



The Centre for ADHD Awareness, Canada

The only Canadian charity focusing solely on ADHD, providing leadership in education, awareness and advocacy to improve the lives of families and individuals with ADHD across Canada



CADDAC Interactive ADHD Adolescent Parenting Course

Introduction to Adolescent ADHD

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Introduction to ADHD

What ADHD is Not

What is ADHD? (Symptoms and Presentations)

What Causes ADHD?

Common Coexisting Disorders

Assessment and Diagnosis

Adolescent ADHD in the Home

WHAT ADHD IS NOT

ADHD is Not

A new fad diagnosis

- Dr. Alexander Crichton in 1798 first wrote about a disorder like ADHD and "mental restlessness"

Something that is outgrown

- ADHD is considered a chronic condition, at least 80% of adolescents meet diagnostic criteria and 60% of adults retain impairing symptoms – sub threshold symptoms may continue to cause issues

Just for boys

- Although 3 times as many boys are still diagnosed
- In adulthood almost as many females as males – therefore we are under diagnosing girls (and some males) with inattentive presentation of ADHD

Over diagnosed and over treated

- We are still under diagnosing and under treating ADHD in Canada
- There have been stable prevalence rates of ADHD over the past 30 years (systematic review Polanczyk 2014)



ADHD is Not

Caused or impacted by Diet

- Excessive sugar, yeast or food additives do not cause ADHD.
- This has been disproven by many, many follow-up research studies over several decades.
- Food dyes and additives may increase hyperactivity, not ADHD, in a small number of ALL children.

Due to:

- Bad parenting or a lack of discipline
- Lazy educators
- Too much TV or computer time
- Laziness, a lack of willpower, or morality of the child or adult
- A lack of intelligence or excessive intelligence
- The North American lifestyle and a lack of exercise



WHAT IS ADHD?

What is ADHD?

- ADHD (Attention Deficit Hyperactivity Disorder) is the most common Neurodevelopmental Disorder (N-D) in children – DSM 5 changes
- N-Ds are seen in the developmental period before school age
- N-Ds produce impairment in personal, social and academic, functioning
- ADHD is a complex disorder that presents with a wide variety of impairments that impact most areas of an adolescent's life
- Symptoms are on a spectrum from mild to severe
- Neurodevelopmental disorders often co-occur with each other
- ADHD is the most common childhood psychiatric condition (disability)
- It resulting in more than half of all referrals to child mental health clinics
- It doesn't discriminate – impacts all ethnicities, and socioeconomic status worldwide
- Prevalence rates 5-9% for children and adolescents, 3 -5% adults



ADHD Symptoms/Presentations

DSM 5 Three Core Symptoms

- Impaired regulation of attention (both under and over focusing, difficulty with prioritizing & switching focus)
- Increased hyperactivity
- Increased impulsivity

Three Presentations

- Primarily Inattentive (formerly known as ADD) 6 of 9 inattentive symptoms
- Primarily Hyperactive (very rare) 6 of 9 hyperactive symptoms
- Combined (most common) 6 of 9 symptoms of both

Other Impairments

- ADHD is an impairment in self regulation
- Executive Functioning
- Emotional dysregulation and lack of social skill development



DSM-5 Criteria Inattentive symptoms

- Fails to pay close attention to detail
- Difficulty sustaining attention
- Does not seem to listen
- Does not follow through on instructions
- Difficulty organizing tasks and activities
- Avoids tasks that require sustained mental effort
- Loses things necessary for activities
- Easily distracted (internal and external)
- Forgetful in daily activities and routines





DSM-5 Criteria Hyperactive-Impulsive Symptoms

- Fidgets with hands or feet and squirms in seat
- Leaves seat at inappropriate times
- Runs or climbs inappropriately and excessively
- Has difficulty playing quietly
- On the go continually as if driven, unable to relax
- Talks excessively
- Blurts out answers, before questions are completed
- Has difficulty waiting in line or for their turn
- Interrupts or intrudes frequently

As children move into adolescence outward hyperactivity decreases, but restlessness and a racing mind often continues.

