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# **ADHD:** **The Basics**

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**Introduction to attention deficit  
symptoms, diagnosis, and treatment**

**ADDITUDE**

# ADDITUDE

A trusted source of advice and information for families touched by attention-deficit disorder—and a voice of inspiration to help people with ADHD find success at home, at school, and on the job.

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# ADHD: The Basics

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# Wondering If Your Child Has ADHD?

Here's what you need to know about the disorder, from establishing an accurate diagnosis to starting treatment. **BY NATALIE ENGLER**

**T**he ADHD journey inevitably begins with the “Aha” moment, when it dawns on you that your child's problems may be caused by ADHD or another biologically based disorder.

For some parents, this moment comes when a teacher calls to say that the child is disruptive in class or falling behind academically. For others, it comes after they read an article about ADHD or see something about it on TV—or hear that another child at school has been diagnosed with the disorder.

Whatever triggers your “Aha” moment, seek help at once. Without a prompt diagnosis, an ADHD child is apt to be branded “slow” or “lazy.” Such labels undermine self-esteem and can lead to years of underachievement and family turmoil.

Most important, don't panic. With appropriate treatment, ADHD children do well.

## Consulting the Doctor

After your “Aha” moment, your first impulse will probably be to consult a pediatrician. That makes sense. “Most pediatricians are comfortable diagnosing and treating ADHD,” says Larry Silver, M.D., clinical professor of psychiatry at Georgetown University Medical School in Washington, D.C. “Usually, that's the only medical professional you need.”

Still, before agreeing to have your child treated, “ask how many other cases of ADHD the doctor has treated, and what the plans and outcomes were,” says Russell Barkley, Ph.D., research professor of psychiatry at SUNY Upstate Medical University in Syracuse, New York. If the doctor has handled only a few cases, you might be better off going to a developmental pediatrician, child psychiatrist, or another specialist who has significant experience with ADHD.

“Regardless of how experienced your pediatrician is,” says Barkley, “you should strongly consider a medical specialist if your child's ADHD is accompanied by another diagnosed disorder, such as oppositional behavior, depression, anxiety, bipolar disorder, emotional problems, or learning disabilities, or if there are urgent issues involved, such as your child's hurting himself or getting kicked out of school.”

Your pediatrician can probably steer you to a specialist. If not, contact your local chapter of Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD).

## How Is ADHD Diagnosed?

To diagnose a child with ADHD, a doctor must complete several kinds of assessments:

■ **Behavioral history.** Your initial meeting with the doctor (pediatrician or specialist) should focus on your child's behavioral symptoms. Leave your child at home, and bring along descriptions of your child's behavior from teachers, as well as copies of any psychological test results. You'll be asked where



and when your child's symptoms occur and when you first noticed them. The doctor may ask you (and your child's teachers) to complete the Conners' Rating Scale, a questionnaire that helps determine the nature of your child's symptoms. And don't be surprised if the doctor asks you about family or marital stresses that could be making your child anxious.

■ **Medical history and exam.** If your answers convince the doctor that your child's symptoms are chronic and pervasive, he will probably take a detailed medical history of your child, to rule out anxiety, depression, sleep problems, seizure disorders, vision or hearing problems, and other medical conditions that can mimic ADHD. Certain medications can also

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cause symptoms of hyperactivity or distractibility in some children. Some of this history may be taken in the initial parent-doctor interview, but the doctor will also schedule an appointment to examine your child.

■ **Review of records.** The doctor should review relevant school reports and medical records. (If you didn't bring copies of the records to your initial appointment, call the school and have them sent to your doctor.) The doctor will want to have a conversation with your child's teacher or school psychologist.

### Awaiting the Diagnosis

You want the answer to one big question: "Does my child have ADHD?" But don't expect an answer overnight. The diagnostic process can take a week or two. As you await the diagnosis, inform your child's teachers and any other school officials that your child is being evaluated for ADHD. Ask for a meeting with the school psychologist or special-education teacher to discuss having your child evaluated for learning disabilities (which affect 30 to 50 percent of ADHD kids). If your school is unable or unwilling to administer the appropriate testing, you may have it done by a private educational psychologist—typically at a cost of several hundred dollars.

### The Treatment Plan

If your child has been evaluated by a specialist, he will take the lead in formulating a treatment plan (which should be com-

municated to your pediatrician). If your child was evaluated by a psychologist, he should confer with your pediatrician about starting your child on an ADHD medication.

Studies show that ADHD medications are generally safe and effective for about 80 percent of the children who take them. Many experts feel that treatment with medication is essential: "If your child had a cavity, wouldn't you treat it?" asks Joseph Biederman, M.D., head of pediatric psychopharmacology at Massachusetts General Hospital in Boston. "Medication management represents the most important component of the treatment of ADHD."

Given the risk of side effects—and the persistent stigma surrounding the use of psychotropic medications—parents are often reluctant to start their children on drug therapy. In many cases, some family members oppose drug therapy, while others figure it's worth a try. In any case, drug therapy is a matter that warrants thorough discussion by all parties involved, including the parents, the doctor who would prescribe the drugs, and, depending on his or her age, the child.

Before agreeing to start your child on drug therapy, be sure to ask your doctor the following questions:

- What is the medicine, and how does it work?
- Have studies been done on it?
- How soon will I see an improvement?
- How often will my child have to take the medicine?
- How will the decision be made to stop it?
- What are the negative side effects of the medicine?
- What will happen if my child doesn't take it?

### Finding the Right Drug

With the stimulants used to treat ADHD, proper dosage depends upon how rapidly the child's body metabolizes the drug. Consequently, finding the right dosage—and the right drug—typically involves trial and error.

At first, your child may need to see the doctor every few days. If your child becomes unusually irritable or tearful or seems to be "in a cloud," the dosage should probably be reduced. If side effects continue, or if there's no change in behavior, a different medication should be tried. In most cases, the right dosage can be discovered within a month.

### Beyond Medication

As medication questions are being resolved, sit down with the doctor to discuss other forms of treatment. Your family might benefit from sessions with a therapist—especially if there are disagreements over how the child should be treated.

In addition, your child might benefit from sessions with a child psychologist who specializes in behavioral therapy. And many parents benefit from "parent-training" classes, in which they learn ways to set and reinforce rules governing their child's behavior. (To find classes, go to [taalliance.org](http://taalliance.org).)

If testing indicates that your child has a learning disability, your school is required to develop a treatment program to address the problem. Don't be shy about asking the school for "reasonable accommodations" for your child—for example, letting her sit at the front of the class to minimize distractions or permitting occasional breaks for physical activity. **A**

NATALIE ENGLER is a freelance health writer in Massachusetts.

