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Guide to Attention Deficit Hyperactive Disorder

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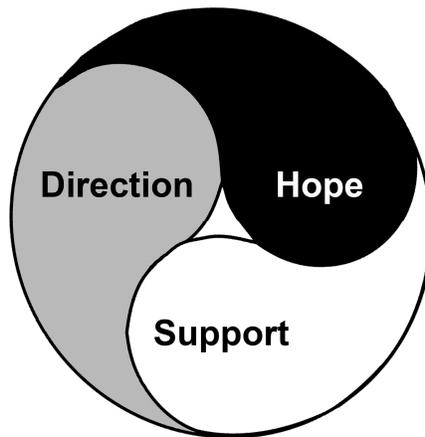


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Gaining a Better Understanding About ADHD

Diagnosing Attention Deficit Hyperactive Disorder (ADHD) is not always an easy task feat. There are many factors to consider in determining if someone fits the criteria for a ADHD diagnosis.. Environment, family situation, teacher subjective tolerance, parent attitude and temperament, and sibling interactions could all play a part in addressing concerns regarding this diagnosis. Developmentally, it is pretty common to see young kids hyper, inattentive, and impulsive. That is all part of their learning process and normal growth for children. As their brains develop and grow, they learn to manage themselves and are better able to adjust to expectations of their surroundings.

When children get older, their brain is going through a rewiring activity. It is learning to be more efficient in processing information and more effective ways for ways for tasks to be done.

For kids with ADHD it is a tremendous challenge in certain settings due to their specific brain wiring. They simply cannot address situations the same way as people who do not have the diagnosis. It impacts a person socially, academically, financially, in family relations, legally, and their self-confidence.

There is a belief by some, that this diagnosis is becoming more popular and is just an easy way out of having to deal with age appropriate behavior. According to a recent survey by Centers for

Disease Control and Prevention (CDC) and the Health Resources and Services Administration, the percentage of children with an ADHD diagnosis continues to increase, from 7.8% 2003 to 9.5% in 2007 and to 11.0% in 2011. However, the surge in diagnosis is most likely related to people having more knowledge and resources to address this issue. Interventions are able to be introduced earlier now. Since our knowledge base is much better than previously, we are able to detect it sooner. The good news is that individuals now have a diagnosis to go along with symptoms they may have been experiencing for years, availing themselves of more interventions and resources to address their issues.

ADHD has no known causes. It is a neurobiological disorder that people are born with. There are some genetic influences that play a factor. If a parent has been diagnosed with ADHD there is more of a likelihood their child will be. There are some studies that suggest environmental factors, smoking while pregnant, premature weight, brain injuries, and diet, however, these potential causes have not been widely accepted in the medical and behavioral health community.

Symptoms could vary from individual to individual. The intensity or frequency of symptoms is what could raise a concern. Those determinations are also based on degrees of subjectivity. For example, if a teacher is overly lenient, has a class room full of challenging kids, she/he may catch a child exhibiting symptoms as readily as a stricter teacher with a quieter class room. Some kids have fallen below the radar and may not figure a diagnosis until adulthood. This person may have gone through many ordeals and setbacks in life before understanding their diagnosis.

ADHD should be diagnosed by a professional. This professional should be a licensed therapist who has experience in working with this population. In most cases, there should be some diagnostic tools that supplement the diagnosis. Tools vary but could include brain imaging as well as forms that parents, child, and school fills out. A diagnostic interview with information gathered from various sources would be the minimum that would be included in a thorough

evaluation. Other medical issues should be ruled out (hearing, allergies, vision Etc.). Sifting out other or contributing mental health diagnosis is a complicated process and will be covered more extensively in another article. What helps determine a diagnosis is length of time symptoms are presenting themselves. Again, in most cases there should be a history of this behavior. Exceptions would be if this behavior was presenting itself for a while but had gone undetected. Diagnosis of a child with ADHD is not accepted until a child is over two years of age. There is no age limit where this diagnosis is no longer valid. Individuals could be diagnosed at any age after two.

ADHD used to be referred to as Attention Deficit Disorder. In 1994 it was renamed Attention Deficit Disorder and broken up into three subtypes, each with its own subtype. The three types are: ADHD Predominately Inattentive Type, ADHD Predominately Hyperactive-Impulsive, or ADHD Combined type. For a complete symptom list, the diagnosis, and a complete listing of symptoms will be included in appendix. Diagnostic criteria are determined by the Diagnostic Statistical Manuel (American Psychiatric Association). This is the standard reference guide for all mental health and substance abuse diagnosis.

A diagnosis of ADHD is not the end of the world. There are many famous and successful people who have satisfying lives with ADHD. In fact, establishing a diagnosis opens up doors for individuals and families for a wealth of resources and interventions. It could be reassuring to know that you have a diagnosis to work with.



