

Pure Facts

Newsletter of the Feingold® Associations of the United States



September, 1990

Vol. 14, No. 7

Starting the New School Year

"To tell or not to tell" is the issue faced by many Feingold families as their child enters a new school year.

Is it better to let the new teacher know in advance that your youngster is on the Feingold Program, or would that prejudice him/her and label your child as "hyperactive," etc.?

Parents generally find that it's best to provide their child's teacher with information and assistance prior to the start of school. But don't depend solely upon your own experience. Contact your local Feingold chapter or the FAUS office to obtain printed information which is designed for the educator. Bring this with you when you have your first meeting.

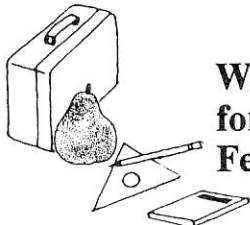
patience to the limits, is not going to be any more loveable in a classroom. In other words, don't conduct any brave food experiments when there's school the next day.

Feingold moms who are successful in helping their children tend to be more visible than the average. If you can possibly manage it, volunteer to be room mother — or at least be in charge of buying the foods/goodies they eat. Even if you end up preparing treats, you'll probably find that baking a batch of cupcakes for the class is still much easier than coping with a three-day

tive child could control his behavior if he really wanted to, they often think a child could do his schoolwork if he really tried.

Taylor notes, "When an ADHD child in the primary grades responds well to one-on-one attention from the teacher, a common mistake is to conclude the child is simply poorly motivated or trying to get attention....The labels applied most frequently by well-meaning school personnel to ADHD children are "unmotivated," "immature," "underachieving," "bright but not working to potential," and "won't settle down."

Girls are more likely to be overlooked since their learning difficulties are apt to be manifest as distractable or flighty behavior ("airheads"), rather



When it's time to prepare the IEP — which is required for every learning disabled child — be sure to have the Feingold Program written into it.



Your primary grade child's teacher is vitally important to his success at school, and can have an influence — for better or worse — that lasts long after the year is over. So this is a relationship that merits your best diplomatic efforts. In his new book, *Helping Your Hyperactive Child*, Dr. John Taylor writes, "In maintaining the delicate balance between your firmness on behalf of your child and your understanding of the teacher's frustrations, show an awareness of the rights of other students in the class."

Once you have this rapport, it's important to work at keeping it. The child who goes off his diet, becomes a royal pain at home, and tries his parent's

reaction after your child eats candy corn at the Halloween party.

A good relationship with your doctor will go a long way toward winning cooperation in the school. Next time you are in the office, ask for a note, written on his/her prescription pad, which says something to the effect of:

"Jennifer is on the Feingold Program and all food should be cleared with the parents beforehand."

Even if you are successful in gaining the school's cooperation in following the Feingold Program, you may need to work at obtaining special help if your child has a learning disability, or attention deficit disorder (ADD).

Just as adults often think a hyperac-

than the more typically disruptive, overactive behavior of the ADD boy. But quiet, confused little girls need help too.

Once your ADD child is identified and enrolled in a special program, you're still not out of the woods. Find out if M&M's are given as a reward in the resource room. What about smelly stickers, scented markers, or (Heaven forbid) face-painting? When it's time to prepare the IEP which is required for every learning disabled child — be sure to have the Feingold Program written into it. Once again, contact the Association and request Feingold literature; the special ed teacher also needs to understand our Program.

Special Back-to-School Issue

The Feingold® Associations of the United States, Inc., founded in 1976, are non-profit volunteer organizations whose purposes are to support their members in the implementation of the Feingold Program and to generate public awareness of the potential role of foods and synthetic additives in behavior, learning and health problems. The program is based on a diet eliminating synthetic colors, synthetic flavors, and the preservatives BHA, BHT, and TBHQ.

Better Ways to Help ADHD Children

One of the speakers at our 15th Annual Conference was Paul Lavin, Ph.D.. Dr. Lavin is a certified psychologist practicing in Catonsville, MD. He is the author of many publications, journal articles and books, including *Parenting the Overactive Child*, *Alternatives to Drug Therapy*. His undergraduate work was in elementary education and he holds a masters and doctorate in both guidance and counseling. In addition to his private practice, Dr. Lavin is currently a therapist at Children's Home in Catonsville Maryland, Associate Staff Psychologist at Taylor Manor Hospital in Ellicott City, Assistant Professor of Psychology at Towson State University, and a consultant with the Division of Vocational, Rehabilitation and Disabilities Determination Services.

