

Addressing ADD/ADHD

Learn to recognize, and conquer, Attention Deficit Disorder.

By *Kristin Bustamante*

Ashleigh has trouble sitting still in class, becomes bored quickly and has difficulty focusing on any activity for an extended period of time. Tyler, on the other hand, is quiet, reserved and is often caught daydreaming in the middle of his assignments.

In fact, both children have a neurological disorder known as Attention Deficit Disorder or ADD. While Ashleigh displays the symptoms associated with Attention Deficit Disorder with Hyperactivity (ADHD), parents and teachers may not recognize Tyler's symptoms as Attention Deficit Disorder (ADD).

ADD/ADHD is expressed differently in different children, and not all children who display these symptoms have an attention disorder. This article takes a closer look at ADD/ADHD, its symptoms, causes and treatments.

What's the Difference?

Attention Deficit Disorder (ADD) and Attention Deficit Disorder with Hyperactivity (ADHD) can both cause distractibility, forgetfulness, disorganization, difficulty following rapid conversations and low self esteem. ADD and ADHD can also make it difficult to complete school work and assignments in a timely manner and can affect an individual's ability to keep track of belongings or to keep track of time.

ADD is often not diagnosed until middle or high school. Youth with ADD have difficulty paying attention and getting organized and are often seen as unmotivated, underachievers or shy. Someone with ADD may be able to focus on certain tasks that provide a high enough stimulus level to hold their interest. During activities that are less enjoyable, however, his or her mind will wander. Although this is often seen as lack of motivation or laziness, it is not.

On the other hand, ADHD is often diagnosed in childhood and causes more overt behavioral problems, such as disrupting class and moving around during class. Someone who is hyperactive may talk or move constantly.

How Does ADD/ADHD Feel?

People with ADD/ADHD are sometimes unable to filter out background noise, so that the simple sound of a pencil scratching on paper is actually magnified and can distract them from focusing on the teacher's voice. ADD/ADHD students are sensitive to pulsing fluorescent light, even when the flicker is too subtle for others to detect it. They can be easily distracted by peripheral movement. Some ADD/ADHD students also experience olfactory and tactile sensitivity.

Diagnosing ADD/ADHD

ADD or ADHD is a diagnostic label given to children and adults who have significant problems in four main areas of their lives: inattention, impulsivity, hyperactivity and boredom.

Some parents see signs of inattention, hyperactivity and impulsivity in their toddler long before the child enters school. However, because children mature at different rates, parents should remember the adage "kids will be kids" and consider that this may be the child's natural temperament. The child's pediatrician or a child psychologist can better assess whether the toddler has an attention disorder or is, more likely at this age, just immature or unusually exuberant.

Judy Grieser's daughter Morgan was diagnosed with ADD when she was 11 years old. While volunteering in Morgan's classroom, Judy noticed that her daughter would appear to go into her own world during class.

"Every year I would ask her teacher if they thought she had some kind of learning disability. They would reply with 'No, she is just bored and not challenged enough.'" However, Morgan's grades began to slip in sixth grade when her assignments became more challeng-

ior. ADD-like behavior may be caused by the following: a sudden change in the child's life, such as the death of a parent or grandparent, parents' divorce or parent's job loss; undetected seizures, such as petit mal or temporal lobe seizures; a middle ear infection that causes

with biological origins, patients may exhibit immediate relief of symptoms with the use of stimulant drugs such as Ritalin, Dexedrine and Cylert. Although stimulant medications would typically make a person more active, they actually have a calming effect on ADD/ADHD patients.

A word of caution—Stratera was recently the subject of a public health advisory issued by the Food and Drug Administration. The FDA issued a statement saying Stratera was linked to increased suicidal thoughts among children in an extensive study.

Side effects that are common with these medications include loss of appetite, stomachache, headache, insomnia, fast heart beat, vomiting and chest pain. Many of these effects can be reduced or eliminated by lowering the medication dosage, eliminating doses close to bedtime and taking medication with food.

Behavioral Therapy

"Some clients benefit from prescribed medication, but SIRRI feels it should not be the first option or avenue that is pursued," says Dan Williams, PT, executive director of SIRRI (Sensory Integration Research and Rehabilitation Institute) Arizona. The center uses developmental rehabilitation to build a stronger neurological and

"I believe the brain controls the body and when the brain is balanced, then the body is balanced. Brain State Conditioning allows a client to balance their brain by learning how to deal with all the input that our brains are bombarded with every moment of the day."

ing. Judy says her daughter's most obvious symptoms were an inability to stay focused, sensitivity to noise (even as a newborn), inability to catch social cues, inability to follow instructions and problems with reading and math.

According to ChildDevelopmentInfo.com, the first task of the professional conducting the evaluation is to gather information that will rule out other possible reasons for the child's behav-

intermittent hearing problems; medical disorders that may affect brain functionality; underachievement caused by learning disability; anxiety or depression.

Treating ADD/ADHD with Medication

Although there is controversy over whether or not ADD and ADHD are legitimate disorders



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developmental foundation for the client by strengthening pathways and connections in the brain.

