ADHD & TEMPERAMENT

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Presented at 20th Occasional Temperament Conference,
Lincoln, NE November 7, 2014

DEFINITION OF ADHD

- ADHD is characterized by a pattern of behavior, present in multiple settings (e.g., school and home), that can result in performance issues in social, educational, or work settings.

- As in DSM-IV, symptoms will be divided into two categories: 1)inattention and 2)hyperactivity and impulsivity that include behaviors like failure to pay close attention to details, difficulty organizing tasks and activities, excessive talking, fidgeting, or an inability to remain seated in appropriate situations.

- www.dsm5.org/documents/adhd%20fact%20sheet.pdf

DSM 5 CRITERIA FOR ADHD

- Using DSM-5, several of the individual's ADHD symptoms must be present prior to age 12 years, compared to 7 years as the age of onset in DSM-IV. This change is supported by substantial research published since 1994 that found no clinical differences between children identified by 7 years versus later in terms of course, severity, outcome, or treatment response.

- www.dsm5.org/documents/adhd%20fact%20sheet.pdf

BEHAVIORAL CRITERIA FOR INATTENTIVE ADHD DIAGNOSIS

- Inattention: Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:
- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.
- www.cdc.gov/ncbddd/adhd/diagnosis.html

BEHAVIORAL CRITERIA FOR HYPERACTIVE-IMPULSIVE ADHD DIAGNOSIS

- Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:
- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

ADDITIONAL ADHD CRITERIA

- **In addition, the following conditions must be met:**
- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more setting, (e.g., at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms do not happen only during the course of schizophrenia or another psychotic disorder. The symptoms are not better explained by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

EVOLUTION OF ADHD TERMINOLOGY

- Hyperkinesis
- Minimal Brain Damage
- Minimal Brain Dysfunction
- ADD/ADHD
- ADHD Hyperactive; ADHD Inattentive; ADHD combined

ADHD FOUND IN 5-8 % OF CHILDREN

- Five times more boys than girls, though girls are more impaired.
- Frequently coexists with another disorder, such as Oppositional Defiant Disorder (ODD), Anxiety Disorders or Autistic Spectrum Disorder (ASD).
- Much evidence that clinicians do not apply strict criteria fo ADHD diagnosis and it is overdiagnosed in some settings and underdiagnosed in others.

TREATMENT OF ADHD

- Medication
- Accommodations, especially at school
- Behavioral Plan/Coaching
- Psychotherapy is not an approved treatment for ADHD

EVERYONE HAS A TEMPERAMENT

- So what is the relationship between temperament and ADHD for those who do or don't have ADHD?
- ADHD is diagnosed when there is a problem in "fit."

SEVERAL ASPECTS OF TEMPERAMENT AND ADHD TRAITS LOOK THE SAME

- Low persistence and high distractibility are similar to inattention
- High activity and high approach looks like hyperactivity and impulsivity
- Gradual adaptability is a common feature in most referred cases for all types of ADHD
- But temperament is normal; ADHD is not.

QUALITATIVE VS QUANTITATIVE DIFFERENCES

- Highly active is normal; hyperactive is not.
- Emotionally intense is normal; explosive is not.
- Usually observe both qualitative and quantitative difference from normal

PROBLEMS IN FIT

- Not every child diagnosed with ADHD has temperament issues (e.g., has stylistic behaviors described as creating problems).
- About half do have them (50%).
- When temperament is an issue clinically, problems in fit seem to fall into an hierarchy...

LEVELS OF PROBLEMS IN FIT

- Normal: Occasional conflict. Tension, but no symptoms.
- Level 1: Conflicts in association with specific symptoms.
- Level 2: Conflicts with adjustment problems.
- Level 3: Conflicts in association with DSM disorder.

MISDIAGNOSIS OF ADHD

- Unlikely with Normal level, but may happen at times.
- More likely with Level 1, confusing symptoms with disorder
- Very likely with Level 2, confusing adjustment with disorder
- At Level 3 ADHD should be diagnosed if all criteria are met.
- Some caregivers seek the diagnosis for convenience, benefits of treatment, or other reasons.
- Some avoid the diagnosis based on fear, personal history or other reasons.

THERE ARE ALSO SIMILARITIES IN INTERVENTION WITH TEMPERAMENT & ADHD

- Educating caregivers about the nature of the behavior and differences from other children.
- Designing an accommodation plan to improves "fit" of the child into structure at home.

CONCLUSION

- There are enough similarities between temperament and ADHD to create confusion in an already confused area.
- Likely that there is overlap in the presentation and in the care of children who have both issues.
- Temperament is still normal but may create additional challenges in helping children with ADHD
- Efforts should be made to educate caregivers and professionals on the similarities and differences and need for proper diagnosis.

CONTACT INFORMATION

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