Miracle of Living Lecture
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Focus on Attention Deficit. . . .
It’s Not Just for Kids

Speaker 1

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In people diagnosed with Attention Deficit Hyperactive Disorder (ADHD), brain chemicals called neurotransmitters are less active in areas of the brain that control attention, concentration and impulse control.

This disorder is commonly diagnosed in children, but also prevalent in adults. ADHD can lead to difficulties in school, social interaction, and present challenges effecting employment and relationships and daily living.

Many people are unaware they have ADHD, leaving them surprised and mystified as to their lack of ability to pursue goals in life.

**PRESENTATION CONTENTS**

- What is ADHD / What is NOT ADHD
- Historical perspective of ADHD
- Etiology/Causes
- ADHD throughout a lifespan
- Brain functioning in ADHD
- Diagnostic and Statistical Manual-5th Edition (DSM-5)- criteria and description
- How we diagnose ADHD
- Treatment-Medical/Psychological
- Prognosis
- Tips for Parents, Spouses, and Siblings
- Legal protections in school and in the workplace: American Disabilities Act and Individual Educational Plan (IEP)
PRESENTATION OVERVIEW

- Heredity as a cause of ADHD-Family studies, adoption studies, twin studies, molecular genetic research
- Early signs/symptoms in infants, toddlers, adolescents, and adults
- Effects on school performance, social development and family functioning
- Diagnostic and Statistical Manual-5th Edition (DSM-5)- criteria and description
- Assessment Procedures-Tests, behavioral scales, direct observation in multiple settings
- Treatment-Medical/Psychological
- Legal protections in school and in the workplace: American Disabilities Act and Individual Educational Plan (IEP)

WHAT IS ADHD?

- ADHD is the most common neurobehavioral disorder of childhood, among the most prevalent chronic health conditions affecting school-aged children, and the most extensively studied mental disorder of childhood.

- ADHD is characterized by:
  - Inattention
  - Hyperactivity
  - Impulsivity and Increased Distractibility
  - Difficulty sustaining attention
  - Over activity and motor restlessness
WHAT ADHD IS NOT

- Laziness
- Lack of Intelligence
- Bad attitude
- The parents fault or “bad or ineffective parenting”
- Irresponsibility
- something your child will “outgrow”

HISTORY OF ADHD

- MID-1800S: MINIMAL BRAIN DAMAGE
- MID 1900S: MINIMAL BRAIN DYSFUNCTION
- 1960S: HYPERKINESIA
- 1980: ATTENTION-DEFICIT DISORDER WITH OR WITHOUT HYPERACTIVITY
- 1987: ATTENTION DEFICIT HYPERACTIVITY DISORDER
- 1994 (DSM IV): ADHD
  - PRIMARILY INATTENTIVE
  - PRIMARILY HYPERACTIVE
  - COMBINED TYPE
ETIOLOGY/CAUSES

- No single factor determines the expression of ADHD;
- Mothers of children with ADHD are more likely to experience birth complications, such as toxemia, lengthy labor, and complicated delivery.
- Pregnancy: smoking, alcohol, and premature birth

- There is a strong genetic component to ADHD. [Dopamine transporter gene (DAT1) and a particular form of the dopamine 4 receptor gene (DRD4)]. There are some other genes that might contribute to ADHD.
- Twin studies also suggested that 9-20% is also due to environmental factors.
- Twin studies showed that 75% of ADHD cases are genetically inherited

ETIOLOGY/CAUSES (CONT.)

- Severe traumatic brain injury with subsequent onset of substantial symptoms of impulsivity and inattention are reported in some children.
- Structural or functional abnormalities have been identified in children with ADHD without pre-existing identifiable brain injury.
- These include dysregulation of the frontal subcortical circuits, small cortical volumes in this region,
- Widespread small-volume reduction throughout the brain.
- Abnormalities of the cerebellum.
- Psychosocial family stressors can also contribute to or exacerbate the symptoms of ADHD.
ADHD THROUGHOUT THE LIFESPAN

➤ **Preschool** - Disruptive behavior, aggression towards other children, hyperactivity, conduct problems, inattentive and overactive

➤ **Middle Childhood** - Unfinished tasks (unfinished games, uncovered toothpaste), trouble with school work, criticism from parents/teachers/peers, low self esteem. Depression and conduct disorders can develop here.

