



Attention, Please!

Your guide to understanding ADD

➔ "I really can't concentrate right now! I swear I have ADD," a friend said to me a few weeks ago over what should have been a working lunch. His comment struck a chord. How often have I heard that? Surely if I had a dollar for every time someone said that to me, well, I wouldn't have a million, but I *would* be richer.

I don't have ADD, but I have friends that do. And what I've learned from them is that ADD is a very real issue, not something to be taken lightly. Intentional or not, casually throwing the term around only undermines the seriousness of the matter.

"ADD, also known as Attention Deficit

Disorder, is not a specific learning disability—that's a myth," asserts Dr. Beverly Rolle of International SOS. "ADD is a diagnosis. What it does is interfere with the concentration and attention required for a particular activity, making it hard for the person to accomplish the task at hand."

Elaine Tsang is an occupational therapist at Elliott's Corner (6461-6283), a center specializing in occupational, physical and speech therapies, educational psychology consulting, and educational support for children from birth through adolescence. She, too, believes that ADD is oft misunderstood. "ADD is too often mistaken for a learning disability

and a central processing disorder," she says.

Another commonly misunderstood notion is that those who have ADD are hyperactive. While the inference is somewhat justified, there is a danger in focusing on just this one symptom. "There are actually three types of ADD: inattentive, hyperactive and impulsive," says Dr. Rolle. "And naturally, there is a broad range of behaviors to go along with them. On top of that, the symptoms of ADD vary from individual to individual, meaning not every child with ADD will be hyperactive. It's possible for a well-behaved and polite child to have ADD, too. Focusing solely on the hyperactive only makes it more difficult for

some parents to accept an ADD diagnosis," she finishes.

An ADD diagnosis can be arrived at in a number of ways; the standard IQ, organic, Connor's or Wyatt tests may all be employed, as well as a detailed history to check whether a problem is continuous or temporary. However, Dr. Rolle stresses that neither of these possesses the accuracy of say, a blood test, meaning an ADD diagnosis is not always definitive. "There are so many different factors that can influence a person's attention span and focus," she says. "It is not uncommon for a child to suffer from a learning difficulty in a specific area, such as reading, writing, mathematics and language, or a mood disorder, which is common in young girls. It's equally likely for the issue to be anxiety—the child is so worried about not doing well in a certain environment that it becomes self-fulfilling prophecy."

Philipp Schiffrers, a music therapist, special needs support worker and social worker at Side by Side (www.sidebysidebeijing.com), another Beijing organization supporting children with special needs and learning differences, also believes there are many other potential reasons for a child's unpredictable behavior besides ADD. "It could be that the child is bored, too challenged, not challenged enough or is seeking attention... or it could just be that the child is being a child!" he says.

When an ADD diagnosis is given, it is often accompanied by a second. Current estimates indicate that approximately half of ADD cases are accompanied by ODD, oppositional defiant disorder, or other comorbid disorders. Those possessing the former are par-

tial to excessive anger and temper tantrums, and often display a disregard for authority and are easily disturbed. "They will likely overreact when they feel challenged or threatened," adds Dr. Rolle. "If not addressed properly during a child's early years, the condition could lead to more serious conduct issues later on."

For these reasons, she stresses that parents and schoolteachers closely observe a child's behavior at home and at school to discern whether issues besides ADD are present.

This may include checking for developmental delays in a child's fine motor and daily life skills. Concerned parents should always err on the side of caution and bring their children in to see a psychologist or specialist as soon as possible.

Treatments for ADD vary widely and are largely Western based. Luckily, they have come a long way from the ubiquitous Ritalin prescriptions of the past. At International SOS, behavior management is an integral part of treatment although medication may be prescribed to manage more serious attention issues. Schiffrers, too, believes that behavior management is often the best approach. "Some seek a diagnosis because they want an easy explanation—something to blame their child's behavior on," he says. "But regardless of whether there is a diagnosis or not, the behavior is there and *that* is what needs to be treated. All kids, at times, struggle with attention and are naughty, but very, very few in our experience need to be medicated and/or exhibit such behavior because of ADD."

Tsang and her colleagues also prefer a more functional approach to treating ADD in lieu of medications. When Elliott's Corner first opened, she and the center's staff dealt mainly

with kids with fine motor skill difficulties, but when research indicated that the programs they employed to improve coordination could improve attention as well, they expanded their treatment program to cover a wider breadth of disorders. Tsang and her colleagues focus on helping children self-regulate and independently identify when their attention level is low so that they may adjust accordingly. This may include cognitive and sensory strategies such as chewing gum to regulate alertness. The team also makes a concerted effort to educate parents, providing regular homework assignments to help them monitor and improve their children's situations.

Local treatments for ADD are largely non-existent. Prior to moving to China, Dr. Rolle tried to read up on as much as she could regarding local knowledge and treatment methods, but came up mostly empty-handed. Tsang reveals that ADD is still largely considered a "Western" disorder, suggesting the heavy use of prescription medication as a treatment method as a potential source of local reluctance to look into ADD.

Fortunately, by adopting a non-medication approach, centers such as Side by Side and Elliott's Corner have received much local recognition for their work. Schiffrers contends that the support from schools, parents and students has allowed Side by Side to expand and introduce new treatment options, such as music therapy. For him, the biggest challenge is actually "getting people to agree to behavior intervention *before* medication—expats and locals alike." •



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Common Symptoms of ADD

Consider having your child checked if he/she exhibits the following:

1. Your child doesn't obey instructions because he/she doesn't actually "hear" them.
2. Your child is disorganized and oftentimes distracted.
3. Your child often begins projects and then forgets to finish them.
4. Your child likes to seek your attention at random times.
5. Your child tends to speak or act without thinking, frequently blurting out inappropriate comments.
6. Your child has difficulty falling asleep.
7. On more than one occasion, your child has placed him or herself in physical danger.
8. Your child has no problems concentrating on activities he/she enjoys, but cannot focus on tasks that hold no personal interest or are repetitive.
9. Your child has difficulty remembering things and frequently misplaces objects, such as books, toys or homework.
10. Your child exhibits a short fuse and is prone to temper tantrums.
11. Your child is always "on"—he/she cannot relax.
12. Your child is constantly on the move, climbing, running and jumping on things. When asked to sit still, he/she fidgets and squirms.
13. Instead of taking the time to solve problems, your child prefers to guess their solutions.
14. Your child rarely waits for his/her turn, preferring to cut in line or interrupt others.