Is It Attention Deficit Hyperactivity Disorder or is it

Impulsivity, hyperactivity, disorganization, and concentration issues are symptoms that most likely to come to mind when we think of Attention Deficit Hyperactivity Disorder. (ADHD). While these certainly are challenges we see with someone with ADHD, that may be only part of the picture. There could be other diagnoses involved that coexist with the ADHD diagnosis or even be the main diagnosis itself. The traits of diagnoses overlap with those of ADHD. They may be similar enough to be overlooked or mistaken for it. If a wrong diagnosis is made, or one is not detected, it would interfere with effectively addressing the problem. In some cases symptoms could intensify.

Approximately 80% of those with ADHD are diagnosed with *at least one* other psychiatric disorder during their lifetime. It is also common for someone to have a diagnosis change or an additional diagnosis added on at some point in treatment. A reliable and uniform tool does not exist for evaluating someone for mental health problems. There are some degrees of subjective interpretations left up to the evaluator. Furthermore, at the time that a diagnosis is given, certain symptoms may be presenting themselves more intensely than others. For example, a person

who has ADHD is getting frustrated and loses his/her temper. Their reaction to the situation may present itself intensely at that point in time. If this happens regularly, the angry behavior would be the symptom of main concern. The possible reasons behind the behavior may be overlooked. In this case, it may be someone who is feeling frustrated or confused with their symptoms of ADHD and not getting support. The chart included demonstrates how overlapping symptoms may be indicative of multiple diagnoses.

When a person receives a mental health diagnosis, it does not mean that diagnosis will not change. It is possible the diagnosis will change or an additional one will be added. If medication is recommended, certain medications could exacerbate their symptoms. It is important not to overlook the possibility of an additional or different diagnosis should problems continue. A reevaluation or obtaining a second opinion to rule out other mental health issues may be in order.



	ADHD	ASD	SPD	Anxiety Disorder	Depression	Bi Polar Disorder	Learning Disability	Substance Abuse	Oppositional Defiant Disorder	Medication reaction
Impulsivity	✓	✓	✓			✓	✓	✓		✓
Hyperactive	✓		✓	✓		✓		✓		✓
Social issues	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Poor School Grades	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Repetitive behaviors	✓	✓		✓						
Legal Issues	✓	✓			✓	✓	✓	✓	✓	
Authority Issues	✓	✓			✓				✓	
Communication issues	✓	✓			✓	✓	✓			✓
Inattention/easily distracted	✓	✓		✓	✓	✓	✓	✓		✓
Not follow directions	✓	✓		✓	✓	✓	✓	✓	✓	
Restlessness	✓	✓	✓	✓		✓		✓		
Lack of follow through	✓	✓		✓	✓	✓	✓	✓	✓	
Lack of organization	✓	✓	✓	✓	✓	✓	✓	✓		✓
Irritability Anger Issues	✓	✓	✓			✓		✓	✓	✓

Mental Health Diagnosis that Share Similar Symptoms

In order to determine an accurate diagnosis, age of onset, frequency of symptoms, duration of symptoms, circumstances that symptoms present themselves, and other family/teacher input.

- * Attention Deficit Hyperactivity Disorder (ADHD)
- * Autistic Spectrum Disorder (ASD)
- * Sensory Processing Disorder (SPD)

Attention Deficit Hyperactivity Disorder, What Now....?

Through medical, science, and behavioral medicine advancements, we have gained a greater understanding of Attention Deficit Hyperactivity Disorder (ADHD) over the years. Through these gains there is not only more information at our disposal about ADHD but treatment options as well. We are able to provide earlier diagnosis, more effective interventions, and overall better ability to offset the symptoms of ADHD. Much of these gains are attributed to advances in technology. Discovering and sharing information is easier and efficient. The accuracy in diagnosing and development of tools has also benefited those diagnosed with ADHD. For those diagnosed with ADHD and their family members, it may be difficult to figure out a starting point. This article will help in figuring out a starting point for individuals and families. Since there is no cure for ADHD, these options are presented for symptom relief and making life more manageable for the ADHD person. Treatment options and strategies will be discussed. There is not one size fits all. Individuals may respond differently depending on personality types, severity of ADHD, and support system. Also, it is pretty common to combine treatment modalities.

Medication:

Medication can be prescribed for adults or children. However, caution should be exercised as the full impact on a child's brain development is not fully established. In most states, an MD needs to prescribe medication. A Primary Care Physician (PCP) could

prescribe as well as psychiatrist. Some individuals start with their PCP and would move on to a psychiatrist if not getting the desired results. Psychiatrists are considered specialists for mental health issues and some stay with PCP. Similar to most medications, dosages and medications may need to be adjusted until the desired effect is reached.