➤ **Adolescence** - Higher rates of anxiety, depression, oppositional behavior, social failure, substance abuse

➤ **Adulthood** - Trouble at work, relationships, difficulty following directions, remembering, and concentrating, emotional and social problem:

BRAIN SCAN COMPARISON

• This is a scan of a brain without ADHD compared to an ADHD affected brain
SYMPTOMS OF ADHD: DSM-V

INATTENTION (A1):

PERSISTED FOR AT LEAST 6 MONTHS TO A DEGREE THAT IS INCONSISTENT WITH DEVELOPMENTAL LEVEL AND THAT NEGATIVELY IMPACTS DIRECTLY ON SOCIAL AND ACADEMIC/OCUPATIONAL ACTIVITIES

- LACKS ATTENTION TO DETAIL
- MAKES CARELESS MISTAKES
- HAS DIFFICULTY SUSTAINING ATTENTION
- DOESN'T SEEM TO LISTEN
- FAILS TO FOLLOW THROUGH/FAILS TO FINISH INSTRUCTIONS OR SCHOOLWORK
- HAS DIFFICULTY ORGANIZING TASKS
- AVOIDS TASKS REQUIRING MENTAL EFFORT
- OFTEN LOSES ITEMS NECESSARY FOR COMPLETING A TASK
- EASILY DISTRACTED
- IS FORGETFUL IN DAILY ACTIVITIES

SYMPTOMS OF ADHD: DSM-V

HYPERACTIVE / IMPULSIVITY (A2):

PERSISTED FOR AT LEAST 6 MONTHS TO A DEGREE THAT IS INCONSISTENT WITH DEVELOPMENTAL LEVEL AND THAT NEGATIVELY IMPACTS DIRECTLY ON SOCIAL AND ACADEMIC/OCUPATIONAL ACTIVITIES

- FIDGETS OR SQUIRMS EXCESSIVELY
- LEAVES SEAT WHEN INAPPROPRIATE
- RUNS ABOUT/CLIMBS EXTENSIVELY WHEN INAPPROPRIATE
- HAS DIFFICULTY PLAYING QUIETLY
- OFTEN “ON THE GO” OR “DRIVEN BY A MOTOR”
- TALKS EXCESSIVELY
- BLURTS OUT ANSWERS BEFORE QUESTION IS FINISHED
- CANNOT AWAIT TURN
- INTERRUPTS OR INTRUDES ON OTHERS
SYMPTOMS OF ADHD: DSM-V

SPECIFY WHETHER...

- **COMBINED PRESENTATION:**
  - BOTH CRITERION A1 (INATTENTION) AND CRITERION A2 (HYPERACTIVITY-IMPULSIVITY) ARE MET FOR THE PAST 6 MONTHS.

- **PREDOMINANTLY INATTENTIVE PRESENTATION:**
  - CRITERION A1 (INATTENTION) IS MET BUT
  - CRITERION A2 (HYPERACTIVITY-IMPULSIVITY) IS NOT MET FOR THE PAST 6 MONTHS.

- **PREDOMINANTLY HYPERACTIVE/IMPULSIVE PRESENTATION:**
  - CRITERION A2 (HYPERACTIVITY-IMPULSIVITY) IS MET AND
  - CRITERION A1 (INATTENTION) IS NOT MET FOR THE PAST 6 MONTHS.

- SEVERAL INATTENTIVE OR HYPERACTIVE-IMPULSIVE SYMPTOMS WERE PRESENT PRIOR TO AGE 12 YEARS.

- SEVERAL INATTENTIVE OR HYPERACTIVE-IMPULSIVE SYMPTOMS ARE PRESENT IN TWO OR MORE SETTINGS.

