

Assessing for ADD/ADHD:

ADD/ADHD is controversial because: It is **invisible** because the process of **diagnosing has a strong subjective component**. ADD is heterogeneous. **It used to be that ADD and hyperactivity went together. Now there is Hyperactive/Impulsive ADD and Inattentive Type and the Combined Type.**

ADD appears in some settings and not others. ADD is confusing because **others things look like ADD**. Some of those things are: **Stress, Anxiety, Depression, thyroid Malfunction, Allergies, Asthma and Sleep disorders.**

How then is a parent to know whether a child is indeed ADD and whether medication is warranted for the ADD if it exists? Who can evaluate and how is it done? I have struggled with this over the last 3 years because ADD is one of the most common reasons children are brought to me. This is what I've decided is a thorough approach :

Rule out learning disability and processing disorders that can look like ADD. Always look at **auditory** and **visual** processing as well as what are called **executive processes**—planning and persevering toward a goal.

Check out **impulsivity** and the **ability to switch mental tasks**—to abandon one method and use another.

Use standardized instruments and combine the results with observations, parent/teacher checklists + an interview with the child. Share results with a pediatrician or pediatric psychiatrist.

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Adult ADD:

Many adults receive their first diagnosis of ADD when they seek help for a troubled child or adolescent. It is not uncommon for parents to say, "You know I was just like him when I was his age," as they complete a background history for the psychologist.

Any clinician treating adults for substance abuse or anxiety problems should investigate ADD/ADHD. There is reason to suspect that for some individuals drinking, drug use, emotional eating, or other body-focused disorders were initiated to cover discomfort from undiagnosed ADD.

Some symptoms of ADD in adulthood are: Hyperactivity—Nervousness, Hot Temper, Stress Intolerance, Impulsivity; and Distractibility.

If adult ADD is present, Coaching is an effective method of addressing personal and professional concerns. Coaching differs from therapy primarily in its focus on assets and present actions. Get a Certified Coach and check the education history!!

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TRIPLE WHAMMY!! Gifted/Learning Disabled/Attention Deficit Disordered:

These three conditions co-exist in many more people than we know. Recent statistics suggest that 66% of twice-exceptional students identified were gifted and learning disabled.

As a group Gifted students with Learning Disabilities are: Highly sensitive to criticism, distractible, curious, and questioning. Giftedness and Attention Deficit can manifest in a wandering imagination, compelling attraction to novelty, and an intense focus on one's own interests. Gifted students with ADD also exhibit inattention to detail, trouble with organization, distractibility, impulsivity, and conflict seeking.

Often these students get by on their giftedness throughout elementary school. They don't have to be organized in study and work habits because the elementary setting has enough external structure to keep them on track. These students often run into trouble in Middle or High School when external structure drops off and more independent planning is expected.

These students benefit from understanding their learning strengths and weaknesses. They also benefit from coaching in organizational strategies, study habits, and interpersonal communication skills.

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Drug Therapy for ADD??

It seems that questions about medication for children keep on coming. Parents are confused and sometimes the "expert" advice we give them only adds to the confusion.

There was the Time magazine article (11/3/'03) about meds for kids. Then there was an article in the NASP Communique (10/'03) cautioning against the use of Paxil with children and questioning the use of some other SSRIs: Zoloft, Prozac, and Effexor. What to think? What to do?

Best advice:

1. If you decide to medicate, FOLLOW the Dr.'s advice. Do not fool around with dosages or withhold information from the Dr.
2. **Monitor** the meds IN WRITING. Do it yourself. Ask the teacher to do it, too. Keep a **written** log to share with the Dr. on your next visit. If you don't share info—he/she can't be as effective.
3. Remember that meds alone are not usually a good idea. Meds combined with therapy, coaching, counseling and specific interventions is the best to go!!

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