The clinic uses various therapies, including the Sensory Learning Program, Interactive Metronome, BrainTrain, Play Attention and Neurofeedback. "These interventions address the underlying symptoms or issues of ADD/ADHD, including attention; concentration; focus; self-regulation; impulsivity; processing speed and efficiency; visual and auditory distraction; hyperactivity; time on task; motor planning; timing; sequencing and rhythmicity," says Williams.

Grieser brought her daughter to an ADD clinic but decided the clinic didn't meet her daughter's needs. A friend recommended they try SIRRI. "SIRRI had the same treatment that the other clinics offered, but the testing was more specific and the therapy targeted the areas in which she had been struggling," says Grieser. Morgan, now 13 years old, went from average to failing grades in seventh grade to making the honor role by her eighth-grade year. "Most importantly, she has gained confidence and now she is setting goals for her future, something we never imagined she would do," adds Grieser.

A Balanced Mind in Phoenix offers Brain

State Conditioning. "Our neurofeedback method is called Brain State Conditioning, by which we assess brainwave data and incorporate a client's goals to create a personalized set of brain exercises to balance and organize the brain," says Janet Miller of A Balanced Mind. She says that this is the treatment method she would explore if her child was diagnosed with ADD/ADHD. "I believe the brain controls the body and when the brain is balanced, then the

body is balanced. Brain State Conditioning allows a client to balance their brain by learning how to deal with all the input that our brains are bombarded with every moment of the day." The treatment also allows client to balance their brains by creating new neuro-pathways and by reducing or eliminating neuro-pathways that interfere with their ability to function.

The Crossroads Institute ADD/ADHD Lab uses a qualitative EEG to determine the validity

Resources for Parents

Getting Rid of Ritalin

By Robert W. Hill, Ph.D. and Eduardo Castro, M.D.

Evolve Your Brain

By Dr. Joe Dispenza

A Symphony in the Brain

By Jim Robbins

Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood

By Edward M. Hallowell and John J. Ratey

Healing ADD: The Breakthrough Program That Allows You to See and Heal the 6 Types of ADD

By Daniel G. Amen

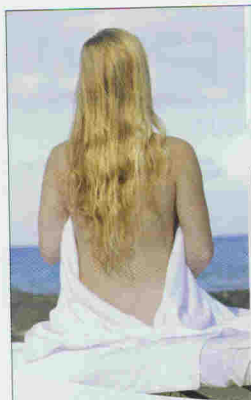
The Myth of the A.D.D Child: 50 Ways to Improve Your Child's Behavior and Attention Span Without Drugs, Labels, or Coercion

By Thomas Armstrong

"They Say I Have ADHD, I Say Life Sucks!":

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of an ADD/ADHD diagnosis in children. They claim that 80 percent of clients who come to them with an ADD diagnosis do not actually have ADD. Their treatment method involves mapping the brain with an objective, highly accurate (90 percent), non-invasive EEG, followed by assessments of auditory processing, diet, nutrition and allergies, and a neurodevelopmental profile to root out "look-alike" symptoms.

Behavior Modification at Home

Miller suggests that parents also modify home environments to help children cope with ADD/ADHD. "I would strictly limit the amount of television viewed by my child, as well as video games, computer time and the use of other personal electronics. I would keep the radio off in the car. My primary reason for this is that our brains have not evolved to handle all the additional input created by all the electronics of the past 50 years. The added stimulation is overload for the brain," she explains.

After reducing electronic stimulation, she suggests modifying the child's diet to eliminate simple sugars. "Balanced meals and healthy snacks would become a priority. Then I would work on getting more physical activity into my child's life." She also recommends starting and

ending each day with relaxation and visualization exercises. Creating a daily routine can also allow the brain and the body to quickly adjust to these changes.

"Parents should introduce a spirit of cooperation in the home," says counselor, author and speaker Jane Fendelman, MC. She has the following advice for parents whose children have been diagnosed with ADD/ADHD, something she feels is actually a collection of learned responses to the stresses of school and homework on young children.

"The two main ingredients for cooperation are presence and inspiration. Remember that the child is only 7 years old, or whatever; they are not in charge of the parents' emotions. Finally, parents should slow down their world and get real about living their bliss. If they are not happy and fulfilled as adults, they will distract themselves by being overly focused on and critical of their children," Fendelman says.

"A parent knows when something isn't quite right with their child," adds Grieser. "I encourage all parents to not give up on their children. Most teachers are unable to see what you see as a parent. If I had listened to my daughter's teachers, she would have struggled possibly all her life."

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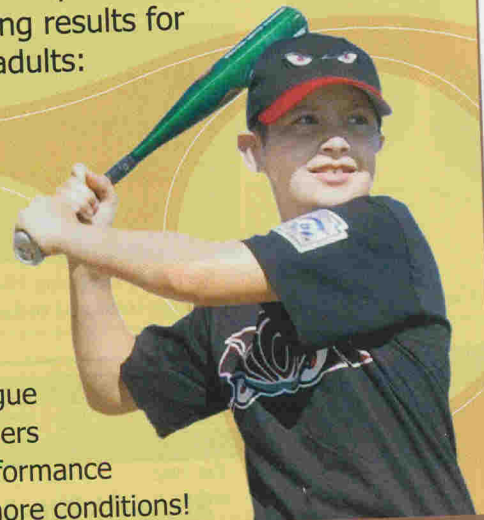
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