

DETECTING ATTENTION DEFICITS

Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) is increasingly being acknowledged as the cause of problems with school, work, and relationships. Although many people speculate that it is overdiagnosed, it can just as easily go unrecognized. ADD is often difficult to detect in a one-on-one, novel situation in which people are motivated. Therefore, rating scales of how people operate in different settings are better indicators of problems than psychological tests. Six or more items marked "O" in the left column suggest ADD; six or more items in the right column suggests ADHD; and six plus items in each column suggest a combination of both.

ADD/ADHD Rating Scale¹	
Directions: Mark items with an A (always) or O (often) to show rate of occurrence.	
Inattention: <input type="checkbox"/> Difficulty sustaining attention, completing tasks, without monitoring. <input type="checkbox"/> Skips from one activity (or topic) to another. <input type="checkbox"/> Easily distracted by extraneous stimuli. <input type="checkbox"/> Does not appear to be listening or following a conversation; daydreams. <input type="checkbox"/> Poor attention to instructions or directions. <input type="checkbox"/> Fails to pay attention to details, makes careless mistakes, rushes. <input type="checkbox"/> Avoids tasks that require sustained (mental) effort, easily bored, needs reminders. <input type="checkbox"/> Difficulty organizing tasks and belongings. <input type="checkbox"/> Forgetful, loses things, easily frustrated.	Hyperactivity: <input type="checkbox"/> Fidgets with hands and feet, squirms in seat, grabs or touches excessively. <input type="checkbox"/> Difficulty sitting still or remaining seated. <input type="checkbox"/> Runs or climbs too much (children), or feels restless (adolescents and adults). <input type="checkbox"/> Louder than others; makes noises. <input type="checkbox"/> Always active, "on the go" or seems to be "driven by a motor." <input type="checkbox"/> Talks excessively, excitable, easily upset. Impulsivity: <input type="checkbox"/> Blurts out answer; ignores consequences. <input type="checkbox"/> Difficulty waiting or following a routine. <input type="checkbox"/> Interrupts or intrudes on others.

¹ Adapted from criteria for ADHD with permission from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition. Copyright 1994, American Psychiatric Association.

HISTORY

In addition to rating scales, it is important to take a careful history. Family, friends, relatives, and school records are good sources of information. Mark all items that apply:

- Symptoms of inattention or hyperactivity appeared before age seven and have persisted for more than 6 months. (Age of onset of symptoms: _____.)
- Symptoms are present on a consistent basis, rather than appearing in cycles.
- Other family members have had problems with ___ attention, ___ excessive activity, ___ impulsivity, or ___ underachievement. (Relationship: _____.)
- The person was adopted. (ADD occurs more often among adopted people.)
- There was use of ___ alcohol, ___ drugs, or ___ nicotine during pregnancy.
- There are problems ___ falling asleep, ___ staying asleep, or ___ waking in the morning.
- Symptoms cannot be explained by problems with ___ allergies, ___ asthma, ___ breathing, ___ blood sugar, ___ anemia, ___ seizures, ___ thyroid, ___ ear infections, or ___ lead poisoning.
- Medication or drugs containing stimulants or excessive caffeine are not being used.
- Other problems (___ high stress, ___ depression, ___ anxiety, or ___ nervous tics) are not factors.

DETECTING ATTENTION PROBLEMS IN ADULTS

Difficulties with hyperactivity and attention used to be considered a disorder of childhood. It was believed that as young peoples' brains matured, they grew out of it. More current estimates suggest

that 30% to 70% of children with ADD will continue to have problems as adults. It may be that high numbers of adults have ADD, but they developed coping strategies to manage symptoms and even use them to their advantage. Researchers at the University of Utah² suggest the following standards for adult ADD:

Core Measures (all three must be present)

- ___ Childhood evidence of ADD or ADHD with school problems, excitability, or temper.
- ___ Persistent motor activity: restlessness, difficulty settling down, “nervous” energy, pacing, drumming fingers, and feeling edgy or moving from one place to another.
- ___ Attention deficits: distractibility, difficulty staying on task, or forgetting or losing things.

Additional Measures (two out of five must be present)

- ___ Moodiness seen in sudden changes from excitement to discouragement, lasting from hours to days and not as extreme as people with mood disorders.
- ___ Hot temper or short-lived outbursts that may be frightening to self and others.
- ___ Reacts to stress with anxiety, anger, and depression.
- ___ Impulsive, hasty, or risky decisions about work and relationships.
- ___ Disorganization seen in going from one project to the next or leaving things unfinished, especially when school, parents or spouses are not present to provide structure.

Some writers are concerned that the Utah criteria fail to detect ADD without hyperactivity in adults. Although the ADD/ADHD Rating Scale and the Utah measures can identify problems, the following themes paint a clearer picture of the kind of difficulties adults with attention deficits can have:

Core Measures (both items must be present)

- ___ Other medical or emotional disorders do not explain the problem.
- ___ Childhood evidence of problems with attention, daydreaming or underachievement.

Additional Measures (nine or more items must be marked)

- ___ Procrastination due to reluctance to sustain effort on tasks lacking interest or novelty.
- ___ Difficulty prioritizing projects causing problems completing anything.
- ___ *Speaking out without considering the timing or appropriateness of the remark.
- ___ *Thrill seeking and searching for exciting, novel, or stimulating experiences.
- ___ *Addictive tendencies with alcohol, cocaine, gambling, shopping, eating, overwork.
- ___ Avoidance of boredom or relaxation by involvement in projects or excitement.
- ___ High distractibility, “tuning out” while driving or reading, and losing one’s place.
- ___ Hyper focus on activities of interest and completely “tuning out” one’s surroundings.
- ___ High tolerance for chaos or disorder, which may allow for creativity.
- ___ Low tolerance for frustration in areas of disinterest.
- ___ Work problems such as relating to bosses, following the chain of command, managing paperwork, meeting deadlines, punctuality, or workaholism.
- ___ *Impulsiveness with spending money, changing plans, or career decisions.
- ___ Excessive worry, particularly when not focused on novel or high-interest tasks.
- ___ Disassociation or difficulty staying with painful emotions unless they are immediate.
- ___ Low self-esteem, insecurity, and sense of underachievement in spite of accomplishments.

² See Attention Deficit Hyperactivity Disorder in Adults by Paul Wender (Oxford University Press, 1995), pp. 241–243 for full description of criteria. Also see Driven to Distraction by Edward Hallowell and John Rately (Simon & Schuster, 1994). Starred items may indicate ADHD rather than ADD.