- THERE MUST BE CLEAR EVIDENCE OF CLINICALLY SIGNIFICANT IMPAIRMENT IN SOCIAL, ACADEMIC, OR OCCUPATIONAL FUNCTIONING.

- SYMPTOMS DO NOT OCCUR EXCLUSIVELY DURING THE COURSE OF A PERVERSIVE DEVELOPMENTAL DISORDER, SCHIZOPHRENIA, OR OTHER PSYCHOTIC DISORDER, AND ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER (E.G., MOOD DISORDER, ANXIETY DISORDER, DISSOCIATIVE DISORDER, PERSONALITY DISORDER).
SYMPTOMS OF ADHD: DSM-V

SPECIFY CURRENT SEVERITY: FREQUENCY, DURATION, AND INTENSITY

➢ MILD: FEW, IF ANY, SYMPTOMS IN EXCESS OF THOSE REQUIRED TO MAKE THE DIAGNOSIS ARE PRESENT, AND SYMPTOMS RESULT IN NO MORE THAN MINOR IMPAIRMENTS IN SOCIAL OR OCCUPATIONAL FUNCTIONING.

➢ MODERATE: SYMPTOMS OR FUNCTIONAL IMPAIRMENT BETWEEN “MILD” AND “SEVERE” ARE PRESENT.

➢ SEVERE: MANY SYMPTOMS IN EXCESS OF THOSE REQUIRED TO MAKE THE DIAGNOSIS, OR SEVERAL SYMPTOMS THAT ARE PARTICULARLY SEVERE, ARE PRESENT, OR THE SYMPTOMS RESULT IN MARKED IMPAIRMENT IN SOCIAL OR OCCUPATIONAL FUNCTIONING.

NOTE: FOR OLDER ADOLESCENTS AND ADULTS (AGE 17 AND OLDER), AT LEAST FIVE SYMPTOMS OF A1 OR A2 ARE REQUIRED.

HOW DO WE DIAGNOSE

A DIAGNOSIS OF ADHD IS MADE PRIMARILY IN CLINICAL SETTINGS AFTER A THOROUGH EVALUATION, INCLUDING A CAREFUL HISTORY AND CLINICAL INTERVIEW TO RULE IN OR TO IDENTIFY OTHER CAUSES OR CONTRIBUTING FACTORS:

➢ COMPLETION OF BEHAVIOR RATING SCALES
➢ A PHYSICAL EXAMINATION
➢ ANY NECESSARY OR INDICATED LABORATORY TESTS
➢ COMPUTER GENERATED MEASURES OF ATTENTION

IT IS IMPORTANT TO SYSTEMATICALLY GATHER AND EVALUATE INFORMATION FROM A VARIETY OF SOURCES, INCLUDING THE CHILD, PARENTS, TEACHERS, PHYSICIANS, AND WHEN APPROPRIATE OTHER CARETAKERS.
TREATMENTS FOR ADHD

Treatment focuses on reducing the symptoms of ADHD and improving functioning through:

- medications
- behavioral therapies
- psychotherapy
- social skills training
- parent skills training

PROGNOSIS

- 60-80% of children with ADHD continue to experience symptoms in adolescence.
- Up to 40-60% of adolescents exhibit ADHD symptoms into adulthood.
- In children with ADHD, a reduction in hyperactive behavior often occurs with age. Other symptoms become more prominent with age, such as inattention, impulsivity, and disorganization.
- A variety of risk factors can affect children with untreated ADHD as they become adults. These risk factors include engaging in risk-taking behaviors (sexual activity, delinquent behaviors, substance use), educational underachievement or employment difficulties, and relationship difficulties.
“TO TELL A PERSON WITH ADHD TO TRY HARDER IS ABOUT AS HELPFUL AS TELLING SOMEONE WHO IS NEARSIGHTED TO SQUINT HARDER”

(HALLOWELL & RATEY, 2005, P.51)

TIPS FOR PARENTS, SPOUSES & SIBLINGS

- **SCHEDULE**
  Keep the same routine every day, from wake-up time to bedtime. Include time for homework, outdoor play, and indoor activities. Keep the schedule on the refrigerator or on a bulletin board in the kitchen. Write changes on the schedule as far in advance as possible.