Medication is a court of last resort. I think it's a tragedy in this country that at this time we have an estimated one million kids on Ritalin.

It makes sense to me the diet — should be the first line of offense — not defense, but offense — in the treatment of ADD. If we look at the current research evidence (Kaplan, Egger) they had excellent results. Professionals may say the diet doesn't work, but there is sufficient evidence now to indicate that the diet does work, and it works with a significant number of youngsters.

Although the diet takes time, effort and commitment it has no negative side effects. Try that with medication.

There were magical beliefs attached to medication, what it could do and not do; and despite the fact that there was evidence that it doesn't do half the things people claim that it does, these kids were plied with medication, and that was the only thing they received. This is contrary to the PDR (*Physician's Desk Reference*), which recommends medication be used only with other methods.

I'm not going to say there aren't some cases where it may be warranted ...we can always find an exceptional case where medication is effective. However, I want to stress the fact that Ritalin is a potent drug, classified as a Schedule 2 drug by the Drug Enforcement Administration. The DEA describes Schedule 2 drugs as having "a high potential for abuse and may lead to severe psychological and physical dependence" so let's make no mistake about it, Ritalin is a powerful medication and needs to be carefully prescribed and carefully monitored.

The PDR clearly specifies a number of negative side effects associated with the use of these drugs. Yes, we can alter or change the medication so the negative effects will disappear, but the point is when you take a youngster who is still developing, who's still young, why take the chance when you've got other methods which can be more viable?

Another factor to consider — this is a quote from the PDR: "Sufficient data on the safety and efficacy of long term

use of Ritalin in children are not yet available." So over the long run we don't know what it does. Further, it states that Ritalin should not be used with children under 6 since safety and efficacy in this age group have not been established. And yet there are many children I have seen under the age of 6 that have received stimulant medica-



Paul Lavin, Ph.D.

tion. Even the evidence supports that it's not that efficacious with younger children, so it doesn't make sense to prescribe that as the first line of offense.

The American Academy of Pediatrics, 1987, states that "medication for children with Attention Deficit Disorder should never be used as an isolated treatment."

There's a book that I recommend, called *When Children Don't Learn*, by Diane McGuinness. She does an excellent job of pulling together much of the research that's been done with Attention Deficit Disorder. She clearly indicates that the research overwhelmingly supports that Ritalin doesn't improve academic performance, self esteem or social adjustment.

In her book, McGuinness cites a number of studies where the long term effect of nonmedical intervention (behavior modification) have had excellent results. So even though these methods are more time consuming and require greater effort, they're much more efficacious over the long haul.

I will not deny that medication has some benefits; it does. It calms the child and makes him more compliant. However, that's it. It doesn't do any of the other things that people propose it does. The thing to consider is that the kids who only take medication are under-treated. They are not receiving the full regimen of treatment that they need in order to be successful.

In the long run these kids are at high risk for failure in school. They are also at high risk for failure in the community. These kids not only wind up as dropouts and do poorly academically, they also become antisocial, lots of them. That means as a society we pick up the tab at a later point in time.

The other thing that I want you to consider is that there is no drug that I know of that teaches responsibility. If that were the case, this country would be in great shape right now, wouldn't it.

There is no drug that teaches skill. There is no drug that develops character. Those things come about by intervention — intervention techniques that are well designed and well implemented. If you give a child medication, that becomes the excuse for success or failure; it's not the kid's own initiative, it's not the kid's drive that does it, it's other factors, and that's not something that I think we want to foster with kids. IT made me feel better; IT increased my self-esteem; IT improved my academic performance. If it's "IT", it's outside of us, and we want something inside that's responsible for successful achievement over the long run.

Developmental Psychology, by Liebert, contains excellent information on achievement motivation — characteristics that lead to success. It also has a good synopsis of the research.

Internal vs. external locus of control: People who are successful [have an internal locus of control. They] believe there is a direct connection between what they do and the benefits that fol-

Continued on page 3

low — and the failures. They take responsibility. It's not other things, it's them. Kids who achieve success believe that their behavior is responsible for what happens.

The opposite of that is external locus of control — luck, fate, or other people that are responsible for whatever happens. Have you ever worked with delinquents? Did you ever see a delinquent take responsibility for his own behavior?

