

Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD, AD/HD) A Developmental Approach

by Patricia S. Lemer, M.Ed.

"Over the past several years, ADD has received a tremendous amount of attention from parents, professionals and policymakers across the country -- so much so, in fact, that nearly everyone has now heard about ADD or ADHD.

While helpful to those challenged by this disability, such widespread recognition creates the possibility of improper diagnosis and inappropriate treatment. Now, more than ever, parents who suspect their child might have ADD or ADHD and parents of children who have already been diagnosed with the disorder need to evaluate information, products, and practitioners carefully."

**National Information Center for
Children and Youth with Disabilities
(NICHCY)**

Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (add-adhd, ADHD, AD/HD) is being diagnosed with increasing frequency in both children and adults. Many of these individuals were previously labeled hyperactive or minimally brain damaged. According to the American Psychiatric Association, it is estimated that there are approximately 1.6 to 2 million people who have this disorder.

**ADD is being diagnosed
with increasing frequency**

The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DMS-IV), published by the American Psychiatric Association, classifies three types of Attention Deficit/Hyperactivity Disorder or ADHD (officially called Attention-Deficit/Hyperactivity Disorder

or AD/HD).

- AD/HD Predominantly Combined Type
- AD/HD Predominantly Inattentive Type
Six of nine symptoms of inattention must be present for diagnosis
- AD/HD Predominantly Hyperactive-Impulsive Type
Six of nine symptoms of inattention must be present for diagnosis

In each case, the symptoms must be present for at least six months to a degree that is maladaptive and inconsistent with developmental level. In addition, some symptoms must be present prior to age seven, and in two or more settings (e.g., at school, work and home). There must be clear evidence of clinically significant impairment in social, academic or occupational

**A developmental approach
treats underlying causes
rather than symptoms.**

functioning, and the impairment cannot be caused by other disorders such as anxiety, psychosis or pervasive developmental disorder (PDD).

Even though it is generally assumed that people diagnosed as having ADD or ADHD evidence a common set of characteristics emanating from a common etiology, little agreement is found among researchers regarding these symptoms. Some symptoms seen in children diagnosed as having attention deficits such as Attention Deficit Disorder (ADD), ADD-ADHD, AD(H)D, Attention Deficit/Hyperactivity Disorder or ADHD (Attention-Deficit/Hyperactivity Disorder or AD/HD):

- Making careless mistakes in schoolwork
- Difficulty sustaining attention to tasks
- Not listening to what is being said
- Difficulty organizing tasks and activities
- Losing and misplacing belongings
- Fidgeting and squirming in seat
- Talking excessively
- Interrupting or intruding on others
- Difficulty playing quietly

These symptoms are also seen in both children and adults with learning-related visual problems and/or sensory integration dysfunction and/or undiagnosed allergies or sensitivities to something they eat, drink or breathe. The chart that follows illustrates this graphically.

ATTENTION-DEFICIT / HYPERACTIVITY DISORDER Alternative Diagnoses					
Symptoms	ADHS (DSM- IV)	Sensory Integration Dysfunction (Ayres)	Learning- Related Visual Problems (Kavner)	Nutrition Allergies (Rapp, & Smith)	Normal Child Under 7 (Gesell)
Inattention (At least 6 necessary)					
Often fails to give close attention to details or makes careless mistakes	X	X	X	X	
Often has difficulty sustaining attention in tasks or play activities	X	X	X	X	X
Often does not listen when spoken to directly	X	X	X	X	
Often does not follow through on instructions or fails to finish work	X	X	X	X	X
Often has difficulty organizing tasks and activities	X	X	X	X	X
Often avoids, dislikes or is reluctant to engage in tasks requiring sustained mental effort	X	X	X	X	X
Often loses things	X	X	X	X	X

Often distracted by extraneous stimuli	X	X	X	X	X
Often forgetful in daily activities	X	X	X	X	
Hyperactivity and Impulsivity (At least 6 necessary)					
Often fidgets with hands or feet or squirms in seat	X	X	X	X	X
Often has difficulty remaining seated when required to do so	X	X	X	X	X
Often runs or climbs excessively	X	X		X	X
Often has difficulty playing quietly	X	X		X	
Often "on the go"	X	X		X	X
Often talks excessively	X	X	X	X	
Often blurts out answers to questions before they have been completed	X	X	X	X	
Often has difficulty awaiting turn	X	X	X	X	X
Often interrupts or intrudes on others	X	X	X	X	X

Physicians often recommend that ADHD or AD/HD be treated asymptotically with stimulant medication, special education and counseling. Although these approaches sometimes yield positive benefits, they may mask the problems rather than get to their underlying causes.

Vision Therapy improves visual skills that allow a person to pay attention.

In addition, many common drugs for ADD (such as ritalin, methylphenidate, cyleert), which have the same Class 2 classification as cocaine and morphine, can have some negative side effects that relate to appetite, sleep and growth. Placing a normal student who has difficulty paying

attention in a special class and counseling could undermine rather than boost his self esteem.

A sensible, multi-disciplinary, developmental approach treats underlying causes rather than the symptoms which are secondary.

VISION THERAPY improves visual skills that allow a person to pay attention. These skill areas include visual tracking, fixation, focus change, binocular fusion and visualization. When all of these are well developed, children and adults can sustain attention, read and write without careless errors, give meaning to what they hear and see, and rely less on movement to stay alert.

OCCUPATIONAL THERAPY for children with sensory integration dysfunction enhances their ability to process lower level senses related to alertness, body movement and position, and touch. This allows them to pay more attention to the higher level senses of hearing and vision.

common drugs for ADD can have negative side effects . . .

TREATMENT OF ALLERGIES to pollens, molds, dust, foods and/or chemicals by eliminating or neutralizing them has also been shown to alleviate the identical symptoms, and without side effects.

The public needs to understand that some behavioral optometrists, physicians, educators, mental health professionals, occupational therapists, and allergists are all addressing the same symptoms and behaviors. The difference is that medication, special education, and counseling can mask these symptoms and behaviors, while vision therapy, occupational therapy and/or treatment of allergies may alleviate the underlying causes and thus eliminate the symptoms long-term.

When making a choice about treatment for Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD, AD/HD) or Attention-Deficit Hyperactivity Disorder (ADHD, AD/HD):

- Consult a behavioral optometrist for a developmental vision evaluation. See the [Directory](#) for a free referral to a qualified Board certified eye doctor.
- Have a child evaluated by an occupational therapist with expertise in sensory processing problems.
- Consult an allergist regarding possible reactions to foods or airborne particles.



References

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), 1994.

Ayres, A. Jean, Sensory Integration and Your Child, Western Psychological Services, 1979.

Crook, William G., Solving a Puzzle of Your Hard-to-Raise Child, Professional Books, 1987.

Gesell, Arnold, and Hg, Frances L., Infant and Child in the Culture of Today, Harper, 1943.

Goodman, Gay, Poillion, M.J., The Journal of Special Education, "ADD: Acronym for Any Dysfunction or Difficulty," Vol 26, No. 1, 1992, pp. 37-56.

Kavner, Richard S., Your Child's Vision, Simon & Schuster, 1985.

Rapp, Doris J., Is This Your Child?, Morrow, 1991.

Schmidt, M.A., Smith, L.H., Sehnert, K.W., Beyond Antibiotics: Healthier Options for Families, North Atlantic Books, 1994

Smith, Lendon, Food for Healthy Kids, Berkeley Books, 1981



For information on Developmental Delays, visit the web site of the Developmental Delay Resources at www.devdelay.org.



The URL of this page is: <http://www.add-adhd.org/>