ADHD Symptoms Can Result in the Adolescent being mislabelled as:

- Stupid
- Uncaring
- Lazy
- Sloppy
- Defiant
- Behaviour problem
- Disinterested
- A delinquent
- Unmotivated
- Aggressive
- Undisciplined



Primarily Inattentive Presentation

- Daydreaming “spaced out”
- Slower in processing information
- Can present as underacting, lethargic
- Easily confused, slower to comprehend
- More difficulty focusing / selective attention
- More difficulty with retrieval – memory
- More uninvolved and socially isolated
- Rarely: disruptive, impulsive, aggressive, ODD
- Russell Barkley believes that this is a different disorder “Sluggish Cognitive Tempo”
- These symptoms frequently lead to the teen being mislabelled as “not overly bright”



ADHD in Girls

- Often, but not always, present with the inattentive presentation therefore less noticeable in school
- Less likely to display disruptive behaviour – clowning around, gross motor hyperactivity and aggression
- This may be due to the socialization of girls
- However girls are more likely to display teasing and taunting and name calling behaviour
- Symptoms in off task behaviour, small motor hyperactivity and cognitive impairments are the same
- Hyperactivity can sometimes be seen verbally
- Girls are as impaired as boys in social skills and academic achievement although they are under diagnosed
- Can often be bullied



ADHD in Adolescent Girls

- Girls with ADHD tend to present with less LDs or ODD.
- Girls with ADHD present with more anxiety depression and eating disorders, especially as they move into adolescence.
- Increased anxiety may decrease ADHD symptom presentation, especially hyperactivity and impulsivity since they do not wish to be different than other girls.
- Sexual activity occurs earlier with more promiscuity.

Hormones

- Fluctuating hormones when entering adolescence may make ADHD symptoms worse.
- Hormone fluctuation during a menstrual cycle will also impact symptom presentation.
- When estrogen levels are low dopamine levels are also low.
- ADHD medication may be able to be slightly increased during PMS period (5 -11 days prior to menses)



More About ADHD Symptoms

- While ADHD symptoms are always present to some degree, they can fluctuate from moment to moment, throughout the day, and from day to day. (Teens may be punished for successes)
- Symptoms vary according to the situation.
- Symptoms are most apparent when:
 - no external support or control,
 - work is more complex with multiple steps,
 - under a time constraint or,
 - sustained effort is required.
- Symptoms of hyperactivity and impulsivity are more noticeable but attention dysregulation is the most impairing.
- Hyperactivity and impulsivity decrease with age and restlessness becomes internal.
- Comorbid (coexisting) disorders can alter the presentation.



WHAT CAUSES ADHD?

What is the Cause of ADHD?

- Many genetic and environmental risk factors accumulate to cause the disorder.
- Environmental risks exert their effects pre and early postnatal.
- ADHD is one of the most heritable disorders with a strong genetic component – the same level on the heredity scale as height, 75%.
- A teen with ADHD is highly likely to have a sibling or one or both parents with ADHD.
- Many small genetic variants combine to increase the risk of ADHD but they are also associated with other psychiatric disorders.
- It is thought that the more genetic variants you have the greater chance that you have it and the more severe it will be.

World Federation of ADHD International Consensus Statement



What Research has Found

- Brain imaging, PET scans and MRIs show differences in brain development and functioning.
- In brain matures in a normal pattern but is delayed about three years (by 30 may still remain behind).
- The frontal cortex was the previous focus but the connecting fibers of the brain and the corpus striatum are the new areas of focus.
- This area of the brain scans thoughts, feelings and experiences and prioritizes messages sent to the cortex.
- In ADHD it sends several things at a time with no priority.

Why is all of this Important?

- Research in genetic differences and visual differences in the brains of those with ADHD substantiates the validity of ADHD
- [6 Things You Didn't Know About the ADHD Brain](#) [William Dodson, M.D.](#)
[Thomas E. Brown, Ph.D](#) Can genetics inform our ADHD clinical practice? D. McIntosh



COMMON COMORBID DISORDERS

ADHD rarely occurs by itself!

