

# **Attention Deficit Hyperactivity Disorder & Attention Deficit Disorder**

Attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) are a prevalent concern for people all over the world, affecting the learning and activity of one out of every ten children. An estimated 6.4 million children are diagnosed with ADHD or ADD in the United States alone. People with ADD or ADHD often get distracted easily and fidget, but telling the difference between the disorders can be quite tricky. Often ADD and ADHD are mistaken for each other, or the names are used interchangeably. However, there are apparent differences between the two disorders.

## **What's the Difference?**

Children with ADD – also known as ADHD with inattention – are not hyperactive. They do not have high energy levels like other children with ADHD, and may seem shy or as if they are often daydreaming. Children with ADD are harder to diagnose because their symptoms may be mistaken for daydreaming, shyness, or timidity. Children with ADHD with hyperactivity and impulsivity have plenty of energy and are often moving and fidgeting. Children with ADHD with hyperactivity and impulsivity are easier to diagnose due to their more noticeable physical symptoms.

## **How do these Disorders Affect Us?**

ADHD and ADD are disorders that affect the learning ability by decreasing the child's ability to pay attention and stay focused. Although they are frequently viewed as such, the disorders are not learning disabilities. However, they can often be present in addition to a learning disability. ADHD and ADD can interfere with the everyday activities of the diagnosed child, affecting their abilities both at school and at home. Children diagnosed with one of these conditions have a difficult time paying attention, controlling their behavior and are sometimes affected by hyperactivity.

## **Signs and Symptoms**

The CDC has criteria for diagnosing ADHD with inattention in children sixteen and under with six or more of the following symptoms. To diagnose adolescents and adults seventeen years and older, they must have five or more symptoms that have been present for six months or longer.

Symptoms of ADD with inattention include often failing to give attention to details or careless mistakes, having difficulty holding attention on the task at hand, and seemingly not listening when being directly spoken to. Other symptoms include not following instructions, having challenges with organization, avoiding or disliking tasks that require a mental effort over an extended period, easily losing things, being often and easily distracted, and continued forgetfulness.

## **Social and Familial Effects**

There are many social and familial effects of those diagnosed with ADHD or ADD, as well as those around them. ADHD and ADD can alter the behavior of a child due to their difficulty concentrating and their disruptive behavior. The common social effects on a child coping with ADHD or ADD include becoming the class clown or bully or refusing to be involved in group activities.

Family members may also be affected by a child being diagnosed with either ADHD or ADD, causing frustration or guilt due to their inability to focus, or having a difficult time keeping up with the activity and impulsivity of the person.

## **Emotional Effects**

There are quite a few emotional effects to ADD and ADHD that can further make the child feel isolated and/or confused. There is the possibility they have been frustrated for quite some time, which can lead to other emotional and physical stress. Some of the emotional effects include frustration due to their inability to follow through and complete tasks, low self-esteem, anxiety, depression, and withdrawal.

If the child buries their emotions and feelings, it may come out in the form of physical symptoms, such as headaches, stomach aches, backaches, or pain in their limbs.

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## **Management and Treatment**

There are many ways that patients can manage and treat their ADD and ADHD. For starters, anyone affected should turn to healthy diet tips that can assist in managing their disorder, as well as get plenty of exercise and a good night's sleep. Aside from that, they can be given more assistance and guidance from their parents and teachers, they can receive behavior therapy through meeting with a therapist, and they can be assessed on medications. Often those who are diagnosed will be prescribed stimulants – which can help reduce the symptoms of ADD and ADHD by seventy to eighty percent.

## **Transition to Adult hood**

Approximately half of the children diagnosed with ADHD or ADD will continue to experience their symptoms into adulthood. However, some adults can be diagnosed later in life whether they had the disorder for their entire life or not as sometimes it is misdiagnosed or goes undiagnosed. Adults with ADD or ADHD can be diagnosed by having any five symptoms from the list provided by the CDC. Some common traits among those who have ADHD in their adult life include changing their employers frequently, having few personal or career-based achievements, and repetitive relationship issues.

# **Post Traumatic Stress Disorder (PTSD)**

*Post Traumatic Stress Disorder, or PTSD*, is a mental health condition characterized by either witnessing or experiencing a terrifying life event. Common symptoms include nightmares, severe anxiety, flashbacks, and obsessive or uncontrollable thoughts. These symptoms may occur immediately after the event, or they may not develop until years later. There are four types of PTSD, including intrusive memories, avoidance, adverse changes in mood and thought, and emotional reactions and physical changes. Events commonly associated with PTSD are military or combat exposure, sexual violence, physical assault, childhood abuse or environmental factors such as weather-related events or a fire.

