

ADHD AND ADD

By Trevor Huskey, LCSW

A person with ADHD is typically regarded as a loud, hyper, impulsive individual who can't get their act together, but it's much more involved and personal than that. Attention deficit hyperactivity disorder (ADHD) behaviors have been recognized since 1902 when Sir George Frederick Still first describes children with ADHD symptoms. At this time, these children were thought to have a "defect of moral control" (Iannelli).

Following are the different names used since then:

- Attention deficit disorder (ADD)
- Brain-injured
- Brain-damaged
- Clumsy child syndrome
- Hyperactive child syndrome
- Hyperexcitability syndrome
- Hyperkinetic impulse disorder
- Hyperkinetic reaction of childhood
- Minimal brain dysfunction
- Nervous (a "nervous child")
- Organic brain disease

per "ADHD History and Medication Timeline" by Vincent Iannelli, MD

ADHD symptoms fall into with one of three quantifying subtypes:

- Primarily Inattentive
- Primarily Hyperactive-Impulsive
- or Combined

According to DSM-V, six of the following symptoms must be present and causing a severe impact at school or work to merit a diagnosis, which vary in severity from person:

- Fails to give close attention to details or makes careless mistakes
- Difficulty sustaining attention
- Does not seem to listen when spoken to
- Poor follow through on instructions and fails to finish projects
- Difficulty organizing tasks and activities
- Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Loses things necessary for tasks or activities
- Easily distracted by extraneous stimuli
- Forgetful in daily activities

Per *“ADD vs. ADHD: What’s the Difference in Symptoms?”* by **ADDitude Editors**

ADHD is diagnosis rates are:

- 8.8% in children
- 11.7% in boys
- 5.7% in girls

ADHD Inattentive-Type is a medical term for a neurological condition that was once called ADD. ADHD Inattentive-Type consists of lack of focus, forgetfulness and disorganization, not hyperactivity or impulsiveness. Those with ADHD Inattentive-Type struggle with a seemingly placid, dreamy, woozy affect that's often mistaken for lack of motivation, intelligence or determination, which means it often goes undiagnosed, especially in females. People with this form of ADHD struggle with focus, memory and attentiveness, making the daily rigors of contemporary life, and school in particular, unnecessarily challenging. Parents and teachers misinterpret these unintentional symptoms as either character flaws or intentional behavior, thereby responding negatively or creating a hostile environment. ADHD Inattentive-Type is misdiagnosed as anxiety or even depression in adults; what makes it tricky is that ADHD often results in comorbid anxiety and depression.

Some people believe that ADHD is actually a social construct in that ADHD symptoms are primarily problematic due to the restricted and pressurized demands of living in the manmade world, particularly for children. Humans have lived for the majority of our existence in the natural world; it is only after agriculture was developed did people start building urban centers. Urban life necessitates schools, and schools were designed for teachers to educate large numbers of students, not to accommodate the individual needs of students.

When one looks at ADHD symptoms, most of them can be correlated directly and indirectly to temperament traits as noted below:

- **HIGH ACTIVITY** – these people are the squirmers and always on the go; these people need a lot of exercise.
- **LOW ADAPTABILITY** – this person finds it hard to move from one part of their day to the next; these people absorbed into activities and need warnings in order to prepare for transitions.
- **HIGH APPROACH** – these people are very enthusiastic about new people and new situations; this can manifest as impulsivity which is usually the most problematic aspect of ADHD.

- HIGH DISTRACTABILITY – these people are easily sidetracked from one thing to another; whether this is related to a creative mind or one that is drawn to anything of higher interest or anything new or different is important to understand.
- HIGH INTENSITY – these people are the big responders, and this trait manifests most significantly regarding boredom (sitting in a classroom for extended hours can be like torture); many people with ADHD need intensity, often physical intensity, which is why exercise, interacting with others and doing things to break the doldrums of routine are so important to incorporate into one's life.
- LOW SENSITIVITY – this person is blissfully unaware of things that bother others. These children don't easily pick up on interpersonal signals; this is the interpersonal issue that is most problematic. After a problem, the person with ADHD moves on to the next thing that grabs their attention as opposed to percolating on the incident and gaining some sense wisdom from it.
- LOW PERSISTENCE – this person gives up easily in face of failure; this issue is tough because along with other ADHD characteristics makes it hard to fulfill one's potential, creating more struggles, failures and less incentive to try due to learned helplessness, especially when school work becomes more involved.
- LOW REGULARITY – this person is hard to predict; it's difficult to tell when they're hungry or tired. This is a lack of insight and contributes to problems as one is not necessarily able to practice a healthy lifestyle based on adequate sleep, nutrition, exercise, socializing or work.

