ECRONICON OPEN ACCESS

EC PSYCHOLOGY AND PSYCHIATRY
Mini Review

Recognizing ADD/HD – How do I Find it and what do I do about it?

Howard Chusid*

Adjunct Professor of Psychology at Kaplan University, Board Certified Professional Counselor, National Certified Counselor and a Florida Supreme Court Certified Family Mediator, USA

***Corresponding Author:** Howard Chusid, Adjunct Professor of Psychology at Kaplan University, Board Certified Professional Counselor, National Certified Counselor and a Florida Supreme Court Certified Family Mediator, USA.

Received: February 09, 2018; **Published:** March 09, 2018

Abstract

Many times in practice, we see patients, whether children, adolescents or adults, who exhibit behaviors that others have failed to identify. Whether it is the teachers at school, who are with the children for many hours a day, parents or other caretakers, somehow, they have failed to notice behaviors that should lead to questions as to what is happening. Making preliminary diagnoses of ADD/HD are not that difficult, if we look at the signs and ask relevant historical questions about the patient. Statically, there is an increase in recognized ADD/HD, and whatever the reason is, we as counselors and therapists need to be able to recognize the problem and know how to deal with it. Whether that means referral to a neuropsychologist for assessment, working with the physician (psychiatrist) in providing necessary medication, providing behavioral therapy, speaking with teachers and parents, etc., it is our responsibility to assist these children, adolescents and adults in working with the difficulties that are presented by ADD/HD.

Keywords: *ADD/HD; Adolescents; Children*

Introduction

Many times in practice, we see patients, whether children, adolescents or adults, who exhibit behaviors that others have failed to identify. Whether it is the teachers at school, who are with the children for many hours a day, parents or other caretakers, somehow, they have failed to notice behaviors that should lead to questions as to what is happening. It always baffles me when I see a student who has gone through years of schooling with poor grades, whose teachers always complain that the student is acting out in class, yet they continue pushing him/her through, even though they know something is not right. The parents come in year after year to parent-teacher conferences only to hear that their child is not smart, a troublemaker, or a kid who pays no attention, but again, nothing is done.

Having seen that occur within the school system, and in life outside school, I found Dr. Russell Barkley's webinar enlightening, and possibly a game changer for many parents and teachers.

In his webinar, Stand Up for ADHD: How to Support Loved Ones with ADD by Russell Barkley, Ph. D [1], Dr. Barkley reviewed a number of the impairments associated with ADHD that we see in practice, but sometimes negate as belonging to the ADD family. Making preliminary diagnoses of ADD/HD are not that difficult, if we look at the signs and ask relevant historical questions about the patient. (ADD/HD diagnoses can only be made after having neurodiagnostic testing evaluated by competent practitioners who are skilled in this area. Preliminary diagnoses can be assessed and referred to the neuropsychologists for evaluation).

Some of the areas that we need to ask questions about include:

- Birthing – were there any significant problems, i.e. low birth weight, delivery problems, drug influences, any abnormal birthing history, infant illnesses, etc.?
- Genetics – Do any people in the family (mom, dad, sister, brother, grandparents, uncles, aunts, etc.) have any genetic diseases? Is there any confirmed ADD/HD in the family, etc.?
- Developmental Delays – motor, speech, skills, neurological deficits, etc.
- Was there any smoking or drug use?
- Stress – Every family has some sort of stress, but was the stress abnormal, more aggravation than the usual while in utero, possibly including, screaming, anger issues, yelling, pushing and physical abuse?

In school, are we seeing low academic achievement, difficulty learning, poor grades, oppositional defiant disorder, lack of friends, acting like the class clown, etc?

Are we seeing anxiety, depression, hating everyone, no one is good enough, taking or around drugs or alcohol, anti-social behavior, etc?

If we are dealing with kids who are on the internet, are they using it at night until early in the morning? Are they totally focused on what they are doing, to the exclusion of eating or listening to you? Are they going to sleep at 12 AM or later and having problems getting up in the morning?

If they drive, is their driving distracted? Are they texting or playing with their phone? Are they aware of the other drivers and cars on the road? Are they busy talking to their friends while they are driving?

Do they have questionable sexual behaviors? Are they using contraceptives or protection? Are they practicing risky sex in unorthodox areas?

