

IS IT REALLY ADHD?

by Matthew Rosen, Ph.D.

Happy, successful, confident children bring joy into our lives as parents. This is achievable more often than one might think, even in cases where parents have spent considerable time and resources seeking help for children that have problems with inattention, impulse control, and motor hyperactivity. Such parents, who are typically loving, kind, and caring, and deeply concerned about their children's well-being, will often seek out professional help to help deal with these issues. These children are often diagnosed by either a medical or mental health professional with ADHD and placed on medication. While such parents are often initially pleased to see their children paying better attention in school, they eventually come to realize that their initial optimism has become tempered with the reality that not everything is better.

Such well-meaning parents, who believed that they had done the right thing, begin to question to their decision put their child on medication. They will typically note that while the medication *is* helping their child with concentration in school, he still....***(can't control his temper, has meltdowns, overreacts, is anxious, is depressed, is irritable, has mood swings, is disorganized, is forgetful, argues, fights with his siblings, can't get along with peers, doesn't take initiative or responsibility, is oversensitive, etc.)*** Or such parents might even find that their children's behavior and moods have actually worsened since starting on medication. These are not the kind of results that one would expect with an accurate diagnosis and treatment that is known to be effective (stimulant medication for ADHD).

In evaluating for ADHD, one would typically begin by gathering information regarding the child's presenting symptoms and ascertaining whether the child was actually evaluated for ADHD. In most cases, the "evaluation" will have consisted of parents and teachers completing a behavior rating scale and presenting it to their pediatrician. While behavioral observations are certainly an important part of a thorough diagnostic assessment, they are not the "be all and end all" and here's why. The ADHD diagnosis is typically given when there are significant issues with inattention, impulsivity, and motor hyperactivity. The problem is that these core symptoms are also present in mood disorders (e.g. Bipolar Disorder), anxiety disorders, and autistic spectrum disorders (e.g., Asperger's Disorder). So how do we know if a child's inattention, impulsivity, and motor hyperactivity are an indication of an underlying Attention Deficit Disorder or some other mental health condition?

Over my 30 years of experience in treating children with ADHD and children misdiagnosed with ADHD, I have learned that there are certain questions that can help one differentiate between children with ADHD and those with anxiety and/or mood disorders. For example, one of the first questions that I ask children is what distracts them the most: things they hear, things they see, or things they think about. If they tell me that they are more often distracted internally (by their own thoughts) than externally

(by things they hear or see), then they are more likely to be experiencing an anxiety or mood disorder than ADHD. While an accurate diagnosis cannot necessarily be based on one question alone, I have found this one question to be important in helping me understand how the child is distracted, which is a very important piece of information in making a diagnosis. Bottom line, if you don't ask the right questions, you may not make the right diagnosis.

So besides asking a child how he or she is most distracted, what are other ways that one can differentiate between children with ADHD and other behavioral or emotional disorders? Here is list of some of the ways that I have discovered that children with ADHD tend to differ from those children whom I have come to describe as "pervasively hypersensitive:"

- ADHD kids have temper tantrums. Hypersensitive kids have meltdowns.
- ADHD kids don't hold grudges (Teflon). Hypersensitive kids do (Velcro).
- Favorite answer of ADHD kids, "I don't know." Favorite question for hypersensitive kids, "Why?"
- ADHD kids rarely have an answer for anything. Hypersensitive kids always have an answer for everything.
- ADHD kids tend to be more physical. Hypersensitive kids tend to be more cerebral.
- ADHD kids are often content to do a mediocre job. Hypersensitive kids tend to be perfectionists.
- ADHD kids (should) score poorly on standardized measures of short-term memory and impulse control. Hypersensitive kids often score well on standardized measures of short-term memory and impulse control.
- ADHD kids often have difficulty engaging in verbal psychotherapy. Hypersensitive kids do very well with verbal psychotherapy.

While the above differences should not be used exclusively in determining whether or not a child has ADHD, they are certainly among the data that could be considered when making such a diagnosis. Accurate diagnosis of ADHD is not so easy. It often requires a thorough, comprehensive evaluation that includes not only behavior ratings by both a child's parents and teachers, but also developmental and family history, psychological testing, and a diagnostic interview that asks the right questions.

For the misdiagnosed child, the stakes are high. ***Academic failure, drug and alcohol abuse, oppositional-defiant behavior, parent-child issues, and a shattered self-image*** are the all-too-frequent consequences of children being misdiagnosed and ineffectively treated. It has been my experience that with accurate diagnosis and effective treatment, children and adolescents with ADHD and other mental health issues can grow up to be highly successful, happy, and productive adults.