Adjusted from Parets2Parents handout. © 2010 Parents2Parents.

I could probably be diagnosed with ADHD but since it is such an individualized issue, I prefer to look at my symptoms through the prism of temperament since an ADHD diagnosis is not particularly helpful in my mind. I am an adult who understands myself well and has adapted strategies to cope with my temperament traits well. Also, I am a highly-sensitive individual and has had to learn to manage my corresponding tendency toward anxiety, which I have been very successful at. Managing temperament traits that mirror both ADHD and anxiety is a challenging combination but one can learn how to do so with the proper education, guidance and effort. My graduating from graduate school, writing a novella and spending nine years writing a three-book series on anxiety is proof of that.

At the same time, it's important to be aware of the wide-ranging symptoms of ADHD, prioritize which ones are most challenging and have a plan of how to address them. Following is a comprehensive list of symptoms of ADHD from a now-defunct website:

TIME

FORESIGHT/ANTICIPATING OUTCOMES

Poor 0 1 2 3 4 5 6 7 8 9 10 great

HINDSIGHT/LEARNING FROM MISTAKES

Poor 0 1 2 3 4 5 6 7 8 9 10 great

LIVING AT THE MERCY OF THE MOMENT

Poor 0 1 2 3 4 5 6 7 8 9 10 great

MANAGING SENSE OF TIME

Poor 0 1 2 3 4 5 6 7 8 9 10 great

TIME MOVES TOO SLOWLY

Poor 0 1 2 3 4 5 6 7 8 9 10 great

WORK

ORGANIZATION

Poor 0 1 2 3 4 5 6 7 8 9 10 great

WORK CONSISTENCY

Poor 0 1 2 3 4 5 6 7 8 9 10 great

MANAGING TRANSITIONS

Poor 0 1 2 3 4 5 6 7 8 9 10 great

RESUMING TASKS

Poor 0 1 2 3 4 5 6 7 8 9 10 great

HYPER FOCUSED

Poor 0 1 2 3 4 5 6 7 8 9 10 great

ABILITY TO ACHIEVE GOALS/SENSE OF ACCOMPLISHMENT

Poor 0 1 2 3 4 5 6 7 8 9 10 great

SELF

INTERNALIZATION AND GENERALIZATION OF RULES

Poor 0 1 2 3 4 5 6 7 8 9 10 great

USING SELF-TALK EFFECTIVELY

Poor 0 1 2 3 4 5 6 7 8 9 10 great

SOCIAL

PAYING ATTENTION TO OTHERS

Poor 0 1 2 3 4 5 6 7 8 9 10 great

READING SOCIAL CUES

Poor 0 1 2 3 4 5 6 7 8 9 10 great

SELF-AWARENESS/HOW ONE COMES ACROSS TO OTHERS

Poor 0 1 2 3 4 5 6 7 8 9 10 great

MUTUAL EXCHANGE OF FAVORS

Poor 0 1 2 3 4 5 6 7 8 9 10 great

ACCEPTING HELP

Poor 0 1 2 3 4 5 6 7 8 9 10 great

EMOTIONS

FRUSTRATION TOLERANCE

Poor 0 1 2 3 4 5 6 7 8 9 10 great

MANAGES ANGRY INSTEAD OF FEEDING INTO IT FREQUENTLY AND QUICKLY

Poor 0 1 2 3 4 5 6 7 8 9 10 great

RESPONDS THOUGHTFULLY AS OPPOSED TO IMPULSIVELY

Poor 0 1 2 3 4 5 6 7 8 9 10 great

FLEXIBLE/CALM REACTIONS

Poor 0 1 2 3 4 5 6 7 8 9 10 great

ACTIVITY

ABILITY TO TOLERATE STIMULI

Poor 0 1 2 3 4 5 6 7 8 9 10 great

EFFECTIVELY USING ENERGY (FEELS CALM ONLY WHEN IN MOTION)