If we want people to succeed in life then it's important that we foster the internal locus of control. How do drugs do that? They go quite contrary to that, in fact. We're saying "you take a pill, and it's responsible." I think that's a mistake. I think that what we need to say is "don't take a pill; start being accountable, responsible. We're going to help you with that, but you've got to make choices."

You have to start early. It's very difficult for a kid of twelve or thirteen who's been on medication for years, for you to say, "Now you're responsible for your behavior."

As you well know, adolescence is of itself often a "disease", even without having ADHD. That's tough enough to deal with — I know, I've got a couple of them now. But when you add the problem of ADHD, then the kid is also stubborn and oppositional, as you well know, and it doubles the misery that a parent is required to face.

We need to train kids to be independent and to make decisions, and to assume responsibility. That's something we can train if we use the proper techniques; you can do that with the diet every day, can't you? The kid has to make choices. The choice is "Am I going to eat the junk food and go wacky, or am I going to say "no" and assert myself and make the choice to be in control?" **We can train kids to make those choices, and a kid who can stand up in the face of that adversity is one who's going to have character and he's going to have self control and he's going to be a person who has the potential to make something of his life.** A person who caves in to peer pressure, and has to eat the junk food in order to win peer approval because they want immediate gratification, is not going to be that successful. We train that. That's something that doesn't come from any pill.

Finally, let me just pull together some of the combination of methods we need to consider in working with ADHD kids. **I think the proper nutrition and diet should be the first line of offense. I think every kid should be given the opportunity to participate in that program.**

Secondly, we need a highly structured environment using behavioral techniques and principles, and that is very simple, at least in principal. The basic principle behind it is "if you eat the peas, you get the ice cream."

Remember Grandma's law? That's it. So we have to train kids that when you behave appropriately, good things happen; when you behave negatively, negative things happen. This is a logical occurrence in life. Oftentimes we give too much, or feel guilty, or overindulge and feel sorry because the kid's got a problem. So we don't set up a high degree of accountability and structure and therefore the kid doesn't learn to be responsible. What they learn to do is whine and fuss and complain instead of taking responsibility for their behavior.

A good example of this is the kid who wants Crispy Crunchies in the morning, and then dawdles with them and they sit in the milk and become like cardboard. Then he whines and fusses because the Crispy Crunchies don't taste good and he doesn't want to eat them. Ten o'clock in the morning he comes back again and what happens? "I'm hungry", so Mom fixes him a pancake for breakfast. So what have we taught the kid? Not to be responsible, not to make good choices.

So what I'm suggesting is that we have to modify the environment so a kid learns early in life that there are consequences. If you don't eat the peas, you don't get the ice cream. That's the way life happens to be. And you have to set up in very clear behavioral language what those contingencies are going to be, and that's not easy, and it doesn't mean the kid's going to approve of it. You have to stick to it

Continued on page 5

Edward and the K.I.S.S. Plan

Feingold mom, Diana Moreland is a crusader on behalf of children whose needs are not being met by the school system. She shared some of her experiences with members attending the 15th annual Conference in June.

Dr. Feingold had addressed the problem of a child who has had unhappy experiences in school, and continues to feel the effects even after his behavior and learning ability have improved on the program. He recommended one-on-one instruction for these children, and encouraged parents to remove their child from a school which failed to work with them for the student's benefit.

Like many of these youngsters, Diana's 9 year old son, Edward, still has negative school experiences to overcome. After a year in a rigid, punitive



atmosphere, they found an excellent private school with an approach that has worked very well.

Many schools use the terms "structure" and "discipline", Diana noted, and as a teacher, she was aware of the theories. She defines structure as: knowing where you're going and how to get there. Discipline, she continues, is just a matter of accomplishing the task.

But too often what is called structure and discipline end up being rigidity and punishment.

The technique St. Mary's school used with Edward is based on chips. Diana bought ordinary poker chips, and designated a color for each class. On the white chips she used a marker to note additional classes, such as P.E., or to give to the bus driver.

Each of the teachers had a supply of chips, and Edward had the opportunity each day to earn chips by behaving well, completing his work, etc. Every day he

Continued on page 4

had the chance to proudly show Mom how much he had accomplished by the number of chips he earned. If one or two chips were missing, they could talk about what went wrong that time, and how he might try a different approach tomorrow.

