involving brain sizes and volumes between people with ADHD and those without it, research that looks into the activation patterns of the brain while participants work on certain tasks has revealed differences in brain activity and function. This

means that the prefrontal cortex and connected regions, which are associated with attention and self-control, work differently in persons with ADHD. For instance, in its publication Confronting Adult ADHD, the Harvard Institute of Medicine reports that "brain scans on people performing tasks known to stimulate these regions show less activation of the regions in people with ADHD." Interestingly, and consistent with expectations, "during tasks that involve processing and remembering new information, increased activity has been observed in regions involved in daydreaming, mind wandering, and thoughts about self and others." In other words, when attention is required, the ADHD brains loses intensity in its attention regions, while gaining intensity in its "fantasy" circuits. This helps explain reports, by persons with the disorder or being evaluated for it, of mind wandering and distractibility when performing activities requiring attention and concentration.



Another difference worth noting pertains to the communication system of the brain. Nerve cells communicate with each other by relying on a chemical substance called neurotransmitters. Of importance for optimal functioning of the prefrontal cortex is the complementary interaction of two such substances: dopamine and norepinephrine, with dopamine affecting attention, mood, movement, motivation, and norepinephrine influencing arousal levels. While dopamine and norepinephrine levels are similar in ADHD and non-ADHD brains, brains affected by the former have more dopamine transporters causing the neurotransmitter to be processed differently and to be less effective in its effect. Stimulants medications are believed to be effective by increasing the levels of these neurotransmitters.

CAUSES

It should be noted that while it is well established that ADHD is a brain-based disorder, it is not yet clear what is the real cause of the brain malfunction. The condition is thought to be related to the manner in which the brain developed during the formation of the nervous system. Reasons include genetic and non-genetic factors. Current research evidence points to a strong genetic contribution, with the disorder seeming more common among family members. According to Daly and his colleagues, genes account for about 70-80% of the variability in ADHD, "rendering it the most heritable of psychiatric disorders."

Non-genetic factors include premature birth, substance misuse, maternal tobacco and alcohol consumption, maternal stress, and exposure to environmental toxins during pregnancy. Peri-natal and post
Continued on next page

natal risk factors include birth trauma, viral infections, and head trauma. Based on the response of children with the disorder to psychoactive medications and the critical importance of dopamine for the proper functioning of the prefrontal cortex, some theorists attribute the disorder to a dysfunction involving the neurotransmitter dopamine. At this point, however, no causal relationships have been established with any one factor.

There is no evidence to suggest any relationship to parenting approaches, home environments, school settings, educational practices, sugar consumption, watching television, computer suage or video games. Home and school settings, depending on their structure, organization and practices, may exacerbate or minimize the behavioral expression of the disorder.

PREVALENCE/COURSE

According to Dr. Daly and his colleagues, ADHD affects 3-10 % of school children and 2-6% of adolescents in the United States. Compared to what one may hear from members of non-majority cultural groups, it is not a "white" children's problem; it exists in all cultures according Dr. Daly and his group, with a global prevalence rate of 5.3% among children and adolescents. Differences in how symptoms are identified and interpretated across cultures and ethnicities are not yet well understood. The condition also tends to be less pronounced and less prevalent among girls, and there are two boys for every girl diagnosed with the disorder. While boys generally tend to display more hyperactivity than girls, the disorder can also be manifested through excessive physical activity and aggressiveness in girls, just as in boys, the primary symptom can be inattention.

While the symptomatic picture changes over time, the disorder continues into adulthood, with severity of symptoms being the best predictive factor. Current research indicates that the more severe the symptomatic presentation during childhood, the less optimistic the prognosis is for adulthood. 50-80% of children carry the disorder into adolescence. Many children, however, experience a lessening of symptoms as they grow older. In many, by adolescence hyperactivity and impulsivity change into restlessness and impatience. Eighty percent of adults continue to report some symptoms, according to research studies.

ADHD often is present with another mental health condition. Dr. Daly and his colleagues report that research studies indicate that 80% have another mental disorder. Children with ADHD are often also diagnosed as having a learning disorder and are at greater risk than other children for having an oppositional, conduct, anxiety, and a mood disorders.

