

Does Fidgety Child Have Attention Disorder?

by Matthew J. Fleischman

Recently there's been an upsurge of interest in attention deficit disorder. Questions about bright children who don't do well in school, concerns about whether we are unnecessarily drugging children, or opinions about attention deficit disorder being just an excuse for "laziness" are issues regularly brought to my office. Here are my answers to the six most frequently asked questions.

What is attention deficit disorder?

Attention deficit (hyperactivity) disorder (also called ADD or ADHD) affects five to six percent of children. The symptoms of ADHD are as follows:

- **Hyperactivity.** Your child may fidget or squirm, have difficulty remaining seated in class, have difficulty playing quietly (don't count TV or video games), or talk too much.
- **Distractibility.** Your child may not seem to listen or "forgets" frequently, may have difficulty following directions even though her intention is to follow the instruction, may have difficulty completing things because she goes from one uncompleted activity to another, may often lose things.
- **Impulsivity** Your child may have difficulty waiting for things, waiting his turn, or taking the immediate reward when waiting would get something better. Your child may have a tendency to interrupt or intrude on others, may blurt out in class, may get hurt or into trouble because he acts in ways that are dangerous without thinking about what could happen.

Of course, all children show some of these behaviors at times. The question is how often and how severely in comparison to other children their age. And, we are now learning, not all children with an attention problem are hyperactive.

These problems are usually most obvious in academic settings but also show up at home, especially in areas like doing chores and adhering to rules. Such difficulties often lead to repeated failure in school and conflict at home over not doing assignments, not "applying" oneself, or "not really trying." Children frequently develop motivational problems, poor self-esteem, depression, or more often, behavior and attitude problems as a result of repeated frustration and failure.

What Causes ADD/ADHD?

It's a neurologically-based disorder involving a mild to moderate impairment of the brain's ability to focus on the "important" while screening out distracting but often more "exciting" stimuli. Most often the condition is inherited. Birth difficulties, mild head injuries and certain illnesses also appear to account for some cases.

Children can also have problems with attention that are not the result of ADD/ADHD. Being preoccupied by worries or distressed by some emotionally traumatic event will interfere with

anyone's ability to focus and concentrate. Determining the basis for a particular child's problems with attention is an important part of any evaluation.

How Is ADD/ADHD diagnosed?

To evaluate for ADD or ADHD several types of information should be collected. First, parents, teachers and the child should complete a behavior checklist. Second, there are now computer-based tests of distractibility which provide an objective measure of performance. Third, the child and her parents should be interviewed so that problems such as depression, stress reactions and neurological conditions can be considered.

There are several errors people can make in diagnosing ADD/ADHD. First, observation of a child's behavior in the doctor's office is not enough to rule out the condition. Second, because a child lives in a stressful home or has been traumatized does not mean that he can't have ADD/ADHD. In fact, a child's very tendency to be hyper, impulsive and "forgetful" often makes him more likely to be the victim of injury or abuse. Third, because a youngster can seem focused in some activity does not mean he does not have ADD/ADHD. When motivation is high because of interest, reward, or novelty, attention can be good. The problem is maintaining attention when things are not so interesting.

How Is ADD/ADHD treated?

To date, the primary treatment is medications such as Ritalin and Dexedrine which are stimulants. For many the effect is positive and dramatic. Parents and teachers often report improved attention, decreased overactivity and impulsivity.

For many, medication isn't satisfactory. Not all children respond and it may have side effects. Some parents are uncomfortable having their child medicated. Even when children respond well to medication, the medication works for only part of the day, leaving several hours when the ADD/ADHD is not under control.

Also, children with ADD/ADHD can be helped by simplifying requests, monitoring more closely, rewarding appropriate behavior, maintaining regular routines, eliminating distractions and teaching the child self-management. The problem with these strategies is mainly practical. They need to be done consistently. Otherwise, problems recur. Behavioral interventions, while important, are not a treatment in the sense of eliminating the problem. Rather, they are a way to manage a chronic condition.

A recent innovation that is showing promise in achieving a lasting improvement is the use of a form of EEG biofeedback. Here, the child learns to alter her brain wave activity to that associated with focused attention. During a session, sensors are placed on the child's head and through a sophisticated computer program, the brain waves are displayed for her on a video screen in an "interactive" game format. With practice, the child learns to change those waves as she scores points in the game.

Can adults have ADD/ADHD?

It's far more common in adults than was previously believed. The notion that children outgrow it when they reach their teens is not true. For many, the hyperactivity is replaced by a general feeling of restlessness and inability to relax. The same attentional problems (distractibility, difficulty completing tasks, impulsive decision-making, and frequent sense of boredom) are adult manifestations of the same problem.

What should I do if I think my child might have ADD/ADHD?

There are many places to turn for help. Your child's pediatrician, a psychologist with expertise in this area or school counselors are good places from which to seek an evaluation. Two good books are "Helping Your Hyperactive Child" by John F. Taylor, Ph.D. and "Attention Please" by Edwin D. Copeland, Ph.D. Both include behavior checklists as well as guidelines for dealing with this condition.

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