## What Are the Symptoms of ADHD?

Doctors diagnose ADHD on the basis of detailed criteria spelled out in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

#### INATTENTIVE

1. fails to give close attention to details or makes careless mistakes
2. has difficulty sustaining attention
3. seems not to listen when spoken to
4. has trouble following through on instructions or finishing tasks
5. has difficulty organizing tasks and activities
6. is reluctant to engage in tasks that require sustained mental effort
7. often loses things
8. is easily distracted
9. is forgetful in daily activities

#### HYPERACTIVE/ IMPULSIVE

1. fidgets with hands or feet, or squirms in seat
2. leaves seat in classroom
3. runs about or climbs excessively
4. has difficulty playing quietly
5. often seems "on the go" or acts as if "driven like a motor"
6. talks excessively
7. blurts out answers before questions have been completed
8. has trouble taking turns
9. interrupts or intrudes on others

Almost every child will exhibit one or more of these symptoms at some point. A child is diagnosable with ADHD only if he or she exhibits at least six of nine symptoms from one of the lists above, and if the symptoms have been noticeable for at least six months in two or more settings—for example, at home and at school. The symptoms must significantly impair the child's functioning, and some of the symptoms must have been apparent before age seven.

A child can meet all the diagnostic criteria for ADHD without actually having the disorder. Perhaps she is unusually "spirited." Maybe he isn't eating right, or getting enough exercise. Another possibility, of course, is that the child doesn't have ADHD at all—but is affected by one or more "look-alike" conditions. Physical conditions (such as pinworms, hearing loss, or an allergy) or another medical disorder (such as auditory processing disorder, sensory integration disorder, bipolar disorder, or depression) can present symptoms similar to ADHD.

# When Adults Have ADHD: An Action Plan

For most adults, a diagnosis brings a cathartic sense of relief, effective treatment, and the promise of a better life. **BY MAUREEN CONNOLLY**



**Y**ou're in your 30s, 40s, or 50s—and you've just been given the diagnosis you'd long suspected: You have adult Attention Deficit Hyperactivity Disorder. What happens now?

For the thousands of Americans who live this scenario every year, an ADD diagnosis in adulthood rarely comes as a complete surprise, and often carries with it a mixed bag of emotions. Mixed, because many know that ADD isn't all about problems. Called "a wonderful condition," by expert Ned Hallowell, M.D., who has ADD himself, it has led to highly energetic, creative thinkers, some of whom are the great entrepreneurs of our day. At the same time, most adults with ADD know that they have more difficulties than others with organization and productivity. "As far back as I can remember, I've always felt out of step with the rest of society," says Debra Brooks, a 48-year-old, who was diagnosed several years ago. "I just didn't know there was a name for it."

Those diagnosed often feel relief at knowing why they are the way they are, but this can be tinged with regret for past struggles, and for what might have been had they been diagnosed earlier. "I love my parents," says Thomas Snodgrass, age 33, who was diagnosed with ADHD. "But I was angry at first that they did not see my ADHD traits as a child." Today, he remembers school years filled with angst because of his inability to focus. He was told again and again that he wasn't working up to his potential.

In fact, it's a child's diagnosis that often leads a parent to

be tested for and diagnosed with ADD. A parent may see her beloved son or daughter struggle at school in ways that remind her of her own school days. If her child is diagnosed with ADD, the parent will probably learn that the condition is hereditary, with a 40 percent chance that one or both parents has ADD as well. Her ongoing struggles with attention, organization, or forgetfulness might lead to a willingness to be tested, as well.

Other newly diagnosed ADD adults may be carrying heavier

baggage. "Research shows that adults with ADHD are more likely than non-ADHD adults to have been left back a grade, make less money, smoke, and depend on alcohol and drugs," says Lenard Adler, M.D., an associate professor of psychiatry and neurology and the director of the adult ADHD program at New York University. In fact, a diagnosis of adult ADHD sometimes occurs when a person is undergoing psychological evaluation to determine the causes of ongoing depression, a failing marriage, or problems at work.

Even if there are no major problem areas in their lives, a diagnosis of ADHD can throw adults off balance, because the condition in adulthood is still little known. Experts estimate that about 80 percent of adults with the disorder—roughly 5 million—haven't been diagnosed. "Doctors used to be taught that ADHD affected only children," explains Dr. Adler. "But now we know that, although hyperactivity may wane, symptoms such as inattention and impulsivity continue."

## To Treat or Not to Treat?

Studies show that adult ADHD can be treated successfully with a combination of medication and behavior therapy. But not all diagnosed adults embrace treatment. Many see their ADD-related traits of creativity, ability to multi-task, and entrepreneurial energy as germane to who they are and their successes in life. "People worry that treatment will change

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how they work and how others view them—and they’re afraid of what the changes in themselves will bring,” says David Fassler, M.D., a clinical associate professor of psychology at the University of Vermont College of Medicine in Burlington. As JetBlue Airways founder and out-of-the-box thinker David Neeleman has said, “If someone told me you could be normal or you could continue to have your ADD, I would take ADD.”

For those who take the plunge and start treatment, it can take time to find the right professional help and therapy—usually medication and behavior modification. Whether going for a diagnosis or treatment, it’s best to have some knowledge of the condition and what a clinician should do for

you. Even under the care of an experienced physician, it may take weeks to find the medication and dosage that work best for you. As a result, it can take six months to a year to see major improvements.

However, many people report positive results from medication almost immediately. “The first day was like, who pulled up the shades?” Debra Brooks remembers. “They’ve been covering my eyes my whole life. Already, I am much more organized and on top of things. And I notice things I never did before. I got mad at my husband for walking on the carpet with muddy boots. Before medication, I wouldn’t have noticed.”

Michael Adams, age 43, says he easily accepted his diagnosis. He says he’s fit the typical ADHD profile for as long as he can remember, struggling in high school, starting but not finishing college, being disorganized at home and at various jobs. When his wife came across a book about ADHD, the signs became clear. Since his diag-

nosis and treatment, Adams is finally accomplishing what he set out to do 20 years ago. “I’m completing the requirements for my degree and getting certified to teach,” he says. “I sometimes think about what I missed in school because I didn’t know I had ADHD. But I try not to be angry about the past—especially when I have so much to look forward to.”

### Getting the Right Support

Once a newly diagnosed adult has started on a medication regimen, he or she should also begin working with an experienced psychologist, psychiatrist, or life coach, says CHADD director Meyer. These professionals can help people with ADHD learn behavioral, time management, and organizational strategies to enhance their quality of life.

Meyer offers these tips for the newly diagnosed:

✓ **Know your legal rights.** Having ADHD means you’re protected under two federal laws that apply to individuals with disabilities.

✓ **Seek support.** Attend meetings of your local chapter of CHADD, (click “Local support and services” on CHADD’s home page, [chadd.org](http://chadd.org)).

✓ **Don’t feel compelled to tell your boss.** “There’s more understanding about ADHD now, but that doesn’t mean that supervisors are happy to learn that one of their employees has the condition,” says Meyer. If, however, you think accommodations—closing your office door, taking more breaks—will help you improve your job performance, you may want to discuss these with your employer.