## **Treatment of PTSD**

Behavioral therapists assist in adjusting trauma-filled thoughts and guide the child affected by developing alternative interpretations and engaging in a new way of responding to negative or overwhelming feelings.

## **Medications**

Medications are available to aid in the treatment of PTSD. Serotonergic antidepressants may include fluoxetine, sertraline, and paroxetine. Drugs that help decrease physical symptoms may include prazosin, clonidine, guanfacine, and propranolol. Research indicates that patients who take an antidepressant for at least a year are less likely to develop a relapse. *Antidepressants are also the only group of medications that have been approved by the United States Food and Drug Administration for PTSD treatment.* Mood stabilizers and antipsychotic medications are also available, especially for children who experience paranoia.

## **Following the Treatment Plan**

Following the plan assigned by the treatment team is the best way to seek relief of PTSD symptoms. Remember that our mental health professionals have been educated on how to handle traumatic disorders and any treatment plan provided is better than trying to play the guessing game. Following the advice of one of our professionals, even if it takes awhile to see improvements, is the best way to keep the child on track. The child should routinely schedule talk with a therapist and work on techniques designed to help deal with flashbacks, paranoia, or depressive symptoms.

## **Staying Healthy**

*Eating right, exercising regularly, and getting plenty of sleep at night* are an important part of being able to respond to and develop coping techniques needed to beat PTSD. Lack of sleep and exercise coupled with a diet high in inflammatory foods may contribute to anxiety or feelings of restlessness. Try putting the child to sleep an hour or two earlier at night and wake up early to fit in some exercise before starting the day. Sit down to eat a healthy breakfast and spend some time collecting thoughts or going over mental activities before heading out for the school day.

## **Stay Connected to Support People**

Staying connected to loved ones is a good way to get through tough situations. Avoid allowing the child to be alone if needed and invite others in the house to participate in activities that allow them to become refocused. Schedule weekly meetings with therapist or someone they find easy to talk too. Recovering from PTSD is a good time to try new hobbies and become involved in new activities. Join in activities and AVOID being ALONE at all costs!

## **Understanding what PTSD Is**

Understanding PTSD is a good way to beat it. Visit the library or bookstores and read books that discuss PTSD and different ways for coping. Helping the child understand the condition and why it happens might be the solution needed to reduce symptoms. Talk to support persons and educate them on the challenges of PTSD. The child's assigned therapist will educate them on causes and reactions and working past the underlying issue associated with PTSD.

## **Alternative or Natural Medications**

Some side effects of mental health medications prescribed by a health professional may include vomiting, nausea, diarrhea, weight gain, drowsiness, sedation, constipation, and dry mouth. Herbal treatments are available to help reduce anxiety and depressive thoughts, and they may be less likely to cause side effects. Drinking the following teas may be able to contribute to reducing anxiety and stress: peppermint, turmeric, ginger, Ashwagandha, Kava Kava, Chamomile, passion flower, lemon balm, and rose tea.

# Oppositional Defiant Disorder

Many people are unaware of precisely what oppositional defiant disorder, commonly referred to as ODD, means. When most individuals have kids, they expect them to have moments of defiance in the heat of the moment. Tired, sick, or hungry children may not always be aware how to correctly and appropriately show their emotions. ODD is more than this. It is characterized by persistent and regular defiance, vindictiveness, irritability, et cetera. It can be a scary diagnosis for both for the parents as well as the child, but it does not have to be. Continue reading for everything you need to know about this condition, including its symptoms, potential causes and risk factors, how it is diagnosed, and available treatment options.

## **Causes of ODD**

Medical professionals have not yet found a clear cause of ODD in children. However, evidence indicates genetics and environmental factors do contribute to the likelihood of this condition. A child born with specific neurobiological factors causing the brain and other nerves to function differently may have a higher risk of ODD. A child's environment is another major factor, as children who live in hostile environments, environments with inconsistent discipline, or those without much supervision are more susceptible to this disorder. Other familial issues that increase the risk of ODD include if one or both parents have a mental illness themselves or if they abuse substances.