The best part of this system, Diana noted, was that if he "blew it" at 9:30 in the morning it didn't mean the whole day was a loss. He still had the chance to earn a chip in the next class or the next hour. The entire emphasis for Edward was on success. It allowed the school, the parents and the child to focus on what he is doing right, and on what is wrong with the behavior, not with the child.

Clearly defined rules were understood by everyone. These are listed by levels of consequences, beginning with number one, which is the least serious, going all the way to five, when it's time to pull out the big guns. The beauty of the system was that things seldom had to go very far, and never to level 5.

1. Verbal warning by the teacher. This might be for a minor thing like daydreaming. Edward would know that he wasn't going to get a chip then, but if he could get it together, there could be another chip on its way in the next hour.

2. Lost privilege, such as having to sit by himself at lunch time.

3. In-class time out. There is a study carrel (not a cardboard box!) in the class. A child would

be asked to remove himself from the rest of the class and take his work into the carrel so he could calm down and pull himself back together. When he felt he was ready to rejoin the class, he could come back to his seat.

4. In-school time out. There was also a carrel in the school office. In each instance, the teacher's words were gentle (but firm).

"Edward, you seem to be having trouble settling down, so I'm going to ask a monitor to help you take your books to the office so you'll be able to put yourself back in control. As soon as you feel that you're ready to rejoin the class you may come back here."

5. The final step would be a conference with the parents.

Each step is seen not as punishment,

but as a chance for the child to modify his behavior. The assumption was that he was able to do so, and also that he would succeed. Every chip earned was a reinforcement to him that he was indeed capable of success in school.

Diana reinforced this approach when she spoke with her son. "What do you think went wrong? I'll bet you can remember to _____ tomorrow and bring home a chip."

At the beginning when he may have been able to bring home only one chip for the entire day, it was still a success for Edward. In some cases, the school had to work hard at finding something worth rewarding, but they always found a way to let him know he had the ability to do well.

The payoff for the child is at the end of the week when he trades in his chips for a reward. Parents are told the

successful.

He may need to earn an average of only 2 chips a day, in order to get the prize. Diana gradually raised the stakes, but he never failed to reach it. When she suggested Edward could bring home 15 chips the coming week, he seemed ready to accept the new challenge. "He began to have a different mind set," Diana notes, "he began to feel that if he really buckled down he could succeed. Before that he saw himself as a 9 year old failure."

In addition to using chips, there were certain "target behaviors" for Edward to work on, and ordinary index cards were the tool used here.

One behavior is isolated and they may work on it for weeks. An example is "refrain from making noises in class." Each day, Diana sent in an index card divided into two sections: morning and afternoon. When Edward would forget and make noises, he would be reminded "That's what we're working on." A noiseless morning would earn him a

smile sticker, and a mistake in the afternoon would mean a frown. This worked out to be so much more effective than punishment, and each day was a clean slate.

The school uses what Diana describes as the "KISS system." This stands for "Keep It Simple,



payoff has to be non-monetary and non-material. They discuss it with their child and find activities both can agree to as rewards. For the Morelands, it's a trip to the beach, a picnic, a special movie, going skating, fishing or spending extra time at Grandma's. One of the benefits of such rewards is that they generally involved the parents and child spending time together.

In the early weeks, Diana made sure the number of chips Edward would need to earn was a small, easily attainable number. "Attainable" is really the heart of this technique; each success builds upon the previous ones, until the child becomes accustomed to succeeding. For most children, the crucial thing is to break the pattern of failure by being given many opportunities to be

Stupid." (Not very easy on the adult ego, but hard to forget!) Giving a child a token, a pat on the head, or initialing an index card doesn't take very long, and can be implemented even in a large class. The key to the effectiveness of these techniques, Diana believes, is the quality of the administration. "If you want to know how good a school is," she advises parents, "check out the administration."

The KISS technique, along with patience and positive encouragement, have clearly paid off for Edward. This year he made the honor roll and his national test scores rose from the 60th percentile to the 90th. He doesn't exactly love school, but he certainly no longer hates it!

Learning Math

Help Your Child Learn Math is a free pamphlet to assist parents of children from pre-school through about age 8 in understanding basic math concepts.

Contact the National Council of Teachers of Mathematics, 1906 Association Drive, Reston, VA 22091.



Enclose a self-addressed, stamped, business sized envelope.