✓ **Diversify your support system.** “Plenty of people with ADHD are happily married, with kids, and successful in their work,” says David Goodman, M.D., an assistant professor of psychiatry at Johns Hopkins School of Medicine and the director of the Adult ADD Center in Baltimore. “Usually, they’ve set up support at work and at home.”

Thomas Snodgrass was one of those people who’d always looked like he had it all together—and for the most part, he did. Several years ago, he and his wife were about to have their first child. At the same time, he’d just taken on a new full-time job and was also attending graduate school. That’s when his coping techniques—such as pulling all-nighters to write papers, and working twelve-hour shifts on four hours of sleep—started to backfire.

“I had way too much on my plate,” recalls Snodgrass. “I wasn’t sleeping—I’d lie there and go over everything I had to do. I was always losing my keys and cell phone.”

Tired of feeling disorganized and overwhelmed, Snodgrass looked through his insurance company’s list of participating doctors, picked a psychologist’s name, and called for an appointment. “I basically said to the doctor, ‘You can tell me I have ADHD.’” A series of conversations, followed by a clinical evaluation, confirmed his suspicions.

He’s noticed that lots of good has come from treatment. “One of my biggest problems has always been saying the wrong thing at the wrong time. I’d be sitting in management meetings, and all of a sudden I’d blurt out something totally off the topic. Now, I have much more control.” **A**

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➔ **ADULT ADHD BLOG** Deadlines, dates, downtime (as if!)—a recently diagnosed, single ADDer bares all at [additudemag.com/adhdblogs](http://additudemag.com/adhdblogs).

### Take This Self-Test

Check each of the following statements that apply to you. If you answer yes to 15 of these questions, it is likely that you have attention deficit disorder. However, you may have ADHD even if you answer yes to fewer than 15 of these questions. This informal test is a general guide only.

Adults who think they may have ADHD should consult with a physician or other licensed mental health practitioner. Treatments are available that can help you manage these symptoms.

- ✓ I have difficulty getting organized.
- ✓ When given a task, I usually procrastinate.
- ✓ I work on a lot of projects, but can’t seem to complete most of them.
- ✓ I tend to make decisions and act impulsively—like spending money, getting sexually involved with someone, diving into activities, and changing plans.
- ✓ I get bored easily.
- ✓ No matter how hard I try, I can’t reach my goals.
- ✓ I get distracted when people are talking; I either tune out or I drift off.
- ✓ I get so wrapped up in some things that I can hardly stop to take a break.
- ✓ I tend to overdo things even when they’re not good for me—like compulsive shopping, drinking too much, overworking, and overeating.
- ✓ I get frustrated easily and I get impatient when things are going too slowly.
- ✓ My self-esteem is not as high as that of others.
- ✓ I need a lot of stimulation from things like being among lively friends, driving fast, or engaging in extreme sports.
- ✓ I tend to say or do things without thinking.
- ✓ I’d rather do things my own way than follow the rules of others.
- ✓ I often find myself tapping a pencil, swinging my leg, or doing something else to work off nervous energy.
- ✓ I can feel depressed when I’m separated from people or things that I like to be involved with.
- ✓ When someone gets angry with me for doing something that upset them, I’m often surprised.
- ✓ Even though I worry a lot about dangerous things that are unlikely to happen to me, I tend to be careless and accident-prone.
- ✓ Even though I have a lot of fears, people describe me as a risk-taker.
- ✓ I have relatives who suffer from ADD, depression, bipolar disorder, or substance abuse.

# Is It More Than ADD?

Many conditions, including depression and learning disabilities, often coexist with ADD. Find out if your child has one or more of them. **BY LARRY SILVER, M.D.**

**Y**es, your child or adolescent might be overactive, inattentive, and/or impulsive. But these behaviors could be caused by anxiety, depression, academic frustration, family problems, or even pinworms. While it's essential for a physician to make a definitive diagnosis of ADHD, it's equally important for him or her to look for problems that often coexist with it, called comorbidities.

## Learning Disabilities

Fifty percent of children and adolescents with ADHD also have some type of learning disability (LD), such as dyslexia or auditory processing disorder. An LD may explain why a child on medication can sit still and stay focused and yet do poorly academically. Speak with your school professionals about assessing your child to see if he or she has a learning disability. If they refuse, you might try getting a private assessment. If your student has an LD, he/she will need special-education services, along with accommodations in the classroom.

## Emotional Problems

Fifty percent of those diagnosed with ADHD will have difficulty regulating their emotions. Some might struggle with anxiety, while others may experience periods of depression.

## Comorbid Conditions

**LEARNING DISABILITIES** Difficulty mastering reading, writing, and/or math skills; difficulty with memory, mastering new academic concepts, and/or reasoning.

**LANGUAGE DISABILITIES** Difficulty understanding what is said; difficulty organizing thoughts and finding the right words when speaking.

**FINE AND GROSS MOTOR DIFFICULTIES** Difficulty with fine motor skills (writing, tying shoes); difficulty with gross motor skills (running, playing, eye-hand coordination, riding a bike).

**TIC DISORDERS** Patterns of motor (or vocal) tics that come and go and may change form.

**ANXIETY** Specific or generalized fears beyond what would be expected given a child's age; panic attacks.

**DEPRESSION** Persistent moodiness, fatigue, or loss of appetite; unexplained feelings of guilt; unexplained agitation or irritability.

**ANGER-CONTROL PROBLEMS** Uncontrollable anger or rage lasting five to 30 minutes or longer; irrational during "melt-down"; often remorseful afterward.

**OBSESSIVE-COMPULSIVE DISORDER (OCD)** Ritualistic, goal-directed behavior, such as counting or repeating, or picking at sores or scabs or pulling out hair; need for extreme order or cleanliness; need to collect or hoard objects.

**BIPOLAR DISORDER** Mood swings from calm to rage and/or from depression to manic (super-happy) state.

Other children may have trouble controlling their anger. Some kids have trouble controlling their motor behavior (tics are a common symptom). Request a referral to a child and adolescent psychiatrist. A selective serotonin reuptake inhibitor (SSRI) may help.

## Behavioral Problems

Behavioral problems are often caused by frustrations a child experienced before his or her ADHD was diagnosed. Some kids blame others and take no responsibility for their behaviors. This is called oppositional defiant disorder or conduct disorder. Some children keep the pain inside and have a poor self-image. They may show clinical evidence of anxiety or depression. Seek a mental-health professional familiar with ADHD. Treatment often requires that the child work with a therapist, along with his parents and siblings.



## Social Skills Problems

If the child acted oddly with friends or schoolmates before he received treatment for ADHD, it's often hard for his peers to shake that image of him. The child might need help relearning social skills. Seek a mental-health professional familiar with ADHD. Interventions might include counseling, group therapy, or participation in a group that focuses on teaching social skills.

## Family Problems

Parents of a child with ADHD may be overwhelmed by their child's behavior or conflicted about a course of action. The stress often causes marital problems that may adversely affect a child. Seek a mental-health professional who specializes in marital or family counseling. **A**

LARRY SILVER, M.D., is the author of many books, including *Dr. Larry Silver's Advice to Parents on ADHD* (Three Rivers Press), available at [additudemag.com](http://additudemag.com).

