

For Parents, Educators and Mental Health Professionals Who Care About Teens

A Special Segment:

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TEENS AND
AD/HD™

This issue of The Practical Parent focuses on a particular subtype of Attention Deficit/Hyperactivity Disorder: the Inattentive Type. By the time this disorder is diagnosed it's usually sophomore year in high school, the student has hit an academic wall, the parents are angry and frustrated and the student on the verge of giving up. Education and understanding this challenging set of circumstances is the key to help. We hope you find this Practical Parent useful!

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ASK
MICHAEL...

We've both had it with our son. He's disrespectful and lazy. You'd think with all we give him, he'd feel some appreciation but he can't be bothered to even feed his own cat...we're thinking of military school!



FEATURE ARTICLE

Teens and AD/HD Inattentive Type

AD/HD Inattentive Type is a misunderstood and oft-maligned clinical diagnosis. The larger rubric of AD/HD is still a controversial diagnosis and often the target of consumer advocates intent on stopping what they feel is the overmedication of children and youth.

Tyler is about to turn 16. He's got it all—intelligence, charm and good looks. His parents love him dearly and think he's something special. He is uncharacteristically sweet with the younger kids at school and at the summer camp where he volunteers. And if you ask him about hip hop culture and music he'll tell you about a particular rising star, his latest CD and tour, tracing his credentials and lineage back to earlier artists. He'll engage you in a discussion of the politics and philosophy of hip hop culture and has pretty well informed, thoughtful opinions on most things. He has also stopped doing his homework, every day now punctuated with parental battles about getting his work done or doing even *one* chore.

His mind is active but mostly with worry. He seems both “slow” and “fast” at the same time. Getting him to do anything, though, usually results in “slow.” Forget about him doing something on time. *It isn't going to happen.*

Tyler also smokes a significant amount of weed and sells it now, too. His parents know he smokes, convincingly telling them he's got it under control. He can't turn his brain off at night and struggles to turn it on during the day. Thinking about doing homework exhausts him. He's averaging a B-minus during sophomore year but his parents are used to his earlier A's and glowing comments from middle school teachers. Conversations turn into arguments, fueled by Tyler's defensiveness. He seems to know it all, but doesn't seem to be able to put that knowledge into action or use it to his benefit. His backpack is a complete mess and he often loses things—valuable things. And if he had a motto it might be: “what's your problem, it's not my fault!!”
(...Continued on page 2)



Inattentive Type AD/HD *(...continued from page 1)*

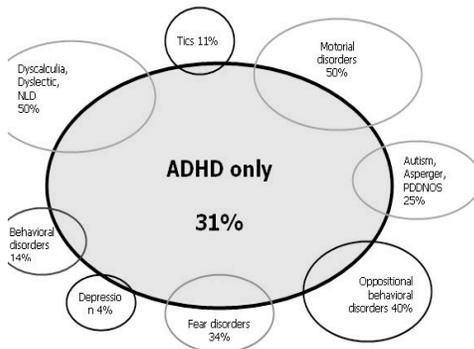
What is AD/HD Inattentive Type?

We casually joke about and have seen the young child (usually a boy) who looks like they have a constant motor running: he won't sit still and is abnormally and destructively impulsive. "He's so ADD!" we think to ourselves. But Attention-Deficit / Hyperactivity Disorder (Primarily *Inattentive* Type or "ADHD-PI") is a subtype of ADHD and a clustering of maladaptive symptoms lasting at least six months which includes a *different* profile: failing to pay close attention to detail, difficulty sustaining or finishing most tasks (not including watching television or being online, though!), not following instructions, difficulty with organization, avoidance and intense dislike of anything requiring sustained mental effort—often the symptom relieved by self-medicating with marijuana—frequent loss of items necessary for tasks or activities and frequent forgetting.

trait. According to researchers at Johns Hopkins University, if one parent has ADHD there is a 50 percent likelihood their child will have it. And ADHD-PI it is often mis- or under-diagnosed in females, who exhibit different symptoms than boys like Tyler do. Girls also seem to be (slightly) more likely to have PI-type than the hyperactive type of ADHD. Dr. Stephen Hinshaw—one of our country's leading researchers and experts on adolescent ADHD—notes that girls with ADHD-PI often show up as "shy" yet high achieving. They may be getting good grades, but it is at tremendous personal effort and emotional cost.

