



ADHD

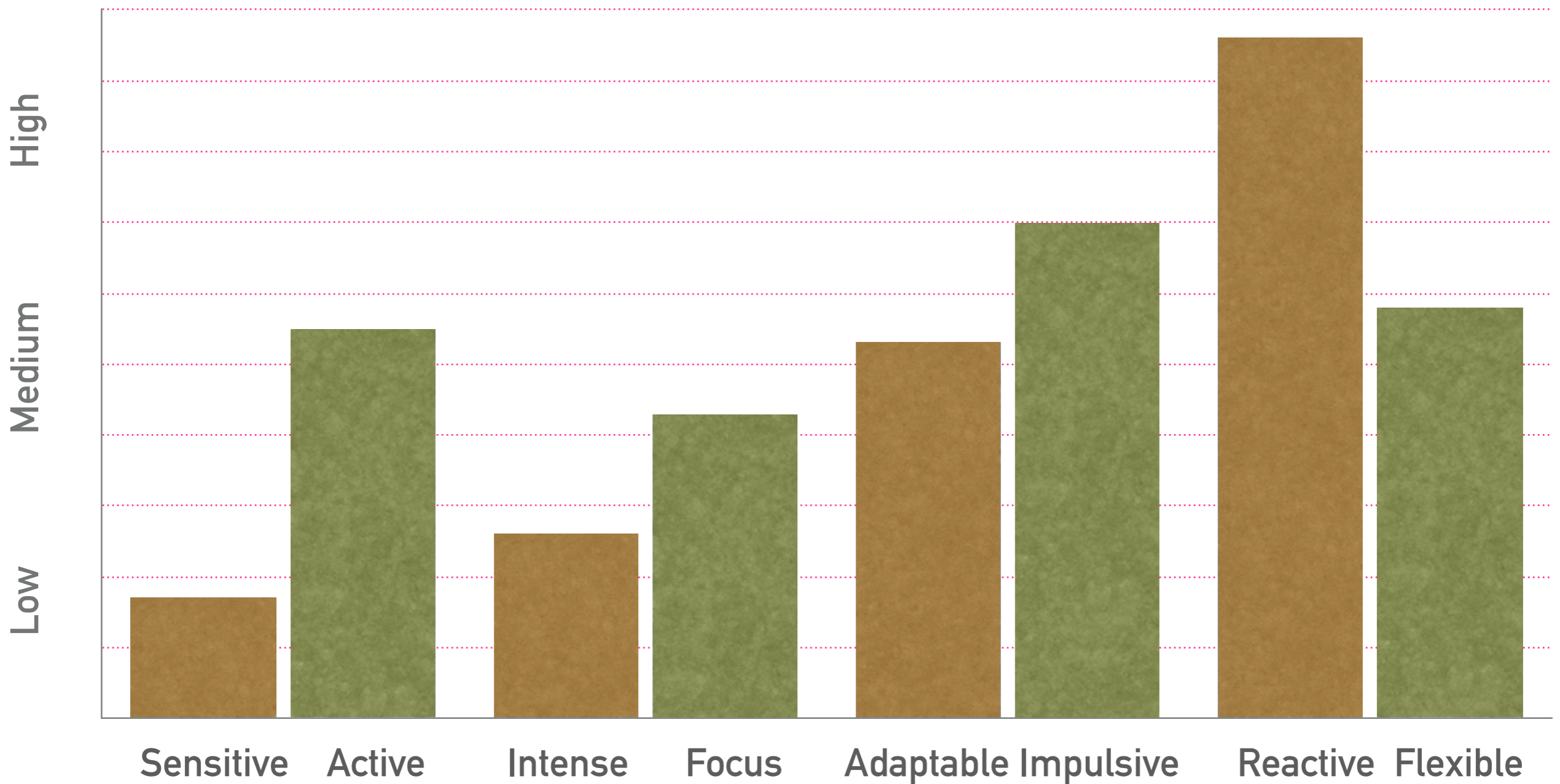
Signs, Symptoms, and Treatment

Slides available at noahkempler.com

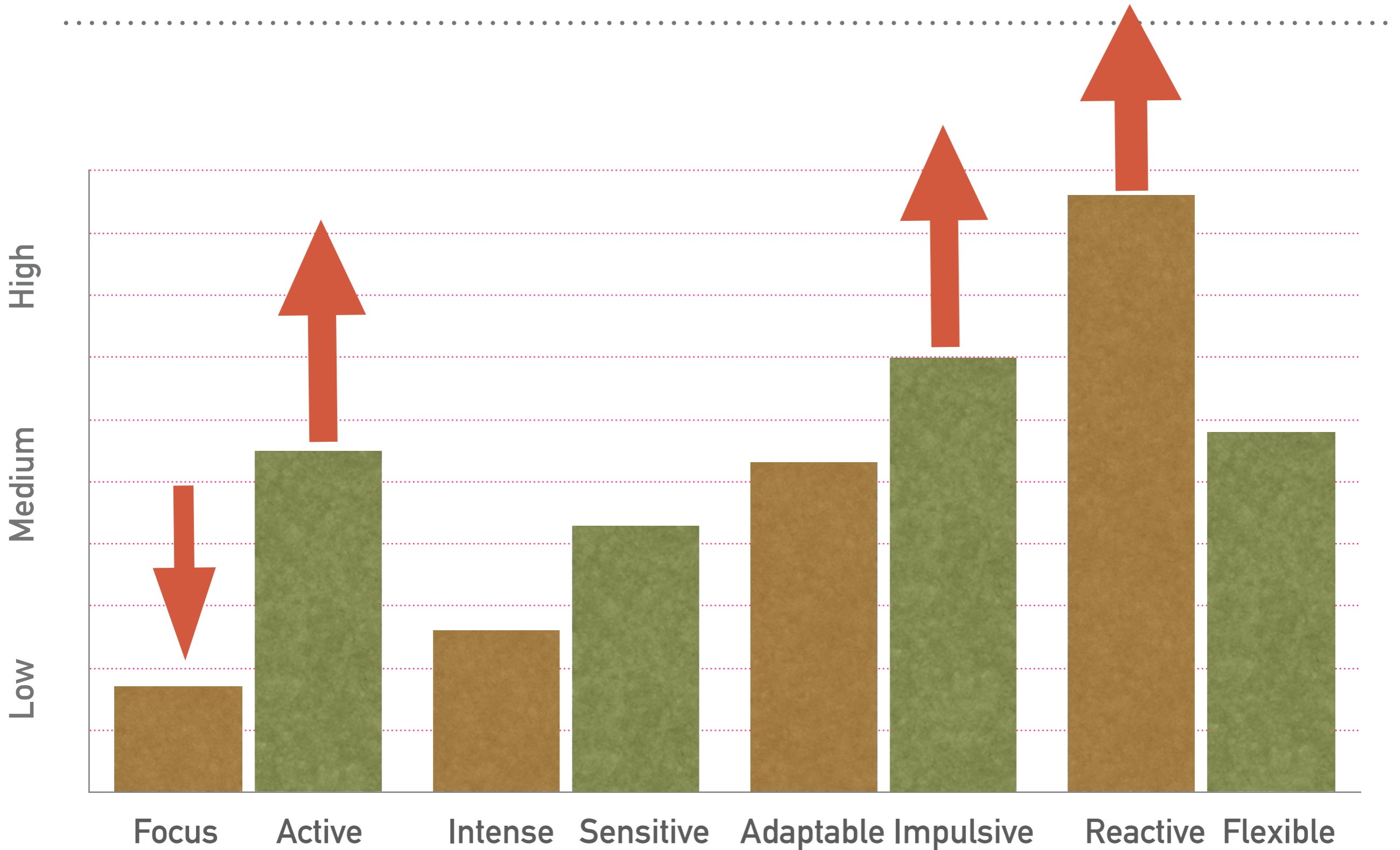


WHAT IS ADHD?

TYPICAL TEMPERAMENT TRAITS



WITH ADHD CERTAIN TRAITS ARE ELEVATED



DEVELOPMENTAL DISABILITY



TEMPERAMENT

WHAT IS ADHD?

So ADHD is a developmental disability that is made of traits we all have that are elevated significantly. Since each of our temperaments are different, so are the **profiles of each ADHD child.**

“If it looks like ADHD, it probably isn’t.” —Barkley

Like Autism, ADHD is now understood to present on a spectrum from very mild to very severe and contains challenges in these areas:

- Attention/Focus/Distractibility
- Excess activity
- Impulsivity
- Emotion Regulation

But again: every child has their own version

DIFFERENT TYPES OF ADHD

DSM types

- Mainly Inattentive— more often girls. May include slow cognitive tempo.
- Mainly hyperactive/impulsive— more often boys.
- Combined inattentive and hyperactive/impulsive.