While attention is one of the core symptoms of ADHD, not all attention problems are due to ADHD. Many children in our community have experienced multiple traumas due to the emigration of their parents or primary caregivers. Reunification with a parent who has become a stranger can be as traumatic as the earlier separation was for a child or an adolescent. Fear of physical punishment, expectations of loving behaviors towards a caring parent who has become emotionally estranged over time, unclear expectations, parental divorce, and dating are all situations that can contribute significant anxiety and depression in children and adolescents in our community and that are seldom thought about.



When in emotional distress, children become inattentive, preoccupied with their fears and worries, and often regressed in their behaviors. For many children, the stress from the stressors mentioned previously exacerbate an existing problem, while in others, it contributes to attention problems or inappropriate behaviors in the absence of ADHD. Of importance is that whenever a child's behavior is vastly different in a negative way from that of his peers and/or his or her school performance is below average, this should be cause for parental attention. The case of Sandra above, for instance, suggests that her attention problems have more than one potential cause. She was traumatized by the loss of her mother through her emigrating to the US while she was already an emotionally fragile child. An ADHD, inattentive type, a reactive attachment disorder or and/or an anxiety disorder would have to be sorted out in order to individualize her treatment. In the other two cases, the behaviors constitute symptoms often seen in children and adolescents diagnosed with ADHD. However, by themselves, the symptoms are insufficient to make a diagnosis but are clearly behaviors requiring parental attention.

TREATMENT APPROACHES

As presented in the vignette about JeanJean, treatment starts with an evaluation, preferably a comprehensive psychological, psycho-educational, or neuropsychological evaluation. Many primary care providers and pediatricians rely solely on parent ratings scales for the initial evaluation. While these are an important means of gathering information from both parents and teachers, they are insufficient to provide a comprehensive picture of a child's true functioning. Moreover, they do not provide a comprehensive view of the history and the context in which the symptoms were observed. Usually, to get that kind of in-depth information, an interview of the child and parent are needed. Psychiatrists in general usually conduct a comprehensive interview of the parent and child in addition to ratings scales when making the diagnosis. An emerging and preferred trend is for the medical provider, primary care physician, pediatrician, and psychiatrist to refer the child for a psychological or neuropsychological evaluation as part of the diagnostic process.

Inattention or hyperactivity can be present | Continued on next page

without an attention/deficit hyperactivity disorder. Variation in attention and activity levels can reflect normal changes in functioning, the presence of another mental disorder, or a combination of both. As Dr. Daly and his colleagues state, "difficulties with sustained attention, maintaining concentration, and avoiding distraction are symptoms of ADHD that may overlap with other emotional conditions such as depressive disorder, anxiety disorder, reactive attachment disorder, bipolar disorder, disruptive mood disorder (DDMD), and posttraumatic stress disorder (PTSD)."

At this point there is no medical test or behavioral measures that could be used alone to diagnose ADHD. The diagnosis is arrived at through the use of multiple tools consisting of the clinical interview to get at the symptomatic presentation and associated history, behavior rating scales, and psychological and neuropsychological tests.

Of the types of evaluation, our preferred one is the neuropsychological examination because it provides the most comprehensive view of the child's functioning. In addition to the evaluation of the child's intelligence and emotional functioning, it provides a rigorous assessment of the child's neurocognitive abilities such as attention and memory, executive skills, and his or her current emotional state. In the psychological evaluation, we can usually get a picture of the child's intellectual ability and emotional/behavioral functioning, while the psycho-educational evaluation focuses on intellectual ability and determines whether the child is functioning at, below, or above grade level and provides a picture of his present behavioral and emotional status.

The results of the evaluation are conveyed by a report that presents test findings, a diagnosis or diagnoses, and a set of individualized recommendations pertaining to medication and school/home-based interventions depending on the child's strengths and weaknesses and his or her behavioral status. Once a child has been diagnosed, he or she becomes eligible to receive special help in school under Section 504 of the US Rehabilitation Act to prevent his condition, which is a disability, from hampering his or her educational progress, or to minimize its effects on his or her educational progress. Many parents, especially those from non-majority communities, often thinks of special education services as a dumping pool for poor and non-majority children and resist being involved with them. Special education services have improved over the last 25 years and have become difficult to access by parents with limited resources in many school districts. At this point, the main consumers of those services are white middle to upper middle-class students, and many nonmajority parents of students in need and seeking such services are having great difficulties accessing them promptly. They have indicated to me that they feel that they "get the run around" and that their concerns are not taken seriously by their school districts. If this is your situation, please see the section at the end on community resources for pertinent information.