Poor 0 1 2 3 4 5 6 7 8 9 10 great

HEALTHY CHANNELING OF INTENSITY/THRILL-SEEKING BEHAVIOR

Poor 0 1 2 3 4 5 6 7 8 9 10 great

ABILITY TO MANAGE BOREDOM

Poor 0 1 2 3 4 5 6 7 8 9 10 great

MINIMIZING LYING, CURSING, STEALING OR BLAMING OTHERS

Poor 0 1 2 3 4 5 6 7 8 9 10 great

a previous variation of pediatricneurology.com was the primary source for this information

As you can see, there are a lot of possible symptoms. I altered the phrasing of many of them to be more neutral or positive. The combination of symptoms often result in 3 main problem areas:

EXECUTIVE DYSFUNCTION

- Poor self-esteem
- Over-responsive
- Easily frustrated
- Poor use of self-talk
- Trouble shifting gears
- Poor recall of the past
- Poor future planning

CO-MORBID DISORDERS

- Learning
- Conduct/opposition
- Depression due to poor self-esteem
- Anxiety due to an inability to understand their struggles, let alone devise strategies to handle them

FAMILY DYSFUNCTION

- Parent(s) with similar issues (unresolved, these issues can trigger unnecessarily strong reactions in the parent thereby making matters more complicated and worse)
- Family stress exacerbating the issues

pediatricneurology.com was the primary source for the above information as well

Many people underestimate how serious ADHD can, to help people understand the seriousness of ADHD I see ADHD on a spectrum with bipolar (BP):

Mild ADHD / Moderate ADHD / Severe ADHD/Mild BP / Moderate BP / Severe BP

Severe ADHD shares many characteristics of bipolar:

- Impulsivity

- Strong emotional reactions
- Comorbid anxiety/depression
- Problematic relationships
- Challenges with self-control
- Poor continuity in life

ADULT ADHD

Though it's called adult ADHD, symptoms start in early childhood and continue into adulthood. In some cases, ADHD is not recognized or diagnosed until the person is an adult. Adult ADHD symptoms may not be as clear as ADHD symptoms in children. In adults, hyperactivity may decrease, but struggles with impulsiveness, restlessness and difficulty paying attention may continue.

TESTING

There is no test for ADHD, so doctors must act like a detective when they make diagnoses. They should count a patient's ADHD symptoms, look at how a person is doing in their daily life, think about all other possible diagnoses, and gather a history of the patient's life over time. They should gather information from schools, parents, teachers, family members, and the patient. Providers who are not following these rules risk making incorrect diagnoses.

- The Conners is the most common test used for diagnosis of ADHD. The Conners rating scale is a questionnaire that asks about things like behavior, work or schoolwork, and social life. The answers show your doctor which ADHD symptoms you might have and how serious they are. They can show how these symptoms affect things like grades, job, home life, and relationships. Parents and teachers usually fill out scales for children. Older children complete their own rating scale. Adults answer a questionnaire about themselves and may ask a spouse, co-worker, or close friend to do one as well.
- SWAN Rating Scale has 30 items and includes ADHD symptoms and symptoms of oppositional defiant disorder.
- SNAP-IV Rating Scale contains 90 items and includes symptoms of ADHD and also ODD and aggression

Disagreement continues about how much of the increased diagnoses can be attributed to true increases in frequency, improved detection, or diagnostic inflation because of misdiagnosis and/or overdiagnosis.

For individuals with milder symptoms in particular, the harms associated with an ADHD diagnosis may outweigh the benefits (unnecessary medication, negative reputation, etc.).

BEHAVIORAL TREATMENT

ADHD is also considered a formal disability in public schools. The designation is made through the category Other Health Impairment (OHI) on Individualized Education Plans (IEP). First there must be documentation of learning or behavior problems, parents should save any and all documents related to their child's learning and behavior. If school staff bring a problem to a parent's attention, the parent should ask to have it documented in either an email, report card or incident report. Schools typically will put a 504 Plan in place prior to an IEP, which is usually an appropriate initial step. However, some schools resist implementing an IEP to accommodate a child, most likely because school staff and budgets are spread thin. In my experience, private schools do not have the same legal obligation to provide the diagnosis, 504 Plan or IEP. In my understanding, the same is true for colleges and universities.

