

ALL ABOUT ATTENTION DEFICIT DISORDER

Thomas W. Phelan, Ph.D.

- Overview: 1. What is ADD?
2. Diagnosis
3. Treatment

I. What is Attention Deficit Disorder?

A. Other Names

MBD, Hyperkinesis, Hyperactivity
ADD
ADHD
5% kids > 3% adults

B. Types

INATTENTIVE LIST (6 OF 9)

1. Careless mistakes
2. Sustaining attention
3. Listen
4. Fails to finish
5. Organizing
6. Avoids sustained mental effort
7. Loses things
8. Easily distracted
9. Forgetful

HYPERACTIVE/IMPULSIVE (6 OF 9)

- HYP
1. Fidgets or squirms
 2. Leaves seat
 3. Runs or climbs
 4. Noisy
 5. On the go
 6. Talks excessively

- IMP
7. Blurts out
 8. Difficulty awaiting turn
 9. Interrupts

THREE POSSIBILITIES:

1. COMBINED TYPE (ADD with hyperactivity)
2. INATTENTIVE TYPE (ADD without hyperactivity)
3. HYPERACTIVE/IMPULSIVE TYPE (Combined?)

C. LIVING WITH ADD: 8 CHARACTERISTICS

1. Inattention (distractibility)
2. Impulsivity
3. Difficulty delaying gratification
4. Hyperactivity
5. Emotional overarousal
6. Non-compliance
7. Social problems
8. Disorganization

D. Effects of ADD

1. School

Sit still & concentrate
Negative force
Rules: change
IQ? LD?
Uneven academic performance
Daydream
Blurt out
UNDERACHIEVEMENT

2. Home

Enigma
Black sheep
Noise
Sibling rivalry
High % negative interactions
Follow through
FAILURE
SELF-ESTEEM Mom!
DEPRESSION

3. Social

Games: rules and restraints
2/3 Bossy and aggressive
L.F.T.
Blame vs Learn
Initiate but negative
Group > silly
ISOLATION
YOUNGER PLAYMATES

E. Developmental Course of ADD

1. Infancy

Less reliable
New situations: negative
Negative mood
Intensity
Sleeping
Eating
Resist affection

2. Toddlers

60-70% by 2-3
Noncompliance
"On the go"
Accidents
Naps stop early
Demand attention
Extra childproofing
Jealousy
Pets can diagnose ADD

3. Ages 3-5

Public noncompliance
Peer problems
School calls
Discipline
Conscience?
Destructive: 2
Parents: depressed, more conflict

4. Ages 5-12

School complaints up
Retention discussed
L.D. emerges
Acting out: lying
Child's self-esteem drops

5. Adolescence

Hyperactivity down
Peer problems
Truancy, police, substance abuse
Academically behind
Family FED UP!
Arguments
Depression
Car

6. Adults

Do exist!
Relief from school
Residual symptoms
Contact with law down
Move, divorce, change jobs
Educational and economic achievement lower
ADD assets?

F. Causes

1. Hereditary
2. Neurological, biochemical problem
3. Glucose metabolism, neurotransmitters
4. But... psychological, family dynamic still most popular theory

G. Odds & Ends

1. Sex ratio
2. Can sit still!
3. Mom's vs Dad's
4. A Day in Hell
5. Siblings
6. Parents

II. The Diagnosis of Attention Deficit Disorder

A. The "catch": 80% sit still and no one physical or psychological test

B. Collect information

1. Presenting complaints
2. Developmental history
3. School information
4. Structured interviews
5. Rating scales and questionnaires

C. Child Interview

D. Physical or neurological?

E. Exceptions: social skills OK, no hyperactivity, shy, 1/1 preschool, high IQ

F. Comorbidity (50% of ADD children)

1. ODD 60% (M vs F)
2. LD 30% (M vs F)
3. Anxiety 30%
4. CD 25% (M vs F)
6. Bipolar 10%
7. Sleep disorders (30%)

G. Mom and Dad

1. Depression
2. Alcohol/Drug
3. Anxiety
4. Antisocial personality
5. ADD

3. Treatment: what can you do about ADD?

A. Education

1. No cure: long term management and control
2. Research: information helps parents
3. "Not your fault" education is also therapy
4. Guilt and anger
5. Reasons vs excuses
6. Self-concept: who's working harder?
7. Support groups have been a big help
8. Slipping

B. Counseling

1. For the kids?
 - Don't want to go
 - Blame everyone else
 - Don't pay attention in session
 - Forget after
 - But... stay in touch, and some are better candidates than others
2. For the parents
 - Individual
 - Marital
 - Medication

C. School Interventions

1. Teacher chemistry very important
2. Teacher attitude/knowledge about ADD
 - Thinking ADD
 - Hard work: frequent feedback (reinforcement and correction)
 - Plan ahead: structure, structure, structure!
 - Attack the problem or you will feel attacked
 - Doing a favor for someone who is hard to like
3. Two classroom goals: get the work done (learn) and don't bother your neighbor
4. What can be tolerated: fidgeting, odd sitting positions
5. Two problems: disruptive behavior and nondisruptive inattention
6. Prevention:
 - Desk in front
 - Legitimate movement
 - Away from distractors
 - Be careful with cooperative or team learning
7. Daily or weekly sheets
8. Homework (give parents direction):
 - Only if pleasant
 - Medication adjustment
 - Homework system: assignment sheet, PNP, Rough Checkout, 5 point chart, timer, into the notebook!

D. Home Behavior

1. You won't raise self-esteem of a kid you don't like
2. Kids are not little adults—especially ADD kids!
3. Introduction to *I-2-3 Magic* program for parents of 2-12 year-olds
 - Controlling obnoxious behavior
 - Encouraging good behavior
4. *Surviving Your Adolescents* program for parents of teens
 - MBA's
 - Communication and safety
 - 4 Roles

E. Social skills and Self-Control Training

1. Groups not too effective so far
2. Social quota system:
 - Pick a quota
 - Does medication help?
 - Carefully choose the playmate
 - Carefully choose the activity
 - Monitor & reinforce 3 things
 - Nonverbal cueing
3. Find ONE friend
4. Peer programs
5. School programs
6. Parents as “chronic” models and trainers
6. New data on medication

F. Medication

1. Stimulants

Dexedrine
 Adderall
 Ritalin
 Dextrostat
 Cylert (?)

Benefits: most potent anti-ADD effects, safe, few side effects
 Biggest drawback: short-acting

2. Tricyclic antidepressants (ADD + comorbid conditions)

Imipramine (Tofranil)
 Desipramine (Norpramin)
 Nortryptiline (Pamelor)
 Longer acting, but less potent anti-ADD effects than stimulants

3. SSRI antidepressants (some comorbid conditions)

Prozac
 Luvox
 Zoloft

Paxil

4. Unique antidepressants

Wellbutrin
Effexor

5. Anti-hypertensives

Catapres (clonidine)
Tenex (guanfacine)

6. Other medications

Risperdal
Lithium (bipolar)
Tegretol