Other types observed

- Sensitive/anxious
- Overly emotional
- Angry/oppositional

ADHD FACTS

- It's the most common childhood developmental issue (you're born with it—but it may change over time).
- About 5-10% of population has it worldwide.
- That means a couple kids in every classroom.
- 2x more likely in boys.
- Many children have *subthreshold* ADHD symptoms (they're *—ish*).
- 80% heredity correlation. Other causes: birth complications (esp. low birth weight), prenatal drug/alcohol, head trauma.
- Can pass through recessive genes.
- 4% lower overall brain volume.

ADHD FACTS CON'T

- Decreased Beta and increased Theta wave activity. “Tired brain.”
- Decreased Dopamine levels = low intrinsic motivation.
- High heredity means likely that one or both parents have it—though may be different severity levels.
- Not product of parenting. Though parent (or teacher) response can make symptoms worse or better.
- 50% of kids “outgrow” symptoms (mostly activity/impulse).
- Creates significant family stress. 3x average divorce rate.
- High comorbidity with other issues. 44% have another developmental disorder. 38% have learning disability, 20-40% have anxiety, 60% Oppositional Defiant Disorder, 60-70% have Tic disorder, high overlap with Autism.

ASSOCIATED DEFICITS

Executive functioning

- Memory
- Organization
- Sequencing
- Judgment
- Response flexibility

ASSOCIATED DEFICITS CON'T...

Self-Regulation

- Controlling emotions
- Inhibiting behaviors
- Measuring response
- Calming down

*Symptoms + associated deficits create 1-2 year maturity lag.

*They also create much higher rates of self-esteem damage.

DIAGNOSIS

- Based mostly on observation of symptoms and their level of severity i.e how much they're getting in the way.
- Symptoms need to be consistent in several locations—but may present differently depending on stimulation.
- Therapist, psychologist, pediatrician can diagnose.
- Can get neuropsychological testing if complex case (suspect learning, processing, IQ issues).

WHAT HELPS?

- #1 Learn to separate intentional behaviors from those related to ADHD which are largely out of a child's control. Ex: listening. This preserves self-esteem. Understand the child's intentions...
- Understand the energy problem: Low dopamine = tired brain = too much theta = low motivation = low focus = low impulse control = low emotional regulation = low executive skills = a body that often tries to create more energy through motor movement which may take the form of restlessness, socializing, or provocation!
- Keep structure high: routines, rules, consistency, feedback.

WHAT HELPS CON'T

- Flexibility. These traits vary from day to day depending on brain energy. Variable performance is the norm.
- Use additional reinforcement. Try to use rewards/privileges over punishment.
- Allow for energy breaks.
- Seat near the teacher.
- Daily/weekly organizer.
- Preview the day.
- Calming strategies: breathing, anger breaks, talk about feelings.

WHAT HELPS CON'T

- Extra work time, esp. for low focus kids.
- Headphones, private desk.
- Energy breaks/fidgets for restless kids.
- Tutoring for academics.
- OT for fine motor.
- Engage parents—they don't like surprises.
- Medication. Mostly mild stimulants used to increase brain energy. AAP recommendations: Under 6 Behavioral therapy & supports. Med if not enough progress. Over 6 combo of med/therapy for best outcomes.

MY METHOD

1. **Notice-** help the child learn to notice when they're struggling (with focus, restlessness, energy needs, emotions, etc.).
2. **Communicate-** Teach them to alert an adult before their needs cause a classroom disruption.
3. **Solve-** Help them figure out what would help (calm down break, energy break, headphones, etc.) and have a plan that allows for reasonable use of these tools and strategies.
4. **Motivate-** Use external motivators (praise, reward, etc.) to counterbalance low intrinsic motivation.

Additional Resources

Books by Russell Barkley, like Taking Charge of ADHD.

CHADD—national ADHD organization with Marin chapter.

AAP: Understanding ADHD @ [Healthychildren.org](https://www.healthychildren.org)

MORE HELP...

Lots more strategies for parents and teachers.

Also visit betterbehaviorblog.com for articles.