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# Moving Ahead with Your Life

Strategies for dealing with your ADHD during the first year.

BY EDWARD HALLOWELL, M.D.

Receiving a diagnosis of ADHD can change your life for the better. It can also trigger strong, polar emotions—everything from joy to sadness, anger to forgiveness. You are happy: “I finally have a name for all of those symptoms.” You are sad: “Why did I have to struggle for so many years not knowing what I had?”

Go ahead and grieve! It is sad that you struggled, particularly because knowledge about ADHD is the first step in controlling its symptoms. You may also feel anger—at doctors, parents, or yourself—for not figuring it out sooner. Those emotions are an important part of moving forward. Once you acknowledge your pain—and that you did the best you could at the time—you can create a bright future.

## Start Your New Life

As you fashion your new life, realize that the first year after diagnosis is confusing and hard work. So it is important to keep the following advice in mind:

Ask your spouse, partner, doctor, or coach to track how you are doing. It isn't always easy for you to assess how well treatment is working. One of my patients takes medication that he can “barely feel,” yet his wife and coworkers report that he no longer has outbursts of anger, is more focused, and is better able to start and finish projects. Honest feedback can keep you focused on treatment and give you the determination to try new meds if the old one isn't working.

Look to a supportive spouse or insightful coach to help you find your hidden treasures, which may have been overshadowed by your ADHD symptoms. What do you do best? What do you love most? One of the most exhilarating, and perhaps scariest, parts of treating ADHD is reorganizing your life around your strengths, rather than your weaknesses. If you look back at your life, you'll notice that it has often been defined by what you can't do. But what happens when your life is defined by what you do well?

Be aware that your spouse may initially reject your diagnosis of ADHD. “Your ADD is just an excuse for not doing what you're supposed to be doing!” she might say. She may be angry about your not following through on chores or being too distracted to focus on her and her needs. Learning all about ADHD, along with gradual changes in your own behavior, can convince her that your diagnosis is indeed accurate. She will learn to separate you from your symptoms, becoming more patient and empathetic as you search for the best treatment.

## Be Patient with Treatment

While medication can help manage symptoms, it won't immediately turn around your life. ADHD medication helps alleviate some of the most aggravating symptoms—the inability to initiate, focus on, or complete tasks. But just because you're better able to focus doesn't mean you have the skill set to stay organized! People who have had ADHD all their lives usually haven't learned skills that their non-ADHD counterparts take for granted—organizational or social skills, for example. It takes time, practice, perhaps a coach, and a sense of humor to master these. Medication alone won't do it.


Getting impatient with treatment is normal. The question almost everyone asks is: “Why haven't my symptoms gone away yet?” You may need to try different medications, at different dosages, to see which works best. You may need to look into complementary therapies, as well. Learn how aerobic exercise or nutrition can work with medication to manage symptoms.

## ADHD and the Workplace

When it comes to the job, the newly diagnosed often wonder, “Whom should I tell?” and “What should I say?” It's probably best to tell no one. Get your symptoms under control at home and see whether that solves some of the problems you're hav-

Although treating your ADD can often be one step forward and two steps back, keep at it. As your outlook is transformed, you may well find the rainbow after the storm has passed.

ing at work. Not everyone is positive, or knowledgeable, about ADHD, and you don't want your boss thinking you are making excuses. Instead, look at your work challenges through the lens of your ADHD diagnosis. Have you left projects uncompleted or missed meetings? Now that you know ADHD is playing a role, hire a coach or personal assistant or lobby for assignments at which you can excel. You can do all of these things without raising the topic of ADHD.

Treating ADHD will transform your outlook on life. With your diagnosis comes hope. Remember that treatment can be one step forward, two steps back. Keep at it, though, and you may well find the rainbow after the storm has passed! 

**FIND MORE ADVICE AND INSPIRATION FROM DR. HALLOWELL**  
at [additudemag.com/drhallowell.html](http://additudemag.com/drhallowell.html)



**Edward (Ned) Hallowell, M.D.,** has ADHD himself, and is a practicing psychiatrist and founder of the Hallowell Center for Cognitive and Emotional Health, with several locations around the country. A former instructor at Harvard Medical School, he is the author of 10 books, including the bestsellers, *Driven to Distraction* (Touchstone), *Delivered from Distraction* (Ballantine), and most recently, *Superparenting for ADD* (Ballantine).

# Meds or No Meds?

Worried about putting your child on medication? Read on before committing to—or rejecting—the idea. **BY EDWARD HALLOWELL, M.D.**

**A**fter a child is diagnosed with ADHD, one of the most difficult decisions for a parent to make is whether to start him or her on medication. I've been there myself. Two of my three children have ADHD, and, although my wife and I eventually decided to try medication—which, by the way, has helped both of them immensely, without any side effects—arriving at that decision took careful reflection.

When it was suggested that my kids try medication, I had my concerns. I know that ADHD drugs are safe and effective, but I worried that perhaps, for some unknown reason, they might harm my children's health. Although stimulant medications have been with us for more than 60 years, I wondered if some new side effect might emerge.

I countered those concerns by worrying about the potential "side effects" of not taking the medication: namely, my children struggling to stay focused and getting frustrated when they couldn't. After envisioning that scenario, the decision became far less difficult.

## Take Your Time

Each parent—and child—comes to the question of medication with different assumptions. My strong advice is to take your time, honor your feelings, and find a doctor who will remain patient, a professional who will provide information—not hurried commands—as you wrestle with your decision.

From a medical standpoint, the decision is obvious. Medication is by far the most proven, safe, and effective treatment for ADHD. Careful, controlled studies have established that a trial of medication makes sense following a diagnosis. Remember that a trial of medication is just that—a trial. Unlike surgery, it can be undone.

## Do Some Fact-Finding

From a personal, parental standpoint, though, the decision is anything but easy. It takes time and requires talking with your doctor and other experts. You might want to research the medication online and find out what the latest studies conclude about it. Get all the facts, and make a scientific, rather than a superstitious, decision. But I urge you never to start your child on medication until you're comfortable doing so. Don't feel that you're trying your doctor's patience or that your questions are foolish. Remember that nothing done out of love for your child is foolish.

However, I also urge you not to reject medication out of hand. Many parents have heard so many bad things about ADHD drugs that they're willing to travel to Tibet to find an alternative treatment before giving medication a try. It's very



important to do your homework and separate the facts from the myths before dismissing the treatment.

## Honor Your Feelings

When I give lectures, people often ask me if I "believe in" ADHD medication. My reply is that medication isn't a religious principle; it's a medical treatment. My feelings about ADHD meds are similar to those about medications in general: They're great when they're used properly, dangerous when they're not.

