

Attention Deficit Hyperactivity Disorder- ADHD- The Buzzword in Schools Today (Part 1)

For more than 100 years, extremely hyperactive children have been recognized as having behavioral problems. In the 1970s, doctors recognized that those hyperactive children also had serious problems with “paying attention.” Researchers in the 1980s found that some children had severe problems in paying attention, but little or no problem with hyperactivity at all. That’s when they started talking about two types of Attention Deficit Disorder: with or without hyperactivity. Attention Deficit Hyperactivity Disorder, or ADHD, is one of the most common chronic disorders of childhood and is the buzzword going around the schools today. Everyone knows of ADHD, but few really understand what it is. I hope to scratch the surface of what ADHD is by answering some frequently asked questions about ADD/ADHD

Q: What is ADD and ADHD?

A: A.D.D. stands for Attention Deficit Disorder. In the broadest sense, it reflects the difficulty or inability of an individual to sustain the level of concentration necessary to function properly – in school, at work, or in other arenas of social interaction. More specifically, the terms ADD and ADHD, as well as AD/HD, refer to a syndrome found in both children and adults characterized by distractibility, impulsivity and restlessness or hyperactivity. ADHD includes the symptom of physical hyperactivity or excessive restlessness—hence the “H” added to ADD. In ADD (or what is called in the diagnostic manual, ADHD, inattentive subtype), the symptom of hyperactivity is absent. Children with ADD are people with an attention deficit, and not in the least hyperactive or disruptive. Children with this syndrome often fall through the cracks without being treated, as the absence of hyperactivity leads others to assume the child or adult is simply shy, quiet or slow. These are the kids usually described as restless, antsy and jumpy.

To get a better look at what the attention deficit looks like in ADD, next time you are in Shul conduct the following assignment. As the Rabbi has surpassed the 20th minute of his sermon, begin to take a look around the Shul to the congregants in attendance. You will find nice amount of them respectfully paying attention to the

speaker. Some congregants will even be fidgety. One person in the *Shul* on the other hand, if he has not yet left to go outside, will be recognizably uncomfortable. Playing with his *siddur*, squirming in his seat, fidgeting his hands and feet. Thirty years ago, this person was most likely a terror for teachers.

Q: What are some of the signals that may suggest that my child may have ADHD?

A: ADHD consists of three primary problems in a person's ability to control behavior and can be diagnosed with ADHD if they demonstrate either one of the following difficulties: sustained attention, impulse control or inhibition, and/or excessive activity.

Parents and teachers who have children and students experiencing difficulty sustaining attention often describe their child's behaviors with the following descriptions: "My child doesn't seem to listen." "My child fails to finish assigned tasks." "My son daydreams." "My daughter often loses things." "My child doesn't concentrate and is easily distracted." "My daughter requires more redirection." "He shifts from one uncompleted activity to another." "She is often confused or seems to be in a fog".

Parents and teachers often describe children with difficulty controlling impulses or inhibition as: "blurting out answers to questions before the questions have been finished or without raising their hand". "Wanting what they want when they want it". "They have trouble waiting for things, "taking turns in a game", "lining up for lunch or recess", "waiting for the end of an activity makes them restless and antsy, and blurting out things before thinking."

Parents and teachers often describe children with excessive activity as: "Squirmy", "always up and on the go", "acts as if driven by a motor," "climbs excessively," "can't sit still," "talks excessively," "often hums or makes odd noises and has trouble playing or enjoying leisure activities quietly".

An important rule of thumb in diagnosing ADHD is that the symptoms need to be severe enough to cause significant impairment in their ability to function properly in school, at work, or in other arenas of social interaction.

Q: How do we understand the affects that ADHD has on an individual?

A: ADHD can be compared to an individual who has a powerful racecar as a brain, but with bicycle brakes. The treatment of ADD can be likened to strengthening the brakesⁱ.

Q: My son was diagnosed with ADHD. Does that mean that something is wrong with him?

A: The addition of the terms “disorder” and “deficit” to the term attention deficit hyperactivity disorder are very frightening. **I believe that ADHD is a trait and not a disability. Just like any other trait that we possess, the line between success and failure is how we manage the trait.** ADHD, too, can be a great asset to its possessors, as long as the individual with ADHD knows how to take advantage to the characteristics that come with it. We find that many successful people, CEO’s and leaders have/had ADHD. Take David Neeleman, CEO of JetBlue Airways, who calls ADHD one of his biggest assets. He credits the disorder with giving him the creativity that helped him develop an electronic ticketing system and pioneer several discount airlines. Therefore, don’t be afraid, because if you and your child manage it right, ADHD can become your child’s friend, a major asset in his/her life.

ⁱ Hallowell, E & Ratey, J. (1994). Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adulthood. New York, NY: Simon & Schuster Trade.