With permission of Dr. Rosemary Tannock

Comorbid mental health conditions		Comorbid learning disabilities	
Anxiety/mood disorders	25%-48%	Oral language disorders	8%-30%
Severe tics/Tourette's disorder	11%	Reading disorder	15%-40%
Oppositional defiant disorder (Aggression)	40%-60%	Mathematics Disorder	10%-25%
Conduct Disorder (Aggression)	14%-20%	Written language expression	65%?
Bipolar Disorder (Aggression)	Rare (0.2%)	Developmental Coordination Disorder	40% - 60%

Carroll et al (2005) J Child Psychol Psychiat 46:524-532; Jensen et al (2001) JAACAP 40:147-158; Kessler et al (2005) Am J Psychiatry 163:716-723; Reich et al (2005) Twin Res Hum Genet 8:459-466

Coexisting (Comorbid) Disorders

- 70% of school age children have at least one coexisting disorder and half have two or more
- Coexisting disorders can be caused by ADHD or coexist with ADHD
- Common emotional difficulties: irritability, moodiness, dysthymia
- It is important to discover all the puzzle pieces that make up the adolescent's profile
- As age increases so do coexisting disorders.



THE DIAGNOSIS OF ADHD



Why Might a Adolescent be Referred for an ADHD Assessment?

The adolescent is experiencing functional impairment at home and/or at school

- The school may notice that the teen is having difficulty with focus, distractibility, time-management, productivity or self-regulation, or the teen themselves or parents notice issues or come across ADHD information that triggers a self diagnosis.
- The adolescent's daily functioning or behaviour may be of concern.
- Discord is caused in the family due to the teen's behaviour.
- Other family members may have already been diagnosed and symptoms become more apparent as school load increases.
- Generally children without hyperactivity or impulsivity are diagnosed later in life if attentional symptoms are not severe.

Information is Gathered From a Variety of Sources During an Assessment

- Developmental history
- Physical and mental health history of adolescent and family members
- Rating scales done by parents and teachers
- Interview with parents and adolescent of current and past symptoms and difficulties
- Review of school performance



DSM 5 criteria for Diagnosis

- Six out of nine attention and/or six out of nine hyperactive/impulsive symptoms? (17 and older 5)
- Symptoms evident for more than six months, and before the age of twelve
- Symptoms at a level of impairment – significantly greater than other children of the same age
- Symptoms evident in two or more settings
- Symptoms are not better explained by another mental health disorder



Differential Diagnoses

An ADHD assessment is as much ruling in ADHD symptoms as ruling out other conditions that could be mimicking these symptoms. Disorders that can Mimic ADHD symptoms:

Physical disorders

- Vision and hearing impairments
- Thyroid dysfunction
- Head and brain trauma
- Seizure disorder
- Sleep disorders
- Anemia (severe), hypoglycemia

Other mental health disorders

- Anxiety
- Depression
- Learning Disabilities
- Autism
- Intellectual disabilities
- OCD
- ODD and Conduct Disorder



ADOLESCENTS IN THE HOME

What do Adolescents with ADHD Look like in the Home?

- Unable to stay focused on doing what they need to get done and are easily distracted by others things
- Forgets routines, chores, order of tasks and instructions if more than one at a time
- Drops things where they are not suppose to be then cannot find them or loses things frequently
- Impulsive and intrusive, annoys others, can't keep hands to themselves or off other's belongings
- Constantly on the move, but hyperactivity may not be as outward as when younger, leg jigging, hair twirling, too chatty
- In their own world, ignores others and requests
- Disorganized, messy, loses track of time
- Moody, frequently frustrated and angry
- Difficulty following rules and doing what they are told



WHAT YOU NEED TO “GET” ABOUT ADHD

What You Need to “Get” About ADHD

ADHD is a medical disorder.

- The behaviours you see are due to impairments caused by a medical disorder and not intentional behaviour choices.

ADHD cannot be trained out of your adolescent.

- Instead specialized parenting strategies along with school accommodations, teaching strategies, executive functioning and social skill training need to be implemented.

Parenting a child with ADHD will require more effort.

- ADHD will require specialized and more consistent parenting.

ADHD is a family affair.

- ADHD is a highly heritable disorder; chances are, a parent or sibling will also have ADHD. Everyone needs to be diagnosed and treated. An undiagnosed and untreated parent will undermine appropriate parenting strategies.

ADHD need not prevent your teen from doing well in life.

- Those with ADHD can complete post-secondary education, succeed at a career and have a good family life experience.