## **When Symptoms Appear**

The symptoms of ODD discussed in the following slides tend to start appearing at a young age, such as when a child is in preschool. In some cases, symptoms of ODD develop later, but they almost always appear before an individual's early teen years.

It is important to note a child exhibiting some defiance at certain stages during their development is entirely normal. Unfortunately, this can make it difficult to determine if the child is simply strong-willed or particularly sensitive or if they truly have ODD. However, those acting out who might have ODD are doing so with increasing frequency and in a manner exceptionally inappropriate compared to what medical professionals consider normal for the age and mental capabilities of the child in question.

## **Angry and Irritable Mood**

Children who have oppositional defiant disorder go from calm and rational to out of control with rage and anger in a matter of seconds. They also get easily annoyed by others and appear to have no patience with anyone else. Children with ODD are also commonly filled with anger and resentful behavior for no apparent reason. It is also important to note children with ODD also experience these symptoms quite frequently. For instance, occasionally losing their temper or being in an irritable mood does not indicate the child has ODD.

## **Vindictive Type Behavior**

A vindictive child has no respect for authority, the feelings of others, or even self-respect. They don't make friends easily and are often labeled problematic at school and by other caregivers, children, and parents who have no medical background. They are frequently spiteful and tend not to exhibit signs of remorse for their behavior. The medical requirement for these symptoms to indicate ODD is the child in question must perform a minimum of two vindictive acts in a timespan of six months, though most patients will perform far more than that in a shorter period.

## **Argumentative and Defiant Symptoms**

A child who pushes the boundaries with authority figures once or twice is not a child with ODD. Children who may have ODD are those who actively refuse to follow the rules, listen to any adult or authority figure, or do what's expected of them, all on a frequent basis. They are also children who look for ways to deliberately misbehave or anger others and take pleasure in annoying others. They also take no responsibility for their actions, and instead often have a reason why their behavior is someone else's fault.

## **Criteria for a Diagnosis**

A medical professional cannot diagnose a child with ODD without first proving a child has a pattern of behavior meeting the specific requirements set out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The first requirement for an accurate diagnosis is the patient must exhibit a minimum of four symptoms from one of the three categories of symptoms. As discussed, these are angry and irritable mood; argumentative and defiant behavior; and vindictiveness. Other DSM-5 requirements include: the symptoms must occur with at least one person not a sibling to the patient; cause issues at home, school, or work; occur on their own rather than as part of another mental illness such as bipolar disorder; and last for a minimum of six months before diagnosis.

# Oppositional Defiant Disorder

## **Diagnosing ODD**

A child must see a licensed mental health professional to receive an accurate ODD diagnosis. This includes undergoing a comprehensive psychological evaluation. What the doctor discovers during this evaluation helps them with their ultimate diagnosis. The second major component of an accurate diagnosis is testimony from the parents or caregivers. As such, we are encouraged to be honest about the child's behavior rather than try to make it appear minimal. Leaving out pertinent details only hurts a child's diagnosis and may leave their medical treatment lacking.

## **Levels of Severity**

It is vital to note not all children with ODD are exceptionally defiant or disruptive. The three levels of severity in ODD are mild, moderate, and severe. We may be able to develop an approximate idea of what level a child falls on, but the final determination of severity is still left to our medical director and professional staff.

Mild ODD includes symptoms only occurring in one setting (e.g., only at home but not at school). Moderate ODD means the symptoms may occur in two settings (e.g., at home as well as at school). Severe cases of ODD mean the child exhibits symptoms in virtually any setting. In some cases, children can begin to exhibit symptoms in one area, but then the symptoms extend to other settings over time. This is why the timing requirement is so important for an accurate diagnosis.

## **Treating ODD in Children**

We will treat children with ODD on an individual level. However, the typical treatments include family therapy, individual therapy, cognitive behavioral therapy, as well as training on appropriate social skills. Individual therapy is designed to help children with ODD express their feelings and manage their anger in healthier ways. Family therapy is particularly useful for improving communication and relationships between everyone within the unit. Social skills training, as its name indicates, helps children with ODD interact more appropriately with their peers.

Team Members can also expect to receive more training on developing skills more appropriate for children with ODD, such as giving instructions and following through with consequences when needed. This leads to where team members create interactions with the child with an emphasis on reinforcing positive behavior. Medication usually does not come into ODD treatment, unless the child also has another condition, such as bipolar disorder or attention deficit hyperactivity disorder, where it can be a big help in alleviating those symptoms.