Most of the medications for ADHD are stimulants. It may seem ironic that stimulants are given to patients who exhibit hyperactivity but these is the medication of choice that has been used for years. . Dopamine is a neurotransmitter in our brain. Motivation, pleasure, attention, and movement are associated with it. Stimulants increase dopamine levels in the brain. This could boost concentration and focus with those with ADHD while reducing impulsivity and hyperactivity. There is short acting and long acting medications. Some short acting medications need to be taken every 2-3 hours. Longer lasting ones could last up to 12 hours. Decisions to which to take, short versus long acting, depends on lifestyle, side effects a person may experience, and individual preferences. Some people could experience side effects from medication. For the stimulants, this would include: Racing heartbeat, depression, irritability, loss of appetite, upset stomach, sleep problems, headaches, mood swings, dizziness, and tics. Medication management should be closely monitored, especially for children. The common medications that fall under this include: Concerta, Ritalin, Vyvanse, Focalin, and Adderall. Strattera is one medication that is a non stimulant. It effects different brain chemical then the stimulants. It is also longer lasting than stimulants. Side effects include: Sleepiness, Headache, Abdominal pain, or upset stomach, Nausea and vomiting, Dizziness, and Mood swings.

Therapy

There are many different types of therapy that are available. For most, Cognitive Behavioral Therapy(CBT) is a treatment of choice. CBT emphasizes the importance of awareness of how thoughts, feelings, and behaviors are related. The therapist is usually active in the session, and offering worksheets and tasks to do in between sessions. Problem solving techniques and focus on the here and now are key components. CBT is a description of the type of therapy. Specific types of therapies that fall under include: Rational Emotive Behavior Therapy, Cognitive Therapy, Rational Behavior Therapy, Dialectic Behavior Therapy,

and Rational Living Therapy. All age groups could benefit from this type of therapy. Clients should research not only approaches but therapists as well. Some therapists may consider themselves knowledgeable about CBT but may not actually use it.

If a child is involved, parenting classes or therapy for parents would be helpful. Therapists could help parents implement strategies to address their children's symptoms. It could be particularly helpful for parents whose children are resistant to parental help or are stressed out due to behavioral or emotional challenges their child is experiencing.

Parents could also find it helpful to attend support groups. These groups provide valuable resources and support for parents. Adults who have ADHD could also benefit from these groups. Children and Adults with Attention Deficit Hyperactivity Disorder , CHADD(www.chadd.org), ADHD and You (www.adhdandyou.com), meet up groups (www.meetup.com), and National Institute of Mental Health, NIMH (www.nimh.nih.gov) are helpful resources and support for ADHD people and families.

Since there are usually social issues associated with ADHD, explore social therapy groups for kids. These groups could be provided through school, private therapists, youth and family agencies, and occupational therapists. Focus on these groups would be on regulating emotions, picking up on social skills, and managing their symptoms associated with ADHD

If it is a child that had the ADHD, getting a school social worker involved will be extremely helpful. School Social Workers(SSW) can not only act as a liaison between parents, school administration and teachers. They can also provide therapy in school to help students with ADHD implement strategies and follow through. SSW may also offer in school support or skills group. These groups can be extremely helpful in addressing for the ADHD student. Also, if there is a Individual Education Plan (IEP) that is being implemented by school, a school social worker would be involved in most cases.

Biofeedback, Cogmed Working Memory Training, and Equine Therapy may be additional forms of therapy someone can pursue.

Life Coach

These are professionals who may or may not be certified in their field. Since there are no restrictions/requirements for Life Coaches, styles and methods may vary. This is a relatively new field although origins do date back to 90's, it is been more looked at and popular in the last few years. Since there are no educational requirements, the distinction is emphasized between coaching and therapy. Life Coaching consists of assisting clients in coming up with strategies, routines and organizational methods to offset challenges they have with ADHD.

Diet

Gluten(protein found in wheat, barley, rye and triticale, a cross between wheat and rye) free diets are popular diets encouraged by some in the ADHD circles. Some individuals have food allergies or sensitivities. This may exacerbate symptoms. Gluten is a common food allergy. If you are choosing to go this route, it is suggested you educate yourself as it could become a challenging diet to follow. Avoidance of food colors, excessive sugar, and even dairy have been suggested. A good general rule of thumb is limiting sugar and fatty foods while including omega-3 foods (fish and nuts), protein, balance meals (breakfast being very important) and vegetables if possible (understanding that may require an additional article on how to get kids to eat vegetables.