These are just a few of the areas that Dr. Barkley discussed, and I am sure you will be able to think of other situations that are not the norm.

Therefore, if we ask the questions and get a few very positive results – what do we do about it? Will it mean that the patient has an ADD/HD problem or is it indicative of some other malady?

One of the goals we need to achieve as practitioners is to make decisions and suggestions. We have to clarify for the patient what we think is going on, and then assess measures to confirm those hypotheses.

Could it be the case that we would be better off over diagnosing (and even over treating) in an attempt to make sure that we don't miss even one legitimate diagnosis? The question is not just academic. The frequency with which we fail to uncover patients with ADHD (or any other condition) is, statistically speaking, quantified by the sensitivity of our methods. Roughly, a high level of sensitivity means that we have very few "false negatives" - people whose legitimate diagnoses are missed [2].

One of the ways that we could confirm ADD/HD is by neuropsychological assessment. That means, unless we are trained and experienced in this very specific area, we would refer the patient for testing by an experienced neuro or educational psychologist who does do testing and assessments. These specialists will spend upwards of six (6) hours in assessing the patients. In the case of young children, it may take three, two-hour sessions. In the case of adolescents and adults, it maybe a 6 hour session. This is all dependent upon the patient and the patient's abilities to perform adequately.

Once the assessments are completed, the neuro or educational psychologist will spend many hours evaluating the results. The professional will prepare a report detailing all the assessments and the patient's current level. These assessments will further the ability of the professional to make an evaluation of the patient. This will ultimately assist in dealing with the patient, and assist the patient in understanding what has been happening. Why is this important? Currently statistics are showing that the incidence of ADD/HD is rising. The prevalence of ADHD increased 42% from 2003 to 2011, with increases in nearly all demographic groups in the United States regardless of race, sex, and socioeconomic status [3]. More than 1 in 10 school-age children (11%) in the United States now meet the criteria for the diagnosis of ADHD; among adolescents, 1 in 5 high school boys and 1 in 11 high school girls meet the criteria. Rates vary among states, from a low of 4.2% for children ages 4 to 17 in Nevada to a high of 14.6% in Arkansas [4]. Worldwide estimates of ADHD prevalence range from 2.2% to 17.8% [5], with the most recent meta-analysis for North America and Europe indicating a 7.2% worldwide prevalence in people age 18 and younger [6,7].

Conclusion

Statically, there is an increase in recognized ADD/HD, and whatever the reason is, we as counselors and therapists need to be able to recognize the problem and know how to deal with it. Whether that means referral to a neuropsychologist for assessment, working with the physician (psychiatrist) in providing necessary medication, providing behavioral therapy, speaking with teachers and parents, etc., it is our responsibility to assist these children, adolescents and adults in working with the difficulties that are presented by ADD/HD.

This paper is not meant to be a cumulative listing of how to diagnose, define and treat ADD/HD. It is only a very short summary of what ADD/HD can look like and what to do. There are many books and papers on ADD/HD, and I would suggest that you research them for further information.

Bibliography

1. Barkley R. "Stand Up for ADHD: How to Support Loved Ones with ADD".

2. Mbadiwe MD. "Overdiagnosis in Medicine: What We Owe Our Patients" (2017).

3. Visser SN., *et al*. "Trends in the parent report of health care provider-diagnosed and medicated attention deficit/hyperactivity disorder: United States, 2003-2011". *Journal of the American Academy of Child and Adolescent Psychiatry* 53.1 (2014): 34-46.e2.

4. Visser SN., *et al*. "State based and demographic variation in parent-reported medication rates for attention-deficit/hyperactivity disorder, 2007-2008". *Preventing Chronic Disease* 10 (2013): E09.

5. Skounti M., *et al*. "Variations in prevalence of attention deficit hyperactivity disorder worldwide". *European Journal of Pediatrics* 166.2 (2007): 117-123.

6. Thomas R., *et al*. "Prevalence of attention-deficit/hyperactivity disorder: a systematic review and meta-analysis". *Pediatrics* 135 (2015): e994-e1001.

7. Manos MJ., *et al*. "ADHD: Overdiagnosed and overtreated, or misdiagnosed and mistreated?" *Cleveland Clinic Journal of Medicine* 84.11 (2017): 873-880.

Volume 7 Issue 4 April 2018