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Attention-Deficit/Hyperactivity Disorder

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What is ADHD...?

ADHD was 1st described more than 100 years ago. The currently accepted prevalence rate of ADHD in children is in the range from 3% - 10%. ADHD is thought to persist into adolescence in 40% to 70% of cases and persists into adulthood in 43% to 75% of individuals. By definition, symptoms of ADHD appear before age 7, lasts for 6 months or longer, and impairs normal functioning *in at least 2 types of settings* – at school, among peers, at home, or at work, in the case of adults. Currently, no objective diagnostic test for ADHD exists. The assessment process needs to include: 1) Medical history, 2) Developmental history, 3) Family and individual psychiatric history, 4) Academic or occupational performance, 5) Social relationships, 6) Family and home environment, 7) Individual functioning (e.g., mood, self-esteem) and Psychological testing and a Psychiatric evaluation if necessary. In addition, we try to gather parent and teacher rating scales to assist during the assessment process.

Multiple evaluation techniques are required because healthy children occasionally show similar behavior, and other conditions, disorders, or environmental triggers – such as stress- may be associated with the same behaviors.

While the exact cause of ADHD remains a mystery, many theories concerning the causes of ADHD are attributed to environment and bio-neurological theories. They include: altered brain function and anatomy; heredity; maternal smoking, drug use and exposure to toxins; and, childhood exposure to environmental toxins.

Executive Function: What is it? According to the National Resource Center on ADHD, “Executive Function (EF) refers to brain functions that activate, organize, integrate and manage other functions. It enables individuals to account for short and long term consequences of their actions and to plan for those results. It also allows individuals to make real time evaluations of their actions, and make necessary adjustments if those actions are not achieving the desired results.” Two of the major ADHD researchers involved in studying EF are Russell Barkley, Ph.D., and Tom Brown, Ph.D.

The research suggests that it is clear that executive function impairments have adverse effect on an individual’s ability to begin, work on and complete tasks. It is also commonly thought that deficits in executive functions are highly interrelated to symptoms associated with ADHD.

ADHD broken down: What is the difference between ADHD and ADD...?

ADHD has been called attention-deficit disorder (ADD) and hyperactivity. But ADHD is the preferred term, per the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)*, because it describes both primary aspects of the condition: inattention and hyperactivity-impulsive behavior.

According to the *DSM-IV*, ADHD is broken down into 3 subtypes: 1) predominantly inattentive type, 2) predominantly hyperactive-impulsive type, and 3) combined type.

Signs and symptoms of inattention may include:

- Often fails to pay close attention to details or makes careless mistakes in schoolwork or other activities
- Often has trouble sustaining attention during tasks or play
- Seems not to listen even when spoken to directly
- Has difficulty following through on instructions and often fails to finish schoolwork, chores or other tasks
- Often has problems organizing tasks or activities
- Avoids or dislikes tasks that require sustained mental effort, such as schoolwork or homework
- Frequently loses needed items, such as books, pencils, toys or tools
- Can be easily distracted
- Often forgetful

Signs and symptoms of hyperactive and impulsive behavior may include:

- Fidgets or squirms frequently
- Often leaves his or her seat in the classroom or in other situations when remaining seated is expected
- Often runs or climbs excessively when it's not appropriate or, if an adolescent, might constantly feel restless
- Frequently has difficulty playing quietly
- Always seems on the go
- Talks excessively
- Blurts out the answers before questions have been completely asked
- Frequently has difficulty waiting for his or her turn
- Often interrupts or intrudes on others' conversations or games

ADHD: Clinical Presentation in Preschool (Ages 3 – 5):

- Restlessness (as if “driven by a motor”)
- Difficulty completing developmental tasks (e.g., toilet training)
- Decreased and/or restless sleep
- Insatiable curiosity
- Family difficulties (e.g., obtaining and keeping babysitters)
- Vigorous and often destructive play
- Demanding in parental attention, argumentative
- Excessive temper tantrums (more severe and frequent)

ADHD: Clinical Presentation in School-Age (ages 6 – 12)

- Easily distracted
- Unable to sustain attention
- Homework is disorganized, incomplete, contains careless errors
- Blurts out answers before question completed (often disruptive in class)
- Often interrupts or intrudes on others
- Often out of seat, acts like the “class clown”

ADHD: Clinical Presentation in Adolescent (Ages 13 – 18)

- Excessive motor activity tends to decrease
- School work disorganized and shows poor follow-through; fails to work independently
- Engaging in “risky” behaviors
- Difficulty with authority figures
- Poor self esteem
- Poor peer relationships
- Anger, significant mood changes

Normal Behavior vs. ADHD:

The symptoms listed in the *DSM-IV*, sound a lot like a list of behaviors of the average child: difficulty waiting his or her turn, fidgeting or squirming, doesn't seem to listen when spoken to directly.