PIC Report

Frokies Cookies! These apple juice-sweetened treats have been researched and are now acceptable for use on Stage II of the Program.

If you have trouble locating Frokies, contact the manufacturer for information at (201) 871-3335. They are sold in all states except Montana.

Pass the Butter, Bonzo

Just when you think you've gotten most of the dietary cholesterol out along comes surprising news from the Bowman Gray School of Medicine and the University of Pittsburgh.

Researchers conducted a two year study of 30 monkeys; half of the animals received the low cholesterol diet recommended by the American Heart Association. The blood cholesterol levels of these 15 primates was much lower, but their behavior was much more aggressive than their fat-fed bretheren.

The researchers, Jay Kaplan and Stephen Manuck, became interested in the apparent connection between low cholesterol diets and behavioral changes because of the findings of two major studies on humans. Those who participated in the studies where their dietary cholesterol was limited were found to be more likely to die from accidents, homicide and suicide.

Researchers in Finland have also noted a connection between violent behavior and low blood levels of cholesterol.

"We don't know if high cholesterol mellows the monkeys," noted Manuck, "or if low cholesterol makes them mean."

Better Ways, from page 3

firmly and consistently. If you want to modify behavior, that's what you have to do. Remember, consequences happen. That's life.

We have to arrange the environment to get the child's attention. This means you've got to remove competing stimuli — sights, sounds. Open classrooms drive these kids crazy. We need to train the child to listen, to remember, and to carry out instructions. Have the child repeat the instructions to you, then carry them out. This needs to be done consistently over an extended period of time.

Here's a tough one — getting close cooperation between the home and the school, and daily accountability via a checklist keeps you on top of your kid's academic performance. If that child needs tutoring, extra help, then you can get it done. But every 6 weeks, when a "death notice" comes home about all the things the kid doesn't do, it's too late. The kid's already behind the eight ball, with the negative feedback, and the long epistle pointing out all the things the child's done won't make a bit of difference. It's too late; the kid's partially down the drain at that point, so we need structure and accountability right in the schools. Yes, it's aggravating, and yes, it requires extra time and commitment, but the long term benefits of that far outweigh the short term aggravation.

Another thing I've found to be helpful is that kids get proper sleep — that's not easy, as you well know. but these kids fatigue easily and when they get tired they're miserable.

Self-control training - First, the child has to recognize he has a problem, to understand that he has some behavioral

deficits, and strengths too. All of us have strengths and weaknesses. We all have problems. If you have a problem it doesn't make you a bad person. That is the first step in making good decisions in overcoming those adversities. Then we have to involve the child in helping himself. The child can learn to read labels, he can learn to be assertive, can learn to say "no."

Self control training [also means] learning to generate positive and sensible statements, and ways to cope with life's adversity using cognitive mediation. **We can teach kids "here's what you can say, here's what you can think, and this is what's likely to follow. Let's take a look and plan and anticipate."**

"See if we can plan some strategies together as to how you're going to solve the problem of the cookie jar when you see all those goodies in there and somebody tempts you. How are you going to handle the field trip or the class party with cookies and Kool-Aid?"

It's very important to keep ADD youngsters motivated. People say they don't achieve as well as normal control groups. However, the research belies that. Kids who are hyperactive, ADHD kids, can do just as well as normal kids if they're encouraged and reinforced — even on boring repetitive tasks.

We need to focus on the kinds of people we want to produce. We don't want to just produce calm, compliant people. We want kids with positive social and personal characteristics who are viable contributors to society; and that does not come about easily or effortlessly.

"I think medication is an oversold bill of goods. It doesn't do what a lot of proponents claim it does, but it's certainly got a lot of clout in this country at this time."

Lunchtime at School



Most Feingold children do well on ordinary whole milk, but it may become increasingly difficult to find it in the school cafeteria. Some schools serve lowfat milk (which can have hidden preservatives), or chocolate milk (with artificial flavoring), and some offer strawberry flavored milk (artificial colors and flavors).

Now the Western Dairy Farmers Promotional Association is testing milk flavored with the likes of: banana, orange ("tastes like soggy Froot Loops" was the children's response), and apple-cinnamon ("looks like dirty milk").

Feingold kids would be able to enjoy all types and flavors of milk if it were free of synthetic chemical additives. But real food cost more, and when money is scarce, the school cafeteria is one of the first places to feel the pinch.

