



Attention Deficit/ Hyperactivity Disorder

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NORTHSTAR COMPASS

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WHAT IS AN ATTENTION DEFICIT/HYPERACTIVITY DISORDER?

An attention deficit disorder is a medical condition affecting a person's ability to concentrate and maintain attention to tasks.

WHAT IS THE DIFFERENCE BETWEEN ADD AND ADHD?

Passive inattention, such as drifting off or daydreaming, is generally referred to as ADD (Attention Deficit Disorder). When inattention is combined with a significantly heightened activity level and impulsiveness, AD/HD (Attention Deficit Hyperactivity Disorder) may be a more appropriate term. The two terms are often used interchangeably and the combined term "AD/HD" is frequently used.

HOW IS ADHD DIAGNOSED?

AD/HD is a medical condition requiring a medical diagnosis, although it cannot be found with any type of neurological or laboratory test. Instead, diagnosis is based on a set of behavioral characteristics, and as such, can be a rather subjective process. A pediatrician, psychologist, or psychiatrist will base their findings on observation of the child and interviewing the parents about behavioral characteristics observed at home or school.

Schools are generally involved in the process, either as part of the child's evaluation for possible special education services, or simply through behavior ratings from teachers. Computerized "performance tests," are designed to directly measure a student's ability to

maintain attention to a computer task. AD/HD assessment is most useful and appropriate in a professional setting and controlled environment. AD/HD is not diagnosed by a school, but schools are often play an active role in the diagnosis.

PROPER DIAGNOSIS IS IMPORTANT

On the scale below, six or more items marked in the left column suggest ADD;

six or more items in the right column suggest AD/HD; and six plus items in each column suggest a combination of both.

AD/HD RATING SCALE

Mark items with an A (always) or O (often) to show rate of occurrence

INATTENTION

- _____ Difficulty sustaining attention or completing tasks without being monitored
- _____ Skips from one activity or topic to another
- _____ Does not appear to be listening or following a conversation; daydreams
- _____ Easily distracted by extraneous stimuli
- _____ Fails to pay attention to details, makes careless mistakes, rushes
- _____ Poor attention to instructions or directions
- _____ Forgetful, loses things, easily frustrated
- _____ Difficulty organizing tasks and belongings
- _____ Avoids tasks that require sustained mental or physical effort, easily bored, needs reminders

HYPERACTIVITY

- _____ Fidgets with hands and feet, squirms in seat, grabs or touches excessively
- _____ Difficulty sitting still or remaining seated
- _____ Runs or climbs too much (children), or feels restless (adolescents and adults)
- _____ Louder than others; makes noises
- _____ Always active, "on the go," or seems to be "driven by a motor"
- _____ Talks excessively, excitable, easily upset

IMPULSIVITY

- _____ Blurts out answers, ignores consequences
- _____ Difficulty waiting or following a routine
- _____ Interrupts or intrudes on others

Adapted from criteria for AD/HD, with permission from the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, copyright 2013, American Psychiatric Association.

OBJECTIONS TO PROPER TREATMENT

A major obstacle to treatment comes from the refusal of a key life in life to

accept the diagnosis. They may think the labels of ADD and ADHD are excuses for laziness, the wrong values, or not trying hard enough.

LIMITS AND BENEFITS OF MEDICATION

When behavior adjustments at home and school are not fully effective in managing the AD/HD symptoms, you may want to consider:

LIMITS AND BENEFITS	
MEDICATION CAN HELP	MEDICATION DOES NOT HELP
ACADEMIC AND JOB PERFORMANCE	
<ul style="list-style-type: none"> • Improve quiz and test scores • Improve visual memory and handwriting* • Increase accuracy of work • Increase amount of work completed • Decrease frustration • Increase task orientation and attention span 	<ul style="list-style-type: none"> • Improve achievement test scores* • Improve comprehension* • Replace core skills missed in the past • Change defeatist attitudes • Correct learning disabilities (but may improve attention for special instruction)
BEHAVIOR	
<ul style="list-style-type: none"> • Improve compliance to rules • Increase delay of gratification • Increase effectiveness of rewards • Improve responsiveness to punishment • Decrease overall activity • Increase ability to sit still longer 	<ul style="list-style-type: none"> • Supply the will to conform or comply • Motivate people to attain goals • Teach decision-making skills • Teach where to place attention • Teach how to relax • Improve sleep
ORGANIZATION	
<ul style="list-style-type: none"> • Increase effective use of time • Decrease distractibility 	<ul style="list-style-type: none"> • Teach organization and graceful transitions • Improve short-term memory
SOCIAL SKILLS	
<ul style="list-style-type: none"> • Decrease aggression • Decrease impulsivity and disruptiveness • Decrease negativity and reactivity • Improve ability to “fit in” 	<ul style="list-style-type: none"> • Teach conversation and relational skills • Improve self-esteem or confidence • Teach anger control • Reduce stigma of taking medication
<p>Adapted from: Garber, S., Garber, M.D., & Spizman, R.F. (1997). Beyond Ritalin. New York: Harper Perennial.</p>	

SELF-MONITORING CAN HELP

In mild cases, self-monitoring may eliminate the need for medication. In more difficult situations, it can pick up where medication leaves off. Behavior self-ratings can be compared against those of a buddy or coach with good organizational and social skills who is capable of being objective and positive. In turn, people with ADD can look to buddies as role models for appropriate behavior. Learning positive internal dialogue is also important. Words of self-encouragement, such as, “I stayed on task” or “I did what I said I’d do” are beneficial and build self-esteem. It is best to work on one area at a time. Stating a task out loud and quietly talking through it can help someone stay on task.



ABOUT THE AUTHOR

Hal Baumchen, PsyD, LP, LADC is the President and Clinical Director of NorthStar Regional. He is a Licensed Clinical Psychologist (LP) and a Licensed Alcohol and Drug Counselor (LADC) with over 30 years of counseling experience.

He received his Master’s Degree from Wheaton Graduate School, his Doctorate of Psychology (PsyD) from the Illinois School of Professional Psychology, and his Certificate in Co-Occurring Disorders from Adler Graduate School. He serves frequently as a seminar leader, and has taught workshops in the USA, Canada, Malaysia, Sri Lanka, South Africa, and India.

He is the author of *Journeys* and *Destinations*, two books on co-occurring disorders treatment, and the co-author of *Finding Hope Again: Overcoming Depression* with Dr. Neil T. Anderson.

This information in this publication is not intended as a substitute for professional help or to be used as a diagnostic tool. If you have serious difficulties with anxiety, depression, or other mental health issues, please seek professional help.