

ADHD Explained

By Dr. Linda Reinstein

ADHD stands for Attention Deficit Hyperactivity Disorder. It's a mouthful. It's poorly named. And it lies at the extreme end of several highly correlated "normal" traits that everyone has.

It is a diagnosis defined by observable behaviours – excessive fidgeting, over-activity, being excessively loud and talkative, blurting out, interrupting, and butting in, overlooking details, having a wandering mind, starting but not finishing things, disorganization, being easily distracted, etc.

You may be thinking that everyone has these qualities. You are not wrong. Often times, the very traits that define a person's ADHD are also the characteristics that fuel their creativity, ability to make overlooked connections, and ability gain unique perspectives on the world. It is when the number and intensity of symptoms/behaviours reach a point where they lead to harm or are significantly interfering with the person's functioning that these behaviours become a disorder. The status of *disorder* begins where harm or impairment begin. In short, the environment kicks back creating adverse consequences for the individual at the extreme end of these behaviours (e.g., failing

courses, losing jobs, difficulty with friendships).

The name ADHD is really a misnomer.

At its core, ADHD is really a disorder of *regulation*. The attention, emotional, and behavioural difficulties that are associated with a diagnosis of ADHD are best understood as difficulties with the *regulation of attention, behaviour, and emotion* (i.e., an inability to regulate/control/modulate) rather than simply a deficit of attention, too much energy, or lack of impulse control. Therefore, you may see that the person with ADHD has too much focus on some things and not enough focus on others, too much activity around some things and not any activity around other things, and too much emotion around some things and no emotional reaction to others.

Another point of confusion with the name is with the subtypes. For some people, it's the hyperactivity and impulsivity that are most getting in their way so they may receive a diagnosis of "ADHD with predominantly hyperactive presentation." For others, their inattention is most problematic so they receive a diagnosis of "ADHD with predominantly inattentive presentation." This used to be called ADD or Attention Deficit Disorder. The long and cumbersome

name is supposed to reflect that someone is rarely purely only one type. Finally, for some other folks both hyperactivity/impulsivity and inattention are impairing functioning so they receive a diagnosis of "ADHD with combined presentation."

The person with ADHD has difficulty doing three core things:

1. They cannot stop themselves from automatically reacting to a situation (emotional regulation).
2. They cannot stop a behaviour once it has started in order to think about what is happening or how they might be able to change the situation or do something differently (behaviour regulation).
3. They cannot easily filter out the unimportant details of the situation to focus on the important ones (attention regulation).

ADHD is called a neurodevelopmental disorder because the brains of those with ADHD develop and grow differently than those without ADHD. The prefrontal cortex of people with ADHD is weaker in structure and function. Sound familiar – the prefrontal cortex is the bullpen of executive functioning! We use our Executive Functioning to regulate, plan, monitor, etc. There is also a strong genetic link – it is common for a

child with ADHD to have at least one parent with ADHD (whether they know it or not).

This disorder is best characterized as a *disorder of doing*, where the central issue is that of *doing what you know* rather than *knowing what to do*. It is also correctly understood as an issue of competence (e.g., cannot do something) rather than one of compliance (e.g., will not do something). For children, the goals become helping them buy time between action and reaction, practice new behaviors, and attend to important information in the situation. This would entail helping to develop the skills of internal behavioural control, self-monitoring, talking through problems and situations, and in the moment problem solving.

The goals of treatment are not to tamp down a person's personality or creativity but to help someone with ADHD learn to better regulate in situations where it is needed. Stay tuned for a more in-depth conversation about treatments for ADHD in next month's issue.

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HISTORY

Aerial view of Ottawa 100 years ago