Herbal Supplements

Research is inconsistent in this area. However, Omega-3 supplements, zinc, iron magnesium, and vitamin B's have been suggested. Omega-3's are supposed to be important in brain and nerve functions. Zinc helps regulate and make dopamine. Low levels of dopamine are associated with inattention. Iron is necessary in making dopamine. Magnesium is also used in making neurotransmitters involved in attention as well as having a calming effect on the brain. Vitamin B is also helpful in increasing dopamine levels in the brain. If you are going to pursue this route it is suggested that you talk with an expert in this field as this route could be quite expensive.

Coping Strategies

Each person may be impacted and experience their symptoms differently. I have included some strategies that could be helpful in managing ADHD.

- Develop routines. Winging it is not effective for those with ADHD. Avoid listening to yourself that it could always wait.
- Avoid clutter. Use bins, organizers, binders, and the garbage can consistently. Develop rules to address the clutter. For example, no newspapers more than one day old, only two pair of shoes, and if i have not used in it in the last six months I do not need(translation... throw it out).
- Spend extra time in getting organized. Clean out desks, backpacks, lockers, and cars regularly.
- Keep it simple. Have bills in the same place. This will also help in getting out of the house in the morning.
- In school, sit in front of the class where there are fewer distractions.
- Make sure all tech devices are synced. Google drive, Evernote, and Dropbox are a couple apps that could help. Also, zip drives provide insurance as does online backup systems. Go to my PC or similar software could ensure that all information stays on one computer.
- Break up tasks. Boredom is a big enemy of ADHDers, and changing tasks (not routines) could offer enough variety to keep interest and attention going.
- Set times. This could include watches or phones. When the timer goes off this is a time to check yourself regarding how on task you are.
- Allow down time. Make sure this down time is not interfering with any tasks you need to do. Use this time to refresh yourself
- Set goals in writing. This will allow more accountability and visually seeing a goal increases motivation.
- Get to mail on a daily basis. Organize into three piles. Personal, bills, and garbage.

For parents it would be helpful to keep these in mind:

- Communicate with the school regularly. Notes and e mail are effective ways to stay in the loop.
- Check grades and assignments on line regularly. If a ADHD student has missed a assignment or two, this could quickly progress to where a student could fall behind and feel as if they could never catch up
- Encourage going through backpacks and lockers regularly.
- Help with a morning routine. Remain consistent with the routine and try not to do too much. This would start the day with a bad attitude and stress.
- Go through their rooms for clean up at least weekly. It may amaze you what you(and the kids as well) find in their room when thoroughly gone over.
- Encourage social activities. Joining a club or organization could provide a great feeling of being connected. Sports and music (bands) also provide a wonderful pursuit. A bored ADHD child is certainly what a parent wants to avoid.
- Stay consistent. If you are inconsistent it is not realistic to expect your child to be

If you have ADHD this is certainly not a death sentence. You can live a very happy and productive life. Many successful people have ADHD and managed their symptoms. Understand your own limitations and avoid unrealistic self-talk(something you may tell yourself that in most cases you will identify as not being productive). If you are a parent, avoid yelling and try to stay positive. Utilize support systems and take care of yourself. For adults with ADHD be realistic with your expectations. Some adults struggle with acknowledging they may be behind in work or do not understand something. Ask for help. If it is difficult for you to talk with a peer at work or supervisor, share your struggles with a family member. Getting a second opinion will help you see the problem from a fresh perspective. Lastly, consider a therapist who is experienced in working with ADHD. He or she would provide you with individual support and resources. The therapist would also assist in addressing issues that may impact on family.

"More and more, the concept of ADD as a disorder is being qualified by inclusion of a string of positive qualities -- such as creativity, high intelligence, ability to do many things at once, an aptitude for small business entrepreneurship, and a powerful intuitive sense." - Susan Burgess, from "[Think Fast! The ADD Experience](#)" (Hartmann, Bownman & Burgess)

Appendix

To be considered for a diagnosis of ADHD:

- a child must display behaviors from one of the three subtypes **before age 7**
- these behaviors must be more severe than in other kids the same age
- the behaviors must last for at least 6 months
- the behaviors must occur in and negatively affect at least two areas of a child's life (such as school, home, daycare settings, or friendships)

Children who have symptoms of **inattention**:

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities
- (b) often has difficulty sustaining attention in tasks or play activity
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

Children who have symptoms of **hyperactivity** may:

2) Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which it

is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

(d) often has difficulty playing or engaging in leisure activities quietly

(e) is often "on the go" or often acts as if "driven by a motor"

(f) often talks excessively

Impulsivity

(g) often blurts out answers before questions have been completed

(h) often has difficulty awaiting turn

(i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms must have been present before age 7 years.

C. Some impairment from the symptoms is present in at least two settings (e.g., at school [or work] and at home).

D. There must be clear evidence of interference with developmentally appropriate social, academic or occupational functioning.

E. The disturbance does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorders and is not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