According to medical research, medication or pharmacologi-

cal interventions initially work with 30% of children and adolescents and usually require some trial and error before finding the therapeutic range, which is the dosage that is effective with minimal side effects. According to Daly and his colleagues, the most effective treatment is the combination of medication and parent behavior training, with a rate of effectiveness at 68%. Medication alone and behavior training alone have respective rates of 56% and 34%.

If you see symptoms of hyperactivity, inattention, and/or impulsivity similar to those reported here, combined with academic performance problems such lower grades and/or a change in behavior, mood, or overall disposition that do not go away or that repeat themselves over time, it is time to seek assistance.

As can be seen through the vignettes, ADHD is a family affair. Everyone in the home is touched, as the affected child interacts with those around him. The sooner parents get help, the better the prognosis is for all family members.

THINGS TO KEEP IN MIND



ADHD is a brain disorder that affects a child or adolescent's ability to control his level of activity, causes inattention and leads to impulsive acts. It is not a disorder of will, laziness or mental dullness. It is the manifestation of the way the brain of a child with ADHD is built. Because the behaviors associated with ADHD interfere with learning and undermine good peer relations, they adversely affect normal development, causing children to lag behind their peers, develop low self-esteem, and become at risk for a host of adjustment problems, including legal trouble as they grow older.

While some symptoms may lessen over time, significant problems continue into adulthood. Many as adults experience work instability and unstable relationships. The more severe the symptoms at onset, the worse the long-term outcome. However, the earlier the condition is addressed, the better the outcome. Many very bright children are able to compensate until they get to higher grades, or even while in college or working as adults, before they start to have significant problems. Most students, however, are referred while in middle school, when there is more demand for self-control and a resulting need for greater self-direction, organization, and structure in response to external demands.

While the disorder is not curable, it can be managed successfully by a combination of medication and psycho-behavioral approaches, including ADHD coaching, parent training and school-based interventions. Keep in mind

that your child has an atypical brain, and it is not his or her fault or anybody else's, although the disorder runs in families. In order words, there is no need to blame anyone. Instead, focus on moving forward by equipping yourself with knowledge about the disorder and knowledge of parenting approaches that have been found effective.



More than likely, your parenting style is partly learned from your parents and partly derived from your experiences. While they may work with your other children or with children with typical brains, the ADHD child's brain requires a different approach to guide him or her in meeting learning challenges and to effectively motivate him/herself to overcome the likely academic and relationship challenges he/she is apt to face in life. ACT NOW, if you see ADHD symptoms in your child.



Below is a list of organizations and community resources that you can contact for assistance.

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RESOURCES

- 1- Attention Deficit Disorder Association https://add.org/resources
- 2- Children and Adult with Attention-Deficit/Hyperactivity Disorder (CHADD) https://chadd.org
- 3-National institute of Mental Health www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml ■



MEET THE GRADUATES



Besides ensuring our physical and emotional survival, the second most important contribution parents make to the lives of their children is to provide them with best education their means allow. With an education we are always in a position to turn luck into an opportunity for durable achievement of any kind. In a tribute to both parents and their remarkable children, we are happy to recognize the graduates for their academic and /or professional achievements.

CONGRATULATIONS!

REFLECTING ON AN ACHIEVEMENT

Emmanuel Gédéon

This is GENESIS. That was my mother's name, but it is also where I am right now in my life, at a new point of something. A beginning that is less about me, a beginning that is bigger than myself, which is my purpose.

My mother would be proud if she were here today. "Son, I named you Emmanuel because even when I'm not around for you, know that God will always be with you." Indeed, God has always been with me in various shapes and forms. My mother started the fire in me, but various people have helped throughout the way to shape this fire so it could light the way not just for myself, but for a whole new generation.

From Mommy Moffet, who dedicated her life to me and showed me what true love is, to Mr. Mitch and Miss. Janine who gave me a new foundation for what a family of support and love is all about. These people are god shaped and I am here because of them. I earned my degree from Madonna University in May. I am grateful to have had this opportunity and will always look back on it as a "Genesis." This is for you mother, thank you. Right now, I'm currently applying to medical school to further my education. My experiences in life have thought me that it is not about what you do that matters, but why you do it. I know that whatever this journey entails for me will be fulfilling because I will do God's work. How could you lose if you follow God?



