

## SELF HELP

# Clarifying Attention-Deficit/Hyperactivity Disorder

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A hypothetical client I'll call John came to see me because he was in jeopardy of losing his job. He reported a history of problems at work and at home because he is forgetful about what he has been asked to do, feels quickly overwhelmed by multiple tasks, and has been chastised because he appears not to be listening and in fact can't remember much of the conversation.

He also reported being easily distracted by sounds, people moving around, phone calls, and other interruptions; he found it difficult to resume what he was working on prior to the interruption because he couldn't remember

where he left off. Consequently, his work productivity was low, and John felt discouraged, apprehensive about losing yet another job, and depressed.

Another hypothetical client I'll call Mary was brought in by her mother because 10-year-old Mary was disruptive in school, unwilling to sit in her seat, interrupting her teachers and classmates, and was also disobedient at home.

Mary's parents were at their wits' end, and her teachers were insisting that Mary be medicated so that she would be more cooperative in class.

Mary's pediatrician had expressed willingness to prescribe medication for Mary but wanted a diagnostic workup to be performed by a mental health provider so that the medication would be appropriate to her condition(s).

Both John and Mary are showing signs of Attention-Deficit/Hyperactivity Disorder (ADHD), a neurological condition that affects 3 to 5 percent of the pop-

ulation worldwide. John's symptoms are often found in people with the inattentive form of ADHD, while Mary's symptoms are more characteristic of the hyperactive-impulsive form of ADHD.

Symptoms of ADHD must be present prior to the age of 7 for the diagnosis to be made, and the vast majority of people who have it come by it genetically (i.e., they inherit it from their parents or grandparents).

Others who have ADHD acquire it through head trauma, sometimes at birth, sometimes by accident, high fevers, recurrent infections, and other events in early childhood. Thus, there is no such thing as "adult-onset" ADHD. For an adult to be diagnosed with some form of ADHD, s/he must have shown signs of ADHD in early childhood.

Symptoms of ADHD overlap with other mental health conditions that do not have a neurological basis, such as depression and anxiety.

It's important for the healthcare professional to consider all possible explanations for the client's symptoms and rule out those that don't apply before deciding on an ADHD diagnosis, as the treatments are very different.

For example, treating a person whose fidgetiness, inability to remain seated, and excessive talking (three of nine diagnostic criteria for the hyperactive-impulsive form of ADHD) stem from an anxiety disorder with medication intended to treat ADHD can actually increase the person's anxiety.

If you or a loved one have been chronically struggling at school, at work, or interpersonally, now might be the most appropriate time to consult with a psychologist for an evaluation to determine the root cause of the problem. If the problem is caused by ADHD, it is imminently correctable.

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