



Attention Deficit Hyperactivity Disorder: What it is and what it isn't

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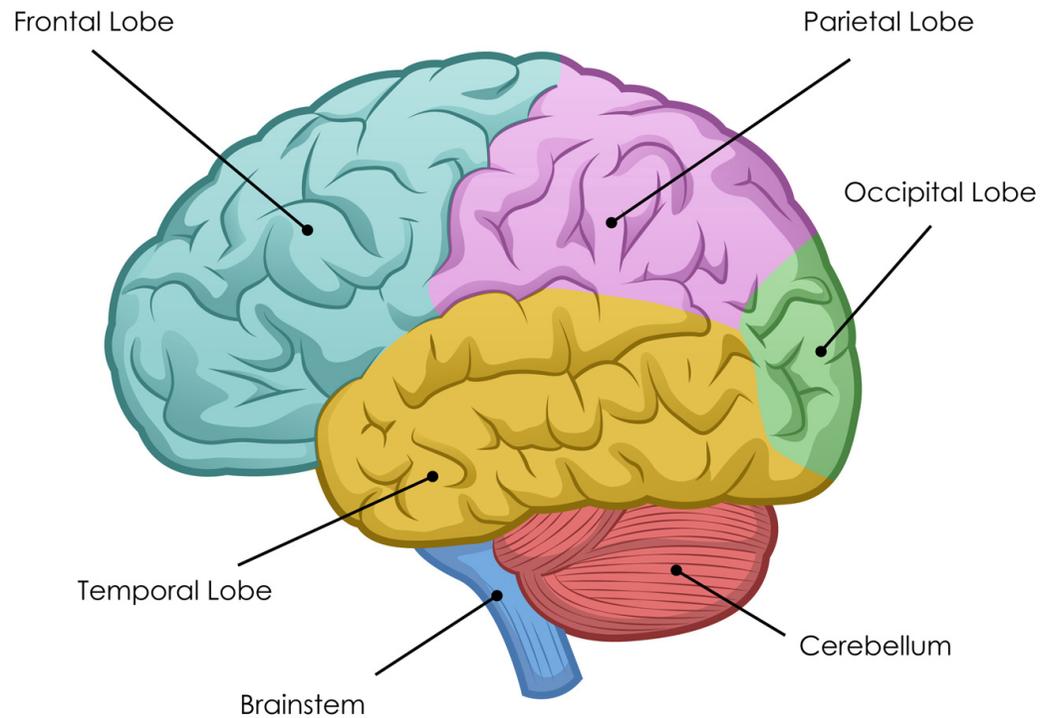
What we'll cover

- ▶ What it is (and what it's not)
- ▶ How it's diagnosed
- ▶ What medications do and when to use them
- ▶ When to seek help and the impact of leaving it untreated

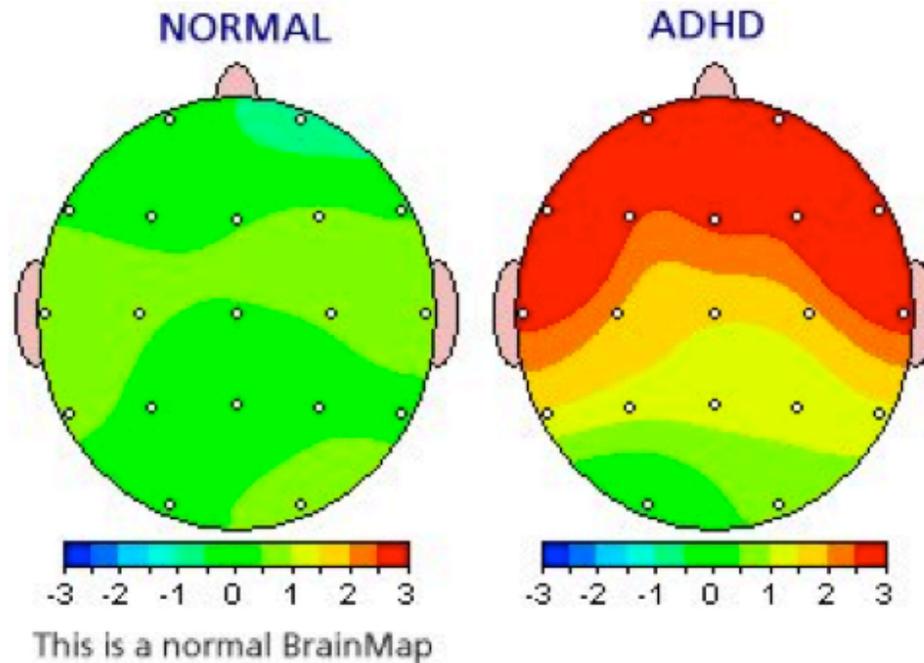
Definition

- ▶ A psychiatric disorder usually diagnosed in childhood, related to deficits in frontal lobe development and function
- ▶ A constellation of symptoms that describe difficulty concentrating, completing tasks and controlling impulsive behaviors
- ▶ Two types: Inattentive type (Attention Deficit Disorder) and Hyperactive type (Attention Deficit Hyperactivity Disorder)

This is your brain...