Hyperactivity: Children are naturally energetic – they often wear their parents out long before they're tired. And they may become even more active when they're tired, hungry, anxious or in a new environment. In addition, some children just naturally have a higher activity level than do others. Children should never be classified as having ADHD just because they're different from their friends or peers. A boy who has substantial problems staying in his seat, talks incessantly, often runs around when it's not appropriate to, can't wait until the end of a questions in order to answer it, intrudes into others' games or conversations, and is having problems at school or at home because of these behaviors, well, this boy may need some help.

Inattention: Attention span often depends on the level of interest. A girl who doesn't know the answer to her teacher's question because she was daydreaming, hardly constitutes a psychiatric emergency. However, if you ask a girl with ADHD why she didn't finish her test by the end of class, she may tell you she was trying very hard but kept getting distracted by the window, the kid in front of her, or got lost thinking about yesterday's cartoons. She may do this every test and it may result in her repeating the 5th grade. This girl doesn't have normal childhood distraction, but problems with attention. Furthermore, regular, repeated problems with paying attention that lead to getting lost, doing poorly on tests, or not being able to finish homework in a timely manner, their minds are often a beehive of activity, and or jumping from one distraction to another, may be symptoms consistent with ADHD, inattentive type.

Co-morbidity / Differential Diagnosis of ADHD: 30% - 60% co-morbidity rate

Oppositional Defiant Disorder (ODD) – 21% - 60% co-morbidity rate

-Children tend to lose their temper easily and annoy people on purpose and are defiant and hostile toward authority figures

Conduct Disorder (CD) – 25% - 40% co-morbidity rate

-Aggression to people and animals; destruction of property; deceitfulness, lying, or stealing; serious violations of rules/ social norms

Major Depressive Disorder (MDD) – approximately 30% co-morbidity rate

-a period of at least two weeks of depressed mood or loss of interest of previously enjoyed activities

Bipolar Disorder (formally known as Manic-Depressive Disorder) –

-marked by frequent, extreme swings in mood, energy and behavior

-experts estimate that 1/3 of all children/adolescents in this country who are diagnosed with ADHD, are actually suffering from Bipolar Disorder

-about 1/2 of boys and 1/4 of girls with Bipolar Disorder also meet the criteria for ADHD e.g., overlap distractibility, hyperactivity and talkativeness

Anxiety Disorders – approximately 25% co-morbidity rate

-Separation Anxiety Disorder: extreme fear of being away from home or care givers

-Generalized Anxiety Disorders: classic worriers or “overanxious”

-Social Phobia: painfully shy and difficulty “performing” in front of others

-Obsessive-Compulsive Disorder: intrusive thoughts, impulses and repetitive behaviors

-Post Traumatic Stress Disorder: traumatic exposure followed by subsequent anxiety

-Panic Disorder: sudden onset anxiety attacks

Substance – Related Disorders-

-researchers have found links between ADHD and the use of illicit drugs

Learning Disorders –

-it is thought that over 1/2 of all children with ADHD also have a Learning Disorder

ADHD Domains of Impairment:

- Interpersonal relationships
 - peer, family, authority
- School or occupational functioning
- Leisure activities
- Self-esteem

Research on ADHD: The Multimodal Treatment Study of Children with ADHD (MTA)

Question: What is the MTA?

Answer: NIMH brought together 18 nationally recognized authorities in ADHD at 6 different university medical centers and hospitals evaluate the leading treatments for ADHD, including various forms of behavior therapy and medications. The study included nearly 600 elementary school children, ages 7 – 9, randomly assigned to one of four modes: (1) medication alone; (2) psychosocial/behavioral treatment alone; (3) a combination of both; or (4) routine community care with medication

Question: What are the major findings of this study?

Answer: The MTA results indicate that long-term combination treatments as well as medication-management alone are both significantly superior to intensive behavioral treatments and routine community treatments in reducing ADHD symptoms. In the areas of functioning (specifically anxiety symptoms, academic performance, oppositionality, parent-child relations, and social skills), the combined treatment approach was consistently superior

Treatment of ADHD: Multidisciplinary Approach

- Education for both parents and child about diagnosis and treatment
- ADHD medication
 - Stimulants and non-stimulants
- Behavioral management therapy
 - Aims to help a child change his or her behavior. It might involve practical assistance, such as help organizing tasks or completing homework, or working through emotionally difficult events. Anger management and stress management techniques are very helpful. Social skills training.
 - Parenting skills training: the use of a system of rewards and consequences to change a child's behavior
 - Family therapy
- School teacher involvement
- School counselor involvement

Education:

- Implications for Educators (refer to handout)
- Section 504
 - Is a **civil rights law** that's purpose is to ensure that individuals with disabilities have the same access to education that individuals without disabilities have
 - Under Section 504, the child may receive appropriate accommodations and modifications tailored to the child's individual needs
- IDEA (The Individuals with Disabilities Education Act)
 - Is an **educational benefit law** that offers additional services and protections for those with disabilities that are not offered to those without disabilities, ensuring that everyone receives a **free appropriate public education**

Resources:

1. www.help4adhd.org
2. www.nimh.nih.gov
3. www.helpguide.org