

ADHD: Definition, Determination, & Direction

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QUESTION: Rabbi Landa, what does it mean that someone can have the diagnosis ADHD-inattentive type vs. hyperactivity type, and why would the same medicine work for both?

ANSWER: Attention Deficit Hyperactivity Disorder (ADHD) is a common mental health diagnosis given to children exhibiting difficult behaviors. There is much concern in the academic, and lay community regarding the overdiagnosis and resulting over medicating of children who do not actually struggle with this disorder. It is important to understand the root of this disorder, allowing us to better see the red flags, leading to further intervention and possible diagnosis.

ADHD is described using its symptoms, as someone who “may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active”¹. In addition, 3 types are presented: Predominantly Inattentive Presentation, Predominantly Hyperactive-Impulsive Presentation, and Combined Presentation. These 3 types describe how the ADHD may present in the person exhibiting symptoms from the disorder, however they are not different in terms of the root of the disorder.

All 3 types are manifest from a deficit in the executive functioning region of the brain. This means simply, that it is difficult for someone with ADHD to control their impulses². We all have impulses, sometimes they are strong and sometimes they are strange. This is normal. A healthy person allows these impulsive thoughts or urges to flow by and ultimately controls themselves from reacting to them. Someone struggling with ADHD has less natural and automatic brain “strength” to control these impulses. This can manifest in two different ways.

A child may be sitting in the classroom, not too interested in the subject material, while a daydream of something exciting he did the night before, or wishes he could do, pops into his head. This happens to EVERY child. A child with healthy executive functioning brain power will divert his attention from that impulse and focus on the subject material because he knows it is important³. A child with ADHD will have a much harder time doing this. Thus, he will appear to be “inattentive”.

A child may be sitting in the classroom, not too interested in the subject material, while the thought of running around the classroom or campus, pops into his head. This happens to EVERY child. A child with healthy executive functioning brain power will divert his attention from that impulse and stay seated because he knows it is important⁴. A child with ADHD will have a much harder time doing this. Thus, he will appear to be “hyperactive”.

¹ Accessed 5/6/19 from: <https://www.cdc.gov/ncbddd/adhd/facts.html#1> and for a copy of the DSM-5 criteria for diagnosis see: https://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_ADHD.pdf

² Or as the National Center for Biotechnology Information of the National Institute of Health puts it: “goal-oriented planning, flexible strategy generation, sustaining set maintenance, self-monitoring, and inhibition”, accessed 5/6/19 from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3695328/>

³ Obviously, educators need to be able to build interest, and recognition of importance, in the subject materials being taught; this is a subject for another article.

⁴ Ibid.

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One child can have weaker executive functioning predominantly with regards to controlling impulsive thoughts and urges related to being active, and another child can struggle more with controlling impulsive thoughts and urges related to “spacing-out”. A third child may struggle regularly with both of these. However, the root deficiency in all 3 cases is, weaker impulse control-executive functioning brain power.

With this understanding we can understand why certain medications can work so well for all types. Stimulant medications⁵, “boost the levels of certain brain chemicals, like dopamine and norepinephrine. They help nerves in your brain talk to one another”⁶. In other words, they stimulate the efficiency, speed, and strength of the brain to combat these impulses and urges.

While medication is often effective for treating ADHD⁷ there are counseling interventions that can both strengthen impulse control as well as aid in organization, while establishing healthy habits, offsetting the weaker level of executive functioning. However, the right interventions depend greatly on the right understanding of ADHD. For example, while a child struggling with ADHD may exhibit poor social skills, social skills training groups will often be ineffective for him! This is due to his struggle NOT being rooted in a lack of understanding what to do in a specific social situation⁸, but rather he lacks the ability to implement the knowledge he already has. Thus, interventions that increase self-control, organization, and intentional focus, can help greatly. For example, perhaps the child can do a specific task (write something down, or go through a specific action, etc.) whenever the child catches the impulse gaining control. This can be coupled with strengthening the significance of catching the impulse through a short-term reward/consequence system.

It is hopeful to know that just as there is growth and development in general cognitive brain capabilities as the child gets older, so too in the executive functioning region of the brain. Thus, improvement in self-control can be helped with age, but will still be lagging behind the general population⁹. Thus, ADHD in adults might be less pronounced, but still very much a struggle. Furthermore, adults have many more responsibilities, and a small lapse in impulse control can often have much more disastrous results than such a lapse for a child. Treatment for ADHD is vital, not only for the child struggling, but also for the adult he/she will become. Through accurate diagnosis, and thoughtful/informed treatment, every child has the ability to thrive, each to his/her unique potential. I have personally seen many children and adults drastically improve their lives through effective education and treatment. For more information or questions please contact the Landa Counseling Center: Avi@LandaCC.com

⁵ 2 classes of stimulants are: Methylphenidate (e.g. Ritalin) and Amphetamine/Dextroamphetamine (e.g. Adderall)

⁶ Accessed 5/6/19 from: <https://www.webmd.com/add-adhd/adhd-stimulant-therapy#1>

⁷ These drugs ease ADHD symptoms in about 70% of adults and 70% to 80% of children. They tend to cut down on hyperactivity, interrupting, and fidgeting. They can also help a person finish tasks and improve relationships”.

Accessed 5/6/19 from: *ibid.* Regarding the safety and efficacy of such treatment, see: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3616598/> accessed 5/6/19.

⁸ As would be the case for someone diagnosed with Asperger’s/Autism Spectrum Disorder

⁹ Dr. Russell Barkley suggests that “kids with ADHD generally have a developmental lag of 30 percent, which means that parents and teachers should assume that these kids have an emotional age 30 percent below their actual age. Readiness for milestone activities such as babysitting, driving, or going away to college can be greatly affected by such a lag”. Accessed 5/6/19 from: <https://www.greatschools.org/gk/articles/dr-russell-barkley-ad-hd-theory-diagnosis-and-treatment-summary/>