The Feingold® Associations do not endorse, approve or assume responsibility for any product, brand, method or treatment. The presence (or absence) of a product on a Feingold foodlist, or the discussion of a method or treatment does not constitute approval (or disapproval). The foodlists are based primarily upon information supplied by manufacturers, and are not based upon independent testing.

Why Your Child is Hyperactive

Random House publishers have been instrumental in enabling Dr. Feingold and our association to reach so many thousands of troubled families.

It was Random House who approached Dr. Feingold and asked him to write a book after he announced his findings to the medical profession in 1973. The editors saw in Dr. Feingold's work the same potential impact as Rachel Carson's *Silent Spring*. They selected the title, and helped to publicize what was then called the K-P Diet.

First published in 1974, this book, as well as the *Feingold Cookbook*, have been reprinted many times and are available in paperback. (Check with your library or bookstore, or you may order the books from FAUS.)

The current edition of *Why Your Child is Hyperactive* contains a lovely tribute to Dr. Feingold:

"This best-selling book has had an enormous impact on the lives of hundreds of thousands of children. It also had a great deal to do with the growing public consciousness of the urgency of keeping [toxic] chemicals out of our food supply.

"Dr. Ben Feingold was an eminent pediatrician who specialized in children's allergies. He was the first person to report that hyperactivity in children is often caused by artificial food coloring and food flavoring. Dr. Feingold made it his life's work both to further research in this area and to help children with a broad range of behavioral, physiological and neurological disturbances that seemed to be related to what they ate.

"His theory was challenged by some specialists, but the diet he devised was taken up by families all over the world, and their favorable reports as well as their moving accounts of their children's improvement were overwhelming.

"Now...Dr. Feingold's book is available in a paperback edition. It contains detailed information about the Feingold Diet, how it should be applied, how infractions can be dealt with and what foods should be avoided. Hyperactivity is a disruptive, heart-breaking condition. Many parents have reported that their children were helped by this diet, and Feingold Association members all over the United States are devoted to disseminating the program."

FAUS Gets an 800 Number

How much difficulty did you have trying to locate the Feingold Association?

Even after a family learns about the connection between diet and behavior it can be a frustrating search for help. The Association is hopeful our new toll-free phone number will make it easier to provide this help.

The Feingold Foundation for Child Development has announced a matching plan to help pay for the expense of this phone service. The Foundation will match every dollar donated. Contributions (which are tax deductible) may be sent to: FAUS 800, P.O. Box 6550, Alexandria, VA 22306.



Impossible Kid?

Feingold® Parent Support Group
1-800-321-FAUS

To help publicize the new phone service, we have created a bumper sticker — an effortless way to publicize the program. A bonus for the Feingold member is that the more people in your area who are aware of the program, the easier it will be for your children to stick to it.

To receive your bumper sticker(s) send a stamped, self-addressed legal-sized envelope to FAUS at the above address — and let us know if you need more than one.



Pure Facts

Editor: Jane Hersey

Contributing Editors

Fort Worth: Carolyn Allen

Iowa: Barbara Keele

Los Angeles: Colleen Smethers

New York: Pat Palmer

Ontario: Lois Gowans

San Francisco: Lynn Murphy

St. Paul: Sue Maldonado

New Study on Sugar

Parents and teachers have long reported that foods high in sugars cause some children to become irritable or aggressive.

But until now, the studies which have attempted to test this yielded conflicting results; this is not surprising as most of the studies used foods with synthetic dyes and artificial flavorings. Some researchers even claim that sugar will slow a child down. (See *Pure Facts*, May 1988 for more details on the studies.)

Doctors William Tamborlane of the Yale School of Medicine and Timothy Jones of Perth, Australia have found that children experience a dramatic increase in the level of adrenaline in their blood after consuming highly sugared foods on an empty stomach. Adrenaline (also called epinephrine) is a hormone secreted in response to a sudden emergency — referred to as the "fight-or-flight" response. Excessive amounts of adrenaline can cause an individual to feel weak, shaky, anxious, irritable, and to have difficulty concentrating.

These preliminary findings suggest that children are very vulnerable to the effects of sugar, but that most adults do not experience these symptoms, even though the blood sugar levels of both age groups were the same.

The data agree with Dr. Feingold's clinical observations that children who consume sweets on an empty stomach were more likely to exhibit disruptive behavior than if the sugars were eaten after a good meal — particularly a meal rich in protein.