This is your brain on ADHD



This is one of the typical BrainMap patterns seen in a child with ADHD. It shows an underactive (red colour) frontal lobe behind the forehead.

Diagnostic Criteria

Inattentive Type (6 or more of the following):

- ▶ Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- ▶ Often has trouble holding attention on tasks or play activities.
- ▶ Often does not seem to listen when spoken to directly.
- ▶ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- ▶ Often has trouble organizing tasks and activities.
- ▶ Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- ▶ Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- ▶ Is often easily distracted
- ▶ Is often forgetful in daily activities.

Diagnostic Criteria con't

Hyperactive Type (6 or more of the following):

- ▶ Often fidgets with or taps hands or feet, or squirms in seat.
- ▶ Often leaves seat in situations when remaining seated is expected.
- ▶ Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- ▶ Often unable to play or take part in leisure activities quietly.
- ▶ Is often “on the go” acting as if “driven by a motor”.
- ▶ Often talks excessively.
- ▶ Often blurts out an answer before a question has been completed.
- ▶ Often has trouble waiting his/her turn.
- ▶ Often interrupts or intrudes on others (e.g., butts into conversations or games)

Diagnostic Criteria con't

- ▶ Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- ▶ Several symptoms are present in two or more setting, (e.g., at home, school or work; with friends or relatives; in other activities).
- ▶ There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.

How it's diagnosed

- ▶ Screening tools
- ▶ Teacher report
- ▶ Parent report
- ▶ Clinical assessment/observation

Treatment

- ▶ Behavior Therapy (including parenting skills)
- ▶ School based accommodations
- ▶ Medication

Treatment

Behavior Therapy:

- ▶ Should focus on positive/desired behaviors
- ▶ Provide strategies for use at home
- ▶ Address self esteem issues and difficulty coping with anger and frustration

Treatment

School Interventions:

- ▶ Include accommodations in the classroom
- ▶ Testing through school psychologist
- ▶ IEP/504 plan (special education)

Treatment

Medications:

- ▶ Prescribed by a pediatrician or pediatric psychiatrist
- ▶ Typically a stimulant medication such as Concerta or Adderall
- ▶ May be used as needed, skipping weekends, holidays, summers
- ▶ Common side effects include loss of appetite, sleep disturbances and headaches

Considerations for medication

- ▶ Self esteem
- ▶ Grades/academic performance
- ▶ Failure of alternative methods

What else could it be?

- ▶ Adjustment disorders
- ▶ Learning disabilities
- ▶ Anxiety
- ▶ Normal, immature development in young children
- ▶ Lack of understanding of expected norms in a setting**
 - Montessori vs. traditional classroom expectations

When to seek help

- ▶ Impact on self esteem
- ▶ Poor academic performance
- ▶ Low mood, loss of interest in school/refusal
- ▶ Impact on peer relationships
- ▶ Increased stress at home

Classroom/Parenting Strategies

- ▶ Direct eye contact for verbal instructions
- ▶ Ask child to repeat back what they heard
- ▶ Short, simple instructions
- ▶ Frequent positive reinforcement/behavior contracts
- ▶ Limit environmental distractions
- ▶ Scheduling matters!

Summary

- ▶ A psychiatric disorder resulting in difficulties with concentration, impulse control and attention
- ▶ Related to brain development AND many children will outgrow symptoms as their brains continue to mature
- ▶ Multiple treatment options
- ▶ Impacts to self esteem and mood are common when left untreated
- ▶ Ask questions, advocate for thorough evaluation before arriving at a diagnosis

Resources

- ▶ <http://www.chadd.org/>
- ▶ <http://www.additudemag.com/>
- ▶ <http://www.nichq.org/childrens-health/adhd/resources/vanderbilt-assessment-scales>
- ▶ <https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/Diagnosing-ADHD-in-Children-Guidelines-Information-for-Parents.aspx>

What's Up Next

- ▶ January 17th-Tackling Taboo Topics
- ▶ March 16th-The Impact of Screen Time
- ▶ May 16th-De-mystifying Behavioral Health