Sometimes it takes months or even years before parents decide to put their child on medication. Every parent has his or her own timetable. Stick with yours. **A**

EDWARD HALLOWELL, M.D., is a practicing psychiatrist and founder of the Hallowell Center for Cognitive and Emotional Health. He is author of *Driven to Distraction* (Touchstone), *Delivered from Distraction* (Ballantine), and *Superparenting for ADD* (Ballantine).

## Children in Charge

**"I never recommend forcing a child to take medication," says Ned Hallowell, M.D. "It's a recipe for bad outcomes." He suggests having your child do the following:**

- Share what he's heard about the medication, pros and cons.
- Learn the facts about the medication.
- Talk about any fears he may still have about the drug or the potential embarrassment of going to the nurse's office at school to take a pill (long-lasting drugs that work all day should eliminate the latter concern).
- Participate in making the final decision.

**MAKING THE MEDS DECISION?** Ask questions and share your experiences with other parents at [addudemag.com/adhdforums](http://addudemag.com/adhdforums).

# 10 Things You Should Know About Stimulants

Considering medication for yourself or your child? You probably have lots of questions. Here are the answers. **BY LAURA FLYNN MCCARTHY**



**1 HOW CAN I TELL IF MEDICATION IS REALLY NECESSARY?** Experts agree that medication should be considered for any individual whose symptoms interfere with his social, emotional, or academic or work life. Behavioral therapy and other non-drug treatments can be helpful for controlling symptoms, but, in most cases, experts say, these approaches are not powerful enough to replace medication.

Of course, it's essential that your the diagnosis of ADHD is a reliable one. ADHD-like symptoms can be caused by a range of disorders, including anxiety, depression, and obsessive-compulsive disorder. In children, symptoms may arise from the frustration associated with having to struggle with a learning disorder.

Make sure the doctor uses the diagnostic criteria spelled out in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, commonly referred to as the DSM-IV. When diagnosing your child, the doctor should solicit input from the teacher as well as from you.

**2 ARE THE MEDICATIONS SAFE?** The stimulants commonly prescribed for ADHD are considered among the safest of all psychiatric medications. "The risks of using these medications are very low," says William W. Dodson, M.D., a Denver-based psychiatrist who specializes in ADHD. "The risks involved in not treating ADHD are very high. These include academic failure, social problems, car accidents, and drug addiction."

As with many prescription drugs, of course, stimulants can interact dangerously with certain other medications. Be sure to alert the doctor about any other drugs you or your child takes.

In 2006, the FDA decided to require a label warning that stimulant medications may cause cardiovascular problems. According to Steven E. Nissen, M.D., the FDA panel member who championed the stiffer warning, "stimulant medications raise heart rate and blood pressure, neither of which is good for the heart. A 12-year-old who is not able to focus at school should be able to get medication that helps him. I just want doctors to think carefully before they write a prescription."

Serious complications from these medications, though, are very rare. Before prescribing a stimulant medication, a doctor should check for heart palpitations, irregular heart-beat, and fainting spells, as well as a family history of sudden cardiac death or irregular heartbeat. If any of these factors are present, the patient should be evaluated by a cardiologist before taking a stimulant.

**3 WHAT ABOUT SIDE EFFECTS?** Stimulants can cause a range of side effects, notably appetite suppression and weight loss. But these effects tend to be temporary, recent studies suggest. "Eighty percent of children who take stimulants experience some appetite suppression, but this side effect usually goes away on its own within six months," says Stephen Copps, M.D., an ADHD specialist in Macon, Georgia. Giving children a big meal after their medication has worn off may be enough to compensate. If you experience this side effect, keep your meal schedule flexible. Eat a large, nutritious breakfast before taking your pill, and plan on eating later dinners, after your medication has worn off.

Stimulants can also cause headaches or lead to difficulty falling asleep. Lowering the dosage or switching to another drug may ease these problems. In rare cases, patients taking a stimulant experience visual or tactile hallucinations, or develop a tic, such as blinking uncontrollably.

"No one should have to tolerate side effects," says Larry Silver, M.D., clinical professor of psychiatry at Georgetown Medical Center in Washington, D.C. "After all, the problem can usually be solved with a simple adjustment to the medication dosage or schedule."

**4 WILL MEDICATION STUNT MY CHILD'S GROWTH?** Researchers have long suspected that consistent use of

stimulant medications slows a child's growth. With three years of data from the Multimodal Treatment Study with ADHD (MTA), researchers were able to confirm this theory. On average, kids taking stimulants lagged behind peers on their growth curves by 3/4 of an inch in height and by six pounds in weight. Each time a child goes in for a checkup and a new prescription, a parent should have the doctor monitor the child's height and weight.

**5 HOW DOES THE DOCTOR KNOW WHICH ADHD MEDICATION TO PRESCRIBE?** There is no evidence that any particular drug is best. "Treatment of ADHD should begin with an oral stimulant, either an amphetamine or a methylphenidate-based formulation," reports the November 2006 issue of *Treatment Guidelines*, a highly respected newsletter for physicians about prescription drugs. "None of these drugs is inherently more effective than another...The choice of a specific drug should be based on its rapidity of onset, duration of action, and effectiveness in a given patient."

Most individuals with ADHD do very well on one of the methylphenidate-based (Ritalin, Concerta, or Daytrana) or amphetamine-based (Adderall, Vyvanse, or Dexedrine) drugs. If one med doesn't seem to work—or if it works only at a high dosage that causes serious side effects—the doctor may prescribe another drug.

**6 HOW LONG DO THE MEDICATIONS LAST?** The short-acting forms of methylphenidate, amphetamine, and mixed amphetamine salts last about four hours. Each also comes in an eight-hour form, and methylphenidate comes in a 12-hour form. The recently introduced methylphenidate skin patch (Daytrana) works for up to 12 hours. It's critical that children be "on" medication whenever hyperactivity, inattention, or impulsivity threatens to interfere with important activities—sports as well as school. Adults must heed the same advice—ADHD symptoms can interfere in social settings, as well as at the workplace.

**7 WHAT OPTIONS ARE AVAILABLE FOR PEOPLE WHO HAVE TROUBLE SWALLOWING PILLS?** Methylphenidate is available in liquid and chewable forms, as well as in pill form. It's also possible to get stimulants in capsules, which can be opened and the contents sprinkled on food. Another option is the Daytrana patch.

**8 HOW DOES THE DOCTOR DETERMINE THE CORRECT DOSAGE?** It is determined not by the patient's weight or age, but according to how efficiently his body metabolizes the medication. Thus, a seven-year-old who tips the scale at 50 pounds might need a dosage higher than the one that works for a 200-pound adult.

Most doctors start with a very low dosage of a particular stimulant, and then raise it every week or two until the benefits level off, or side effects become a problem. When determining the proper dose for a child, feedback from parents and teachers is very important. Then the previous dosage is usual-

ly deemed to be the best one for that patient.

Some doctors alternate methylphenidate and amphetamine, to see which is preferable. "I always have my patients try both types of stimulant medication, because people tend to prefer one over the other," says Dodson.