## **Lifestyle Changes**

When treating a child with ODD, we will need to make lifestyle changes to help improve the situation. Strategies we suggest include becoming an active part of the child's life, offering specific praise and rewards for positive behavior, leading by example, creating a daily routine, and setting limits and appropriate consequences. It's also imperative that team members encourage the children to partake in *physical activity*, eat a healthy diet, and get adequate sleep each night to help reduce symptoms of ODD.

## **Challenges in Treatment**

We want parents to know there will be challenges at the beginning of treatment for ODD, since all treatments are tailored to each child. Changing behavior as severe as ODD does not occur overnight. Patients need firm team members who set boundaries and remain calm to set a good example. We must learn to be patient, to view setbacks with an open mind, and must be willing to work with the child to revamp treatments as necessary for the best results.

# **Major Depressive Disorder (Clinical Depression)**

When someone experiences persistent and intense feelings of sadness for extended periods of time, then they may have major depressive disorder. This is different from people that may feel sad or depressed when a loved one passes away or when they are going through a life challenge, such as a divorce or serious illness, as these feelings are normally short-lived. Major Depressive Disorder is a significant medical condition that can affect many areas of your life. It impacts mood and behavior as well as various physical functions, such as appetite and sleep. These people often lose interest in activities they once enjoyed and, occasionally, they may also feel as if life isn't worth living. Major Depressive Disorder is one of the most common mental disorders in the United States.

## **Symptoms of Major Depressive Disorder**

A doctor or a mental health professional can make a Major Depressive Disorder diagnosis based on certain symptoms, feelings, and behavior patterns. To be diagnosed with Major Depressive Disorder, a person must meet the symptom criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual helps medical professionals diagnose mental health conditions. According to its criteria, a person must have five or more of the following symptoms, and have experienced them at least once a day for a period of more than two weeks: feeling sad or irritable; less interested in most activities; suddenly lose or gain weight/change in appetite; trouble falling asleep or wanting to sleep more than usual; feelings of restlessness; unusually tired or lack energy; feeling worthless or guilty; difficulty concentrating/thinking/or making decisions; thoughts of harming oneself or committing suicide.

## **Treatment of Major Depressive Disorder**

Major Depressive Disorder is often treated with medication and psychotherapy. Some lifestyle adjustments can also help ease certain symptoms. People who have severe Major Depressive Disorder may need to stay in the hospital during treatment. Some might also need to take part in an outpatient treatment program until symptoms improve.

## **Medications**

Primary care providers often start treatment for Major Depressive Disorder by prescribing antidepressant medications. Selective serotonin reuptake inhibitors, or SSRIs, are frequently prescribed antidepressants. SSRIs work by helping inhibit the breakdown of serotonin in the brain, resulting in higher amounts of this neurotransmitter. SSRIs include well-known drugs such as fluoxetine (Prozac) and citalopram (Celexa). They have a relatively low incidence of side effects that most people tolerate well. Other medications, such as Tricyclic antidepressants and atypical antidepressants, may be used when other drugs haven't helped. They can cause several side effects, including weight gain and sleepiness.

## **Psychotherapy**

Psychotherapy, also known as psychological therapy or talk therapy, can be an effective treatment for people with Major Depressive Disorder. It involves meeting with a therapist on a regular basis to talk about the condition and related issues. Psychotherapy can help a person: adjust to a crisis; replace negative beliefs with positive ones; improve one's communication skills; find better ways to cope with challenges and solve problems; increase self-esteem; and regain a sense of satisfaction. A healthcare provider may also recommend other types of therapy, such as cognitive behavioral therapy, interpersonal therapy, and/or group therapy which allows a person to share their feelings with people who can relate.

## **Lifestyle Changes**

In addition to taking medications and participating in therapy, a person can help improve Major Depressive Disorder symptoms by making some changes to their daily habits such as: eating right; avoiding alcohol and certain processed foods; getting plenty of exercise; and sleeping well.

## **Outlook**

People with Major Depressive Disorder can feel hopeless at times, but it's important to remember that the disorder can typically be treated successfully. To improve one's outlook, it's critical to stick with the treatment plan. For example, don't miss therapy sessions or follow-up appointments with your healthcare provider and never stop taking your medications unless you're instructed to do so by your therapist or healthcare provider.