

SPRING 2016

Comprehensive Concepts in Speech & Hearing Newsletter

Exploring ADHD

We hear the label ADHD (Attention Deficit Hyperactivity Disorder) frequently these days; in the news, in parenting magazines, and of course in the educational setting. Despite the disorder's current "popularity" in the United States, ADHD remains somewhat controversial and is often defined in many different ways.

The Diagnostic & Statistical Manual of Mental Disorders (DSM-5) provided an update to the definition and diagnosis criteria in 2013:

"A persistent pattern of inattention and/or hyper-activity-impulsivity that interferes with functioning or development, has symptoms presenting in two or more settings (e.g. home, school, or work; with friends or relatives; in other activities), and negatively impacts directly on social or academic or occupational functioning. Several symptoms must have been present before age 12 years."

What does this definition really mean, and more importantly, how do we help the children and adults in our lives who are dealing with ADHD? We hope this spring 2016 CCSH newsletter can answer these questions and provide greater insight and understanding to our clients & families.



THREE CLASSIFICATIONS

There are three different ways ADHD may present in an individual. The following are the most common behaviors seen within each classification of ADHD:

1. Inattentive Type

- Fails to give close attention to details
- Difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through with instructions
- Difficulty with organization
- Loses things

2. Hyperactive / Impulsive type

- Difficulty remaining seated
- Difficulty engaging in activities quietly
- Talks excessively
- Difficulty waiting or taking turns
- Blurts out answers before question is complete

3. Combined Type

- Meets criteria for both inattentive & hyperactive-impulsive ADHD types

Current Statistics

- ❖ Global: An estimated 7.2% of children under 18 years diagnosed (2015 study)
- ❖ United States: 9.5% of children aged 4-17 years were ever diagnosed (2011-2013)
 - Boys 13.3% and Girls 5.6%
 - 5.1 million children have a current diagnosis (US CDC 2014)
 - Average age of current diagnosis is 6.2

“ADHD is just another word for

fun, exciting and

adventurous!”

Comprehensive Treatment

Regardless of what label we use, the most important proactive steps to take involve treatment! A multi-modal or comprehensive approach can include:

- ❖ Parent training
- ❖ Medication
- ❖ Skills Training
- ❖ Counseling
- ❖ Behavioral therapy
- ❖ Educational supports

ADHD and the EXECUTIVE FUNCTIONS

ADHD is closely related to the Executive Functions/skills. Our executive functions (EF) are the higher-level cognitive skills that are controlled largely by our frontal lobe. These skills develop and mature last in the human brain, solidifying during the teenage and early-adult years.

One of the most well-known experts on EF, Tom Brown, PhD, breaks down the executive functions into six groups or “clusters”:

1. Organizing, prioritizing and activating for tasks
2. Focusing, sustaining and shifting attention to task
3. Regulating alertness, sustaining effort and processing speed
4. Managing frustration and modulating emotions
5. Utilizing working memory and accessing recall
6. Monitoring and self-regulating action

People with ADHD tend to experience impairments in at least some aspects of each cluster. According to Brown, difficulties in these clusters lead to attentional deficits, as individuals have difficulty organizing tasks, getting started, remaining engaged, remaining alert, maintaining a level emotional state, applying working memory/recall, self-monitoring and regulating actions.

It is also commonly thought that deficits in executive functions are highly interrelated to symptoms associated with ADHD.

Resources

There is a wealth of information available in books & on the web that can provide additional information about ADHD in children as well as adults. Here are a few of the most accurate and well respected:

- Children & Adults with ADHD: www.chadd.org
- Attention Deficit Disorder Association: www.add.org
- ADD in School: www.addinschool.com
- The Edge Foundation: www.edgefoundation.com
- Mary Dee Sklar, EF Expert: www.executivefunctioningsuccess.com
- Ari Tuckman, ADHD Expert: <http://tuckmanpsych.com/online>
- Smart But Scattered (book): Authors Richard Guare & Peg Dawson

Myths

Myth: ADHD is Not a Real Disorder

ADHD cases have been described as far back as 1775. Since then over 10,000 clinical and scientific publications have been published on ADHD. Brain scan studies show differences in the development of the brain of individuals with ADHD.

Myth: ADHD is a Disorder of Childhood

Long-term studies of children diagnosed with ADHD show that ADHD is a lifespan disorder. Recent follow-up studies of children with ADHD show that ADHD persists from childhood to adolescence in 50%–80% of cases, and into adulthood in 35%–65% of cases.

Myth: Poor Parenting Causes ADHD

Research studies point to genetic (hereditary) and neurological factors (such as pregnancy and birth complications, brain damage, toxins and infections) as the main causes of ADHD, rather than social factors including poor parenting.

Myth: Girls Have Lower Rates and Less Severe ADHD than Boys

ADHD in girls and women has been recognized only in the past few decades, and more research studies are reporting on the substantial impairments they experience, often to the same extent as boys. They are at risk for many of the same coexisting conditions and impairments as males—oppositional defiance disorder, conduct disorder, academic and social impairments, driving problems, substance abuse and risky sexual behavior. Adolescent girls with ADHD may be more prone than boys to eating disorders, but by young adulthood this difference is reduced.