**9 DO STIMULANTS WORK FOR EVERYONE?** Some people don't respond to stimulants. Others respond but are unable to tolerate the side effects. What's more, stimulants may be inappropriate for individuals who take inhaled steroids for asthma, or anyone who has bipolar disorder, a history of drug addiction, seizure disorder, or an eye condition known as narrow-angle glaucoma. And ADDers with certain heart conditions should not take stimulants. For these patients, doctors sometimes prescribe non-stimulant meds, tricyclic antidepressants, or the antidepressant bupropion (Wellbutrin).

**10 ARE "DRUG HOLIDAYS" A GOOD IDEA?** Some experts, including Copps, are dubious of this practice for many children with ADHD. "One-third to half of your child's education occurs outside of school," he says. "If he can't pay attention, he can't learn." Silver says parents often tell him that their child does not need meds at home because

**"No one should have to tolerate side effects. The problem can usually be solved with a simple adjustment to the medication dosage or schedule."  
—Larry Silver, M.D.**

they can "handle" these behaviors. In response, he says, "I ask if they spend a lot of time telling their child to 'sit still' and 'stop interrupting me.' If the answer is 'yes,' I reply, 'You may be living with these behaviors, but you're not tolerating them. Think about what you're doing to your child's self-esteem.'"

On the other hand, children who have used a stimulant successfully for some time might be given a brief trial off the drug, to see if it is still necessary. This should be done only when school is out—and, of course, only with a doctor's supervision.

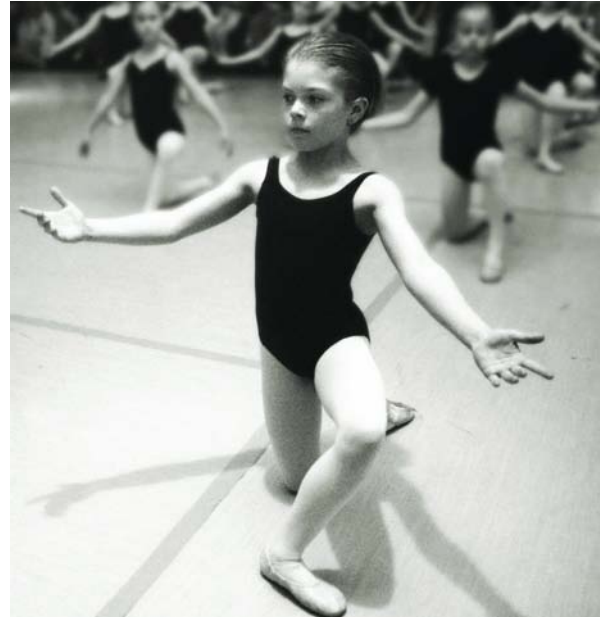
In adults, the desire to go drug-free can be triggered by a positive change in life circumstances—a job change, or marrying someone who supports you. If you're considering a trial period off medication, do so only after speaking with your doctor. He may give you the green light. Or, if your concerns are about a drug's safety, he can clear up misconceptions, switch you to a new one, or help you find coping strategies that will allow you to take a lower dose. **A**

Laura Flynn McCarthy is a freelance writer who specializes in parenting and health. She lives in Bow, New Hampshire.

**LEARN MORE ABOUT ADHD MEDICATIONS** at [additudemag.com/channel/adhd-treatment](http://additudemag.com/channel/adhd-treatment).

# The Exercise Solution

Physical activity may be good for focus. And it's inexpensive, self-prescribed, and accessible to everyone.



Think of exercise as medication,” says John Ratey, M.D., an associate clinical professor of psychiatry at Harvard Medical School. “For a very small handful of people with ADHD, it may actually be a replacement for stimulant medications, but, for most, it’s complementary—something they should absolutely do, along with taking medications, to help increase attention and improve mood.”

While most of us exercise as a way to trim our waistlines, the better news is that routine physical activity firms up the brain. “Exercise turns on the attention system, the so-called executive functions—sequencing, working memory, prioritizing, inhibiting, and sustaining attention,” says Ratey, author of *Spark: The Revolutionary New Science of Exercise and the Brain* (Little, Brown). “On a practical level, it causes kids to be less impulsive, which makes them more primed to learn.”

The latest news about exercise is that it helps kids push through past failures and attack things they didn’t succeed at before. “The refrain of many ADHD kids is, ‘No matter what I do, I’m going to fail,’” says Ratey. “Studies involving rats show that exercise reduces learned helplessness. In fact, if you’re aerobically fit, the less likely you are to learn helplessness.”

So how, exactly, does exercise deliver these benefits to the ADHD brain? When you walk, run, or do a set of jumping jacks, your brain releases several important chemicals. Endorphins, for one, hormone-like compounds that regulate mood, pleasure, and pain. That same burst of activity

also elevates the brain’s dopamine, norepinephrine, and serotonin levels. These brain chemicals affect focus and attention, which are in short supply in those with ADHD. “When you increase dopamine levels, you increase the attention system’s ability to be regular and consistent, which has many good effects,” explains Ratey, like reducing the craving for new stimuli and increasing alertness.

You don’t have to be a marathoner, or even a runner, to derive benefits from exercise. Walking for 30 minutes, four times a week, will do the trick. “Get your child involved in something that he finds fun, so he will stick with it,” suggests Ratey. Team activities or exercise with a social component are especially beneficial. Studies have also found that taekwon do, ballet, and gymnastics, in which you have to pay close attention to body movements, tax the attention system. “These activities are a very good thing for kids and adolescents with ADHD,” says Ratey.

More schools are including exercise in their curricula to help kids do better in the classroom. A school in Colorado starts off students’ days with 20 minutes of aerobic exercise to increase alertness. If they act up in class, they aren’t given time-outs but time-ins—10 minutes of activity on a stationary bike or an elliptical trainer. “The result is that kids realize they can regulate their mood and attention through exercise,” says Ratey. “That’s empowering.” **A**

**LEARN MORE ABOUT THE BENEFITS OF EXERCISE FOR ADDERS** at [additudemag.com/topic/parenting-adhd-children/health-exercise.html](http://additudemag.com/topic/parenting-adhd-children/health-exercise.html).

# The Good News About Fish Oil

Omega-3s, along with a balanced diet, may minimize ADD symptoms. **BY KAREN BARROW**

Countless studies have centered on the potential benefits of nutritional supplements as treatment for ADHD. Vitamins, minerals, and even some odd-sounding plant compounds have been studied for their ability to boost mental focus. But so far only one supplement seems to have some evidence supporting its use for ADHD: omega-3 fatty acids.

Found mainly in cold-water, fatty fish, such as sardines, tuna, and salmon, omega-3s are believed to be important in brain and nerve cell function. The body cannot make omega-3 fatty acids by itself, and because the American diet is heavy on beef and chicken—not fish—most people don't consume enough of them to derive benefits.