Emmanuel (Manno) with Jeanine and Mitch Albom

ANOTHER MILESTONE: A GRANDFATHER'S PRIDE

Dr. Jean Alcé



A great day! A day of celebration!

Sékou Konaté graduated from Grosse Pointe South High School. The quiet Sekou did it calmly!

Graduation occurred on a great and beautiful day. At the close of the graduation ceremony, however, it poured while people ran out to escape the rain. Perhaps that was a ben-

ediction.

We saw Sekou growing over the years without difficulties. Polite and committed to his studies, he graduated with grace and fanfare. Fortunately, he understands that is the first step in a long journey and is ready to conquer more success.

Smiling, he is ready to assume more and get more laurels during the years to come. Thankfully, he is intelligent and not afraid of the challenges. Equipped with well-developed social skills, Sekou made a lot of friends during his school years, and he looks to continue these friendships. In addition to his schoolwork, he found the time to engage in sport activities, excelling in both Basketball and Football.

Following the graduation ceremony during which he received his diploma, his family from Germany, Florida, New York, Michigan and elsewhere celebrated his success with fanfare through an afternoon of barbecue, music, and fun. The weather was nice and contributed to the pleasure and enjoyment of everyone.

Now SÉKOU understands that is only the beginning of a long journey!

Looking forward to attending Wayne State University to pursue higher studies, he remains highly optimistic and convinced that he will attain any goal that he sets for himself. BRAVO SÉKOU! ■



Hi! My name is Carla Dorcely.



I graduated from Central Michigan University with a Bachelor of Science in Sociology, with a Criminal Justice Concentration and a Family Studies minor. Aspiring to become a lawyer, I plan to further my education by pursuing a law degree in Fall 2023. Excited and ready for this next chapter I can't wait to see what's in store for me!

WELCOME TO THE HNGD COMMUNITY!

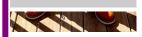


JAMES DIMANCHE

Famille Dimanche welcomes another of Geraud's children to Detroit. James Dimanche arrived on February 5 from Petionville and is now working at the well-known K&F International Market in Oak Park. Stop in and say hello!



James Dimanche



Geraud's daughters Marie and Danie also graduated with bachelor's degrees in December 2021: Marie in Health Sciences from Oakland University, and Danie in Early Childhood Education from Wayne State University. Marie and her husband also welcomed their second child, a daughter, in December.



Marie Carmel and Danie
Dimanche





PATRICK CHERY

Entrepeneur/Dir. Community Engagements

Taking risks and enjoying life is key my happiness and many others. My name is Patrick Chery and I'm an entrepreneur. I was born March 4th in the year of 1991 on a beautiful island called Ayiti (Haiti). Shortly after, my family and I set out for the States then finally set-

tled in Texas.

While in Texas I graduated high school, attended some college, and had a beautiful baby girl. As I started my studies, I quickly came to an understanding that the classroom wasn't where I wanted to be, but in the community instead. Being hands on has been the most effective way for me to make an impact on whatever it is that I am working on.

After my "come to" I started my work offshore. There I was able to make a lot of connections in the oil and gas sector that eventually catapulted me into real estate. This is where my life gets interesting. While juggling the outcomes of my life decisions at the age of 28, I came to a conclusion. I need to do or die! Roll the Dice or hand it over to someone who's ready to take a risk. My roll landed me Detroit, first-time homeowner, Dir Community Engagement, City Inspector, and inspiring to be a Council Member.

I am very pleased to have been introduced to the Haitian Networking Group and can't wait to get started! ■

DR. JEAN LAINE

Dr. Laine is a highly trained and skilled practitioner who is

devoted to making his patients' lives better through chiropractic care. He values advancing his education and continually fine tunes his practice and techniques, staying committed to providing the most up-to-date, technologically advanced treatments. Dr. Laine earned his Bachelor of Science degree from Long Island University in 2001 and received his Doctorate in



Chiropractic in 2004 from New York Chiropractic College. Dr. Laine is certified in Trauma and Personal Injury Protocols as well as Crash Dynamics and the Trauma Victim. ■

MERVILSON ÉTILUS



Mervilson has been calling Detroit home since 2021. Having lived in Chile for a number of years, he speaks and writes Spanish fluently. Mervilson enjoys living in the city, is grateful for the positive experiences he has had so far and looks forward to making new friends in our community.