Children with ADHD have to contend with negative regard (confusion, disappointment, frustration) to outright hostility from peers, teachers, parents, siblings or other family members. If the other siblings do not struggle in the same ways, there is often a tacit or overt comparison and shaming. Parents allow their own anxieties ("My child will either be homeless or live in my basement the rest of their life.") to become the driving force in parenting, which puts too much pressure on the parent(s) and child. When the parent's anxiety is totally out of control, the parent becomes emotionally (calling their child stupid and predicting the child's failures) and physically abusive (slapping, hitting, throwing things). At this point, the parent is the one who needs help more than anyone else as they have violated the sanctity of the family home as a refuge from the big, bad world and turned it into a torture chamber. Once a parent has crossed this line, they have unwittingly created so many negative associations with school, school work and themselves for the child that the child cannot help but experience significantly more anxiety, frustration, depressed mood and resentment toward the abusive parent. The parent's clueless and primitive positive intent may have turned the parent into a criminal as child abuse is against the law.

Parents don't have to fall into ugly traps set by their runaway anxiety, they can help their children in multiple ways:

- If you, your child's other parent or a relative in either family has been diagnosed with ADHD, be prepared that your child may have it as well
- Be educated about ADHD and the range of symptoms
- Pay attention to your child and be aware of their temperament traits
- Recognize your child's abilities, character traits and progress
- Be patient and gentle when providing support early in life, especially regarding school
- Use a Star Chart when they are young to recognize positive behaviors

- Make sure to provide unconditional love to your child
- Talk about your own struggles in life and how you were able to manage
- Don't turn school and grades into the defining aspect of your relationship with your child
- Allow your child to be involved in school decisions especially starting at age 12
- Work with your child at home to figure out how to structure study time
- Allow your child to be fully responsible for a class of their choice starting in 7th grade, then see about adding another class each semester, based on your child's level of responsibility and success. This process sends the message that you trust your child to take on a reasonable level of responsibility instead of trying to micromanage them which sends the message that you don't trust your child to take on an increasing level of responsibility
- When giving reminders or instructions, make sure you are in the same room, have eye-contact and give one instruction at a time

Ultimately the goals are to:

- Help your child with ADHD learn about themselves
- Assist your child in figuring out what works for them and what doesn't work for them
- Allow them to take on increasing responsibility for themselves so that they can become a competent adult

Whether your child gets as good grades or is as well-behaved as you would like is another matter and one that you don't have as much control as you probably would like. They are their own person and have to find their own way in life. Even intelligent people can struggle in school; I failed 3 classes in high school and 9 classes in college. There were extenuating circumstances to these scenarios, but it reinforces the fact that grades aren't everything.

For teenagers and adults, the following can also be helpful:

- Develop specific and achievable goals related to ADHD - Improving homework completion to 90% (from 80%) over the next month
- Tie goals to values – Improving work punctuality to 100% (sense of responsibility to employer)
- Develop healthier habits by tying new habits to established habits – having medication right next to coffee maker
- Reinforce healthy habits through self-discipline - putting keys and wallet in same place every time

- Use technology – cell phone alarms are amazingly helpful
- Checks calendars multiple times a day and have an overview of each week early Sunday evening
- Prepare materials (lunch, backpack, homework, gym clothes) the night before
- Give yourself credit each day for anything you did that involved good effort, smart decision or accomplished

Treatment for adult ADHD is similar to treatment for childhood ADHD. Adult ADHD treatment includes therapy, medications and treatment for any comorbid conditions. Many of the same behavioral interventions for children/teens can work for adults as well.

MEDICATION TREATMENT

Stimulants are the best and most common type of medication used to treat ADHD. There are two stimulant medications:

- Methylphenidate (Ritalin, Concerta, etc.)
- Amphetamine (Adderall, Vyvanse, etc.)

These medications are fast-acting:

- Methylphenidate should start to work within 30 to 45 minutes with quick-release forms lasting 4–6 hours while extended-release forms such as Concerta require slightly longer to take effect and last 10 to 14 hours
- Amphetamine requires 20 to 60 minutes to take effect with quick-release forms lasting 3-6 hours, while extended-release forms such as Vyvanse requires up to 1 hour to take effect for 10 to 12 hours

These medications usually cause people to not be hungry at lunch time, and children need to be monitored for excessive weight loss or inadequate weight gain. Allowing kids to eat more at the end of the day is often encouraged.