"I tell my patients that there are two things they need to do for their health: exercise and consume omega-3s," says John Ratey, M.D., associate clinical professor of psychiatry at Harvard Medical School and coauthor of *Driven to Distraction* (Touchstone).

While omega-3 fatty acids seem to improve anyone's mental focus, the compounds may be especially helpful to those with ADHD. One study, published in 2003 in *Nutritional Neuroscience*, showed that omega-3s tended to break down more readily in the bodies of patients with ADHD. Another study, published in 2004 in *The Journal of Nutritional Biochemistry*, suggested that children with ADHD were more likely to have low blood levels of omega-3 fatty acids than children with no symptoms of the condition. Although both studies were small, the results led scientists to surmise that increasing omega-3s in the diet can help control ADHD symptoms.

Edward Hallowell, M.D., founder of the Hallowell Center for ADHD in Massachusetts, recommends that all of his patients take omega-3 supplements and notes that "it seems to help most with mental focus, not hyperactivity or impulsivity." Ratey advises that it may take up to six weeks for patients to begin seeing benefits.

## Picking the Right Pill

If you decide to add omega-3s to your diet, how do you determine which brand is best? There are two main types of omega-3 fatty acids in fish oil: eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA). Both seem to help brain function, but, because they are slightly different compounds, they work in different ways.

Early studies on omega-3s that tested the impact of either EPA or DHA in children with attention problems produced mixed results. Only recently have researchers begun to look at supplements that combine the two. In a small study, published this year in *Nutrition Journal*, for example, nine children with ADHD were given supplements containing both EPA and DHA every day. After eight weeks, the chil-

dren showed significant improvements in ADHD symptoms.

Based on the most recent research, Ratey recommends that you choose a supplement that has at least three times the amount of EPA to DHA. "The data seem to show that those using supplements containing higher ratios of EPA get a better response in ADHD symptoms, including mood swings and aggression," says Ratey.

Be aware that high doses of omega-3s may cause nausea, diarrhea, and other gastrointestinal discomfort. Consult your doctor before taking this supplement. **A**

KAREN BARROW is a health and science writer in New York City.

## Balanced Meals, Better Behavior

Hyperactivity has long been associated with sugary sodas and cheeks full of candy. It is no surprise, then, that food seems to play a major role—good and bad—in ADHD. Choosing the right foods—or cutting back on the wrong ones—may be a proactive way to prevent ADHD symptoms from swinging out of control.

"The role of nutrition in the treatment of any chronic condition is important," says Helen Rasmussen, Ph.D., a research dietician at Tufts University.

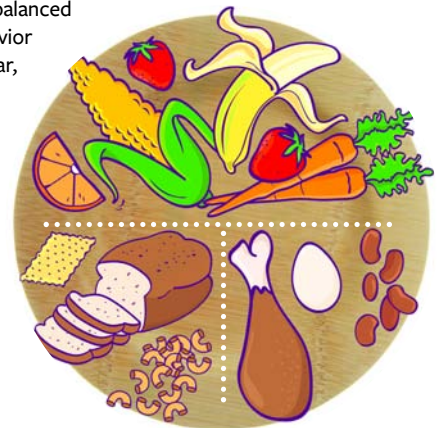
Faye Berger Mitchell, a registered dietician from Bethesda, Maryland, has a nine-year-old daughter who was diagnosed with ADHD five years ago. While her daughter takes stimulant medicine to control her ADHD, Mitchell concluded that a pill is not enough. She finds that when her daughter eats a well-balanced diet, including vegetables, carbohydrates, fruits, and plenty of protein, her behavior tends to be more consistently under control.

"The biggest challenge is to get my daughter to eat protein," she says. Protein is key, says Mitchell, because it can prevent surges in blood sugar, which may increase hyperactivity. For Mitchell, something as simple as slipping a little chicken or lean beef into every meal (and even into snacks) has made a difference for her daughter.

"Her overall behavior is so much better," she says.

Dr. Edward Hallowell advises all of his patients to think about their plates when preparing a meal. Half of the plate, he recommends, should be filled with fruits and vegetables, one-fourth with a protein, and one-fourth with carbohydrates. This combination is a balanced diet, and it may control swings in behavior caused by hunger, surges in blood sugar, or a shortfall of a particular nutrient.

In addition to the balanced plate, Hallowell advocates eating several servings of whole grains each day to prevent blood sugar levels from spiking and then plummeting, and cutting back on foods that contain dyes and excess sugar. Several studies have suggested that artificial food coloring and sugar may cause increased hyperactivity in some children with ADHD. —K.B.



# Encouraging Good Behavior

Though meds are indispensable for many kids with ADD, parents are finding behavior therapy to be surprisingly effective. **BY SANDRA G. BOODMAN**



**W**hat non-drug treatments work to combat ADHD? While play therapy, cognitive therapy, psychotherapy, and special diets have been regarded as promising, only behavioral therapy has been shown to work. A study, funded by the National Institute of Mental Health, found that the best outcomes in children with ADHD—measured by parental satisfaction and some academic standards—were the result of “combination” treatment: medications that reduce hyperactivity and improve concentration, along with behavior therapy to address some of the more subtle symptoms, such as difficulty with organizational and social skills.

## How Behavior Therapy Works

A behavior therapy regimen can be developed by a pediatrician or a school psychologist or another mental-health worker. Based on a structured system of rewards and consequences—such as increased or decreased TV privileges—the program includes changes in a child’s environment to minimize distractions. Parents also receive training in giving commands and reacting when a child obeys or disobeys.

The goal is to incrementally teach children new ways of behaving by rewarding desired behavior, such as following directions, and eliminating undesired actions, such as losing homework, notes Ginny Teer, a spokeswoman for Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), a national advocacy group in Landover, Maryland.

Parents often “have an inappropriate expectation of what medications can do,” observed pediatrician Patricia Quinn, M.D., who has specialized in treating ADHD in Washington, D.C., for more than 25 years. “Drugs don’t improve self-esteem, time management, or organizational skills. But the problem is that most parents don’t have enough time or energy” for

behavior therapy or are inconsistent about applying it. Sometimes, Quinn says, they complicate the regimen with too many rules. The trick, she adds, is to keep things simple. Experiencing success reinforces the desired behavior.

## Hand-in-Hand Treatments

There is an added benefit from combination treatment, says child psychiatrist Thomas Kobylski, M.D., who is chairman of the Washington area chapter of the American Academy of Child and Adolescent Psychiatry. Studies have found that children treated with behavior therapy can take a lower dose of medication, Kobylski says.

Public relations executive Susannah Budington, who lives in Chevy Chase, Maryland, began using behavior therapy several years ago, shortly after Allison, the oldest of her five children, was diagnosed with ADHD and started taking a stimulant.

“She’s such an enthusiastic, wonderful kid. I would never want to medicate that away,” says Budington. Medication, she says, enables Allison to be less impulsive and more cooperative, but behavior therapy has helped the 12-year-old “operate as part of our family and to do things with her friends. It’s extremely important.”