SCOTT AND FEDIA SAINT JUSTE KOSKINEN

We currently reside in Highland Park, MI. Scott is from Flint MI, Fedia is from Port-au-Prince, Haiti. We have known each other since 2015 and were married in Kenscoff, Haiti in 2018. Scott does home improvements as a vocation while Fedia is employed in a restaurant in Detroit.





We enjoy live music -- Scott plays guitar in a band -- collecting old vinyl records, seeing new places and just having fun. Our plans are to keep working to raise money for the house we are building in Thomassin, Haiti where we plan to move there in a couple years.

UPCOMING EVENTS

- ♦ Saturday, July 16: Farmington Founders Parade in downtown Farmington
- ♦ Friday, July 29th: Bèl Bagay Lakay Festival Kickoff: Krik! Krak! @ Kola Restaurant
- ◆ Saturday & Sunday, July 30th & 31st: Bèl Bagay Lakay Arts & Craft Festival @ Farmington Riley Park



IN MEMORIAM



Please join us in expressing our sincere condolences to the families in our community who are grieving the loss of their loved ones.



EMMANUEL (MANNO) AUGUSTE, a

long-time Detroiter, passed away on June 28, 2022.



Although he moved to Florida many years ago, Manno left those who knew him with many great memories of the time that he spent in Detroit. His children, Fred, Dominique and Garald and the entire Auguste family need our support during this difficult time.



STELLA LOUISE CREWS,

of Port Huron, passed away on Thursday, June 23, 2022.

She enjoyed teaching, writing poetry, reciting at conferences, and playing chess. For many years she contributed to HNGD's Newsletter Zanmi Detroit.

Please keep her family and particularly her son-in-law, Rio (Rosario) Danier and her grandson, Aias Danier in your prayers.

We would like to pay homage to Stella Crews by sharing with you one of her poems that we published in the April 2006 Zanmi Detroit edition.



The Haitian

For Rosario by Stella L. Crews

More than an Island
Way of thinking or a chance
To expose the world to
A tropical dance.
These are Creole days
Infused by syllables
From France.

Price of a sire, madear's

Flower grown stealthy
Into a behemoth
Sized tower.
In stride power
Measured like languages
By hours.

In the work of the day
Or at rest for the week
Extend the mind's
Best way to speak.
These are Creole ways,
Like a sand shifted beach
Altered constructs
From Nord Amerique. ■



COMMUNITY NEWS & EVENTS



FULL CIRCLE

by Maggy Corkery

Allow me to take you back in time, to a few decades ago... When I was attending "Institution Sainte de Rose de Lima," an all-girl parochial school in Haiti. As those who grew up in Haiti may recall, that establishment was often referred to in Kreyol as "Ka mè Lalue", in reference to the area where the school was located and the nuns who administered it. The primary and secondary sections of Sainte Rose were completely separated. On very special occasions the younger students were allowed in the area reserved for the older ones, and in order to access it the little ones had to climb up a set of stairs that seemed too steep for their short legs.

As a member of that group, I always equated these infrequent visits with an ascension to heaven. Although it was very intimidating, when I made it to the upper division and could share the same space as the older students, I relished the fact that I was finally in the big league. Among them, there was one older student in particular that I started paying attention to. As the year progressed, I continued to admire her from afar. Although very petite in stature, she had a very striking attitude that commended attention. She was always poised, polite and well-coiffed; her uniform, the "sac" that we all loathed because we had been wearing the same style and the same pattern since time immemorial, always looked neat and impeccable on her. Having freshly landed on the yard of the secondary section, I never got the courage to approach her. In my newbie eyes she was in the firmament of the "aînées" as we called the seniors, and therefore unreachable. She eventually graduated and moved on without knowing that she had a one-member fan club!

Fast forward to the 1980s when I migrated to Michigan... One day, I was invited to a

party at the Balmir residence; I walked in, and there she was in front of me, and of all places, in Detroit! By that time, no longer a timid student, I was an adult in my own right. The difference in age that back then seemed so big was no longer an issue. In reality, just a few years separated us. I crossed the room and went straight to her. I immediately told her with an excited voice. "I know you! You are Régine Condé! You went to Sainte Rose de Lima!" Understandably so, she did not remember me. Nevertheless, she gave me a big smile and during our exchange she was just as warm and polite as I had observed her to be eons ago. When we met, Régine was living in Lansing; she was married, and her new last name was Beaubœuf. We did not see each other very often; but, whenever our paths crossed, we always spoke and exchanged a few words. It would take more than a decade for Régine and I to form a meaningful friendship.