Some parents allow kids to be off medication for weekends, school breaks and summer. Some psychiatrists have recommended keeping kids on their medication throughout these breaks for continuity's sake.

As with all psychotropic drugs, these medications only manage symptoms, they do not address any underlying psychological issues, improve abilities or change personality. For children whose frontal lobes are not developed, which starts mainly at 12 and fully developed at age 25, medications can make them less hyper, impulsive and distracted, which can make a significant difference in the classroom and at home. Preteens and teens can be expected to rely on increasingly more cognitive abilities that can translate into more effective abilities.

One concern that I have is that parents and or their child may grow too reliant on medications to address behavioral issues and don't make enough effort to structure things at home better to assist a child to learn more about themselves, how to motivate themselves and what works and what doesn't when it comes to study skills, etc.

There are college students who fake ADHD to get medications that help them study faster.

Some people promote herbs. From what I have read, herbs aren't effective, although some literature suggests that European research indicates they do and that it is American pharmacology that tilts research outcomes in their own favor.

ALTERNATIVE TREATMENT

Neurofeedback training is an alternative therapy that uses real-time EEG data to help patients train their brains to improve focus, impulse control, and executive function.

Neurofeedback traces its roots to neuroplasticity — the concept that the brain is malleable and that with frequent, intense practice, patients may transform their brainwave activity. Over time, neurofeedback aims to help patients increase the ratio of high-frequency brain waves, leading to stronger attention and self-control.

Many ADHD brains generate an abundance of low-frequency delta or theta brain waves, and a shortage of high-frequency beta brain waves. Over 20 to 40 training sessions, neurofeedback works to reverse that ratio.

More specifically, neurofeedback therapy works to increase the brain's capacity and predisposition for beta waves, which are associated with efficient information processing and problem solving. In contrast, when a high proportion of theta waves are present, patients complain of incomplete work, disorganization, and distractibility.

Existing research does suggest that neurofeedback can result in improved attention, diminished hyperactivity, and enhanced executive functions, including working memory, for some patients. However, some of the most important researchers in the ADHD field would argue that the efficacy of neurofeedback for ADHD has not been conclusively established. The bottom line is that research support for both stimulant medication therapy and behavior therapy is stronger than it is for neurofeedback at the moment.

Neurofeedback has shown promising results in children with ADHD, but randomized controlled trials in adults with ADHD are scarce.

Neurofeedback information is from "Can Neurofeedback Effectively Treat ADHD?" on the Attitude website

DIFFERENTIAL DIAGNOSES

There are people experiencing depression, anxiety, learning problems, or trauma who have difficulties focusing and staying motivated.

ADHD VS ANXIETY

Differentiating ADHD vs anxiety can be tricky as they have numerous possible shared symptoms. People with anxiety often struggle with concentration, impulsivity, social skills, academics and self-esteem, just like people with ADHD. As someone who could be diagnosed with both, I find that my forgetfulness is primarily related to ADHD symptoms, although this is really just a reflection of my very active mind. Recently a patient was talking about ADHD symptoms, and I asked what types of thoughts he was having that contributed to his poor concentration, and he shared several that were all self-critical and negative thoughts about the future, and I noted that was more indicative of anxiety. My ADHD thoughts tend to bounce around in all different/random kinds of ways, part of which contributes to my creativity.

ADHD VS TRAUMA

There are a wide varieties of trauma, and the most common, emotional trauma, is often overlooked, minimized, ignored or belittled. Trauma runs a lot of interference until it is reconciled with, and the main ways that trauma manifests is as anxiety and depression. Medication does not address trauma in any meaningful beyond maybe some symptom management.

ADHD VS BIPOLAR

In my opinion, Bipolar can be like ADHD on steroids. Childhood Bipolar is real and can manifest quite young, even as young as 5. Patients can be diagnosed with both, although I am hesitant to agree with this as I believe it is really one or the other.

OTHER DISABILITIES

- Visual and hearing problems can be mistaken for ADHD; proper testing is an easy fix.
- Cognitive disabilities like slow processing, poor memory, low IQ and specific learning disabilities (reading first and foremost or math) are important to ferret out before an ADHD diagnosis.

RESOURCES

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) <https://chadd.org/>
- ADHD Resource Center The American Academy of Child and Adolescent Psychiatry https://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx

- Attitude

<https://www.additudemag.com/>