- **ORGANIZE EVERYDAY ITEMS**
  Have a place for everything, and keep everything in its place. This includes clothing, backpacks, and toys.

- **USE HOMEWORK AND NOTEBOOK ORGANIZERS**
  Use organizers for school material and supplies. Stress to your child the importance of writing down assignments and bringing home the necessary books.

- **BE CLEAR AND CONSISTENT**
  Children with ADHD need consistent rules they can understand and follow.

- **GIVE PRAISE OR REWARDS WHEN RULES ARE FOLLOWED**
  Children with ADHD often receive and expect criticism. Look for good behavior, and praise it.
REFERENCES

- NELSON TEXTBOOK OF PEDIATRICS, 20th EDITION.
- KAPLAN & SADOCK'S COMPREHENSIVE TEXTBOOK OF PSYCHIATRY, 9th EDITION.
- MASH & WOLFE ABNORMAL CHILD PSYCHOLOGY, 4th EDITION
- Journal of PEDIATRICS Volume 127, Number 3, March 2011
- (September 20th, 2005). ADHD. Retrieved February 15, 2009 from CDC. Website: http://www.cdc.gov/ncbddd/adhd/symptom.htm
Speaker 2

Josh Lichtman, DO
Adult Psychiatry
ADHD symptoms are non-specific
- This makes Diagnosis difficult
- ADHD symptoms persist over time, and extend beyond just inattention
ADHD is a neurodevelopmental disorder, characterized by impaired executive functioning (time management, organizational skills, impulse control, self-motivation, and emotional regulation).
**Medication treatment options**

- **stimulant medications**
  - these medications paradoxically help brains to focus
  - **Amphetamine Stimulants** (Adderall, Vyvanse, Ritalin, etc)
  - **Non-amphetamine Stimulants** (Strattera, Wellbutrin)
  - *Wellbutrin (bupropion) is a very stimulating antidepressant, used for many things: depression, ADHD, smoking cessation*

**Non-Medication Treatment Options**

- **Meditation**
  - meditation improves concentration (amongst other things)
  - a very general explanation of this is that our brains are able to change (synaptic plasticity)

- **Self Help Books**
  - there are several, but I really like: "The Mindfulness Prescription for ADHD" by Lidia Zylowska, MD
Thank You
Speaker 3

Elizabeth Fong, LCSW
Mindfulness and ADHD

Elizabeth Cannom Fong, LCSW

“Paying non-judgmental attention on purpose, in the present moment, non-judgmentally”

Being awareness in each unfolding moment”

“Waking up to our lives”
“Hey, wait a minute!
This is grass!
We’ve been eating grass!”

Auto-pilot...
Observing thoughts objectively, like clouds drifting through the sky...

Experiencing emotions, without judgement...
Paying attention to the breath, and physical sensations in the body...

Benefits of Mindfulness

Decrease in... Anxiety/Depression/OCD, addiction, chronic pain

Increase in... attention, ability to selectively focus the mind, self-regulation, overall sense of well-being
Increased... Ability to attend, self-regulate

AND

Shifting one’s relationship to ADHD...living with a distracted mind in a different way...
Resources:

*Full Catastrophe Living*, Jon Kabat-Zinn, PhD.
*Fully Present, The Science, Art & Practice of Mindfulness*, Susan Smalley, PhD.
*Mindful Parenting for ADHD*, Mark Bertin, MD.
*The Mindfulness Prescription for Adult ADHD*, Lydia Zylowska, MD.

Meditation Centers:

*InsightLA*, Santa Monica
*Center for Mindful Living*, West LA
*MARC (Mindful Awareness Research Center)*, UCLA