## In Sync with the School

Trish White, a manager at CHADD, says that involving her son’s school in his behavioral program has been critical to his progress during the two years since a pediatrician told her he had ADHD. Once a child is diagnosed with the disorder, federal law requires that the school devise an Individualized Education Program (IEP) that accommodates the disability. That plan often includes elements of behavioral treatment, but cooperation by teachers and school systems varies, experts say.


At his Anne Arundel County, Maryland, public school, White’s eight-year-old son sits near the teacher to minimize distractions. When she senses his attention is wandering, she taps lightly on his desk to remind him to focus. Every day she sends home a simple, color-coded behavior chart telling his parents how his day went.

White adds, “We continue to struggle.” Reading remains difficult for her son, but he is better at following directions and seems more adept at making friends.

Quinn, who has seen concern about ADHD medications wax and wane during the years she has treated hundreds of children with the disorder, regards growing interest in behavior therapy as a positive development.

“Drugs,” she says, “can do only so much.” 

SANDRA G. BOODMAN is a *Washington Post* staff writer. © 2006, *The Washington Post*. Reprinted with permission.

 **ADHD PARENTING BLOG** One mom shares the daily ups and downs parenting a child with ADHD at [additudemag.com/adhdblogs](http://additudemag.com/adhdblogs).

# One-on-One Support

The ADD coach is like having a personal trainer for your brain. Here's how to find, hire, and work with one.

## What is an ADD coach?

An ADD coach is a person who is trained to help the ADD client reach his or her personal goals.

## What are the characteristics of a good coach?

A good coach is one who knows how to encourage people, help resolve problems, and who provides the support necessary to allow the client to accomplish his or her goals. Discussions between you and the coach should be about finding solutions, not assigning blame. The coach should use language that encourages you to concentrate on specific actions, rather than on those which make you feel irresponsible.

## Is an ADD coach a therapist?

Coaching and therapy are two different things. “Psychotherapy deals with inter- and intra-personal issues as well as cognitive and behavioral issues. The focus is often on the individual’s past history and how it relates to his development,” says *ADDitude* contributor and coach Sandy Maynard. “ADHD coaching helps you achieve specific goals.”

## Is coaching cheaper than therapy?

Costs are comparable to therapy, and can range from pro bono sessions up to \$1,500 a month, with the average falling between \$300 and \$600 a month.

## Why couldn't I just ask a friend to do this for free?

Is your friend going to understand how and why ADD makes you do certain things? How are you going to feel about him when he demands to know why you didn't reach a particular goal or deadline? Coach Nancy Ratey feels that parents, spouses, or friends should not coach loved ones. “Because coaching focuses on the client’s agenda, it is best to have someone who is removed from the situation.”

## Does coaching involve a long-term commitment?

It depends on your goals. If you're using a coach for a specific project—like getting organized at work—then that will determine how long you commit to the process. If you are using a coach for general self-help, it could become a long-term relationship if you want it to be. Most coaches ask for a three- to six-month commitment.

## What happens if I get into this and find that coaching doesn't work for me?


Many coaches use written agreements and expect payment up front. Discuss that option with the coach before you sign on the dotted line.

## Can anyone be a coach?

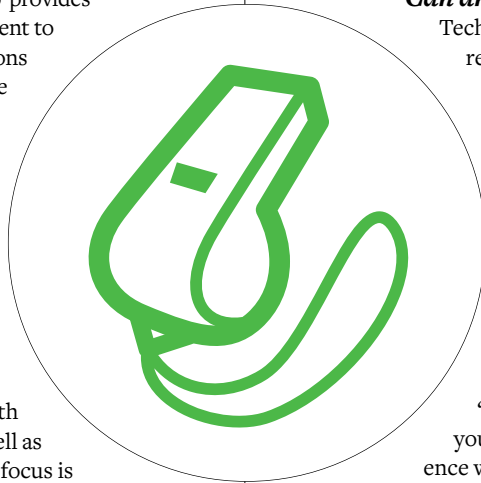
Technically, yes, because there are currently no university degrees in coaching. Three top-rated institutions that offer training for ADHD coaches are: ADD Coach Academy (ADDCA; [addcoachacademy.com](http://addcoachacademy.com)); Optimal Functioning Institute (OFI; [addcoach.com](http://addcoach.com)); and the American Coaching Association (ACA; [americacoach.org](http://americacoach.org)). A better question would be “Can anyone be an effective coach?” in which case, the answer is “no.” This is a specialized field, and you need to hire a coach who has experience working with clients who have ADHD.

One caveat: While a prospective ADD coach should have experience working with clients and knowledge of the condition, the chemistry that grows between you and your coach is ultimately more important. One coach might have the ability to motivate you, while another will leave you frustrated.

## How do I find a coach?

A good starting point is your local chapter of CHADD, your doctor, or your psychologist. They can identify candidates in your area or long-distance coaches, whom you can work with on the phone. Another option is to log onto the websites of organizations that certify or list coaches. The Institute for the Advancement of AD/HD Coaching (IAAC; [adhdcoachinstitute.org](http://adhdcoachinstitute.org)) is the only group that certifies coaches specifically in ADHD. Its members have spent a minimum of two years and at least 500 hours working with clients with ADHD. The certification process is new, and there are roughly 75 coaches who are IAAC-certified. The International Coach Federation (ICF; [coachfederation.org](http://coachfederation.org)) certifies life coaches, but not specifically those trained in ADHD. The ADHD Coaches Organization (ACO; [adhdcoaches.org](http://adhdcoaches.org)) has a coach referral service. It lists 150 life coaches who have additional training in ADHD. 

 **LEARN MORE ABOUT HIRING AND WORKING WITH A COACH** at [additudemag.com](http://additudemag.com), keyword search: COACH.



# 25 Things to Love About ADD

- 1** Generosity with money, time, and resources.
- 2** The drive of hyperfocus.
- 3** Resiliency.
- 4** A sparkling personality.
- 5** Insomnia makes for more time to stay up and surf the net.
- 6** Ingenuity.
- 7** Always being able to provide a different perspective.
- 8** Willingness to take a risk.
- 9** Making far-reaching analogies that no one else understands.
- 10** Spontaneity.
- 11** You have a “Ferrari” brain, but with “Chevy” brakes!
- 12** Pleasant and constant surprises due to finding clothing (or money or spouses) you had forgotten about.
- 13** Being funny.
- 14** Being the last of the romantics.
- 15** Being a good conversationalist.
- 16** An innate understanding of intuitive technologies, such as computers or PDAs.
- 17** Honestly believing that anything is possible.
- 18** Rarely being satisfied with the status quo.
- 19** Compassion.
- 20** Persistence.
- 21** Joining the ranks of artists, musicians, entrepreneurs, and other creative types.
- 22** A strong sense of what is fair.
- 23** Willingness to fight for what you believe in.
- 24** Excellence in motivating others.
- 25** Being highly organized, punctual, and generally responsible (OK, so we lied!).