Régine Condé in the middle (3d row from top)

As it turned out, as a young person I had set my sights on a role model that I would not only get to eventually call a friend but who would also remain true to form years later. Not surprisingly, Régine has made a name for herself in our area. She moved to Detroit a few years ago and is now Senior Vice President/Director of Infrastructure and Mobility Equity at HNTB. She serves on the board of many organizations, mentors young professionals, maintains a blog and when needed, lends a hand to HNGD. In 2021, this indefatigable woman was appointed by Governor Whitmer to the Central Michigan University Board of Trustees. Last June, Régine was received a nod from Crain's Business Detroit as one of the Notable Women in Construction, Design and Architecture. Two months before, I was among the many giving Régine a standing ovation during the Michigan Chronicle Women of Excellence Honoree Ceremony that was held at the International Banquet and Conference Center in Downtown Detroit.



Régine's meteoric ascent is no accident; she is reaping the benefit of her unparalleled work ethic, determination, and dedication to her craft. Yet, in spite of her professional success and numerous awards and accolades, she has remained humble, and always shies away from the spotlight. I am in awe of all her accomplishments and like many of her friends, I am eagerly waiting to see what's next, and what she has in store for us. For now, I will

continue to relish the full circle moment that led me to strike a friendship with this amazing woman whom I used to admire from afar a very long time ago. ■



RALPH TAYLOR AND CARIBBEAN MARDI GRAS PRODUCTIONS IN THE 2022 FARMINGTON FOUNDERS PARADE

Zeon Marquez, Janique Débrosse (sister-in-law) & Niska Débrosse (niece) in back



Ralph Taylor is originally from Trinidad; the land where at a very young age he acquired the skills that that would make him famous in the US. He arrived in our area two decades ago and has since mastered the art of carnival costume design and production. Ralph will be enhancing the Farmington Founders Parade

with one of his masterpieces on wheels along with some very distinctive headdresses. HNGD is grateful that Mr. Taylor and his mobile artwork will be joining us to add some pizzazz to our group. Come walk with us and meet this great artist!



One of Mr. Taylor's award winning creations



CALL OUT TO VOLUNTEERS

*SATURDAY JULY 16:

Come represent! we need adults and children to walk in the Farmington Founders Parade in downtown Farmington. This year's theme is Aloha! Everyone needs to wear red top and jeans or blue pants and



HNGD will provide the needed accessories.

Step Off 9:00am. The Official Parade Route will begin at Power Road and Grand River Ave and end at Grand River Ave and Oakland Street.

We will meet at 8:50am in the parking lot on Mooney and Grand River across from Zap Zone located at 31580 Grand River Ave.

For more information, call 248-231-5767 or 734-883-5535



HNGD in the 2019 Farmington Founders Parade

*JULY 30TH AND 31ST.

we need volunteers to cover the 2 days of the festival. You will receive a Festival t-shirt for your time.



Please click on the link below if you would like to help during Bèl Bagay Lakay.

https://docs.google.com/forms/d/ e/1FAIpQLSdfERlnCIhK1fJ64BHUBbxNz3RIGQlUgK n7hlloRxqpxQDe0Q/viewform?usp=sf_link ■



Purchase tickets on Eventbrite

https://www.eventbrite.com/e/krik-krak-a-humorous-storytelling-session-celebrating-haitian-culture-tickets-368384236167

Nou paka pala! You gotta be there!

July 30th—31st, 2022

Bèl Bagay Lakay

Arts & Crafts Festival

Farmington Riley Park & Sundquist Pavilion







HAITIAN NETWORK GROUP OF DETROIT PRESENTS

BEL BAGAY LAKAY

Haitian Art & Crafts Festival

SAT JULY 30, 2022 6PM-11PM SUN JULY 31, 2022 12PM -10PM

Jacques Tousssaint

FEATURING

MIKABEN

Afro Caribbean Zumba Folkloric Dance Konpa Dance Performance Interactive Drumming Storytelling

LOCATION

Riley Park 33113 Grand River Avenue (Downtown) Farmington, MI 48336

For Information or questions, email us at info@haitiannetworkdetroit.org

ACTIVITIES

Live Music
Haitian Cuisine
Vendors
Art & Craft Workshop
Youth Games
Dance Party









EVENT PARTNERS



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