The bind that all parents of teens with ADHD-PI invariably find themselves in centers around balancing helping versus "backing off." Parents of teens with ADHD-PI often frustratingly alternate between doing too much and doing too little. They constantly wonder whether they should have done more (or less). The problem is that most kids with ADHD-PI don't come to severe inattention difficulties until middle school, making it all the trickier to diagnose. In fact, other diagnoses are usually made *before* an ADHD diagnosis (especially with Inattentive Type; *see graphic*). But an ADHD diagnosis can both relieve *and* create more anxiety for parents; while it can explain a lot of difficult behavior, it can also reveal underlying and co-occurring (co-morbid) conditions, since ADHD doesn't usually occur on its own. In the end, though, knowing what's really happening and *why* is the entryway to effective help and support. It doesn't provide all the answers, but it can illuminate travel on what mostly felt like a poorly paved, dimly lit road. ✦

(NOTE: See Page 4 for Resources)



“...an ADHD diagnosis can both relieve and create more anxiety for parents; while it can explain a lot of difficult behavior it can also reveal underlying and co-occurring conditions, since ADHD doesn't usually occur on its own.”

Okay, so you think we all have ADHD-PI. Well, we might have these symptoms *on occasion*, in the fast-paced, information-overloaded culture in which we live. But kids with ADHD-PI are positively paralyzed by these symptoms. Parents often complain, through tears, that they are incredibly scared about their child's future. They privately feel shame and intense anger that their child isn't "living up to potential" and they just KNOW that if he or she tried harder, things could be much better. They hate to think it, but they often feel their child is just lazy and defiant. The guilt and shame isn't helped by the fact that ADHD is a highly heritable



Parents and Teens Ask Michael...

Dear Michael,

We've both had it with our 15 year-old son. He's disrespectful and lazy. You'd think with all we give him, he'd feel some appreciation but he can't be bothered to even feed his own cat. My husband and I have tried everything—asking nicely, bribery, getting angry and yelling (and we're doing more and more of that in the last year!)—and we just can't seem to get him to do chores, homework or anything that requires any commitment or effort. It's like anything we tell him or ask him goes in one ear and out the other. We just don't get it. We know he's capable of doing so much more. For the first time, we're thinking of sending him away to military school or something! You should probably know he was diagnosed with ADD or something when he was in 4th grade, but he's not hyper, in fact, he can't be moved off the couch. I just think the ADD thing is an excuse. What do you think we should do?

[Below is a portion of my response...]

I believe we should support our troops, wherever they are, and especially after they come home. Okay, having said that, please don't call the recruiting office yet.

This probably won't ring true for you, but I don't think that your son's ADD diagnosis is irrelevant. In fact, it could be crucial to understanding why the same child you love is also someone you don't like very much.

First, Attention Deficit/Hyperactivity Disorder has three subtypes: a hyperactive-impulse type (the type most people associate with "ADD"); the primarily inattentive type and; the combined type (both hyperactivity and inattention). It would be important to see if you can go back and read the report or other document that provided you with the original diagnosis. More importantly, it could really be helpful to get an updated evaluation.

For example, the Inattentive Type of AD/HD is characterized not by "hyperness" but by sluggishness, daydreaming, spacing out and the kind of slowly declining academic performance you would expect from a person who is having difficulty with follow-through and is slowly getting more and more disconnected from any feelings of success at school. Teen boys with Inattentive Type AD/HD usually start withdrawing socially in high school, preferring solitary pursuits with high stimulation and low effort. Sound like video games? Their self-esteem usually plummets as they see their peers moving forward and getting things done. They are more prone to accidents, injury, sleep difficulties and depressed and anxious moods, as they can't turn the radio off in their brains that reminds them of all the things they haven't done, all the things half-finished and all the disappointments and failures of "not living up to their potential." Kids with AD/HD Inattentive Type are not lazy. They do learn over time not to try things that carry a high promise of failure. As songwriter Jackson Browne wrote, "Don't confront me with my failures... I had not forgotten them."

Teens with Inattentive Type AD/HD have difficulties related to pre-frontal cortex function and in the connections between the pre-frontal cortex and central cortex. Put simply, it becomes a monumental effort to empathize with others, remember what needs to be done and do it or prioritize what is important or even necessary to do first (multi-tasking). They have a very distorted sense of time that impacts everything: "I've got plenty of time to do that paper!" "Yeah, I'll get to feeding the cat in a minute, ok?" But the time always slips away as they both underestimate how long it takes to do anything and overestimate their capacity to sustain the effort it will take to do even small tasks. And it won't work to bribe or cajole. It's an executive functioning and motivational disorder and not terribly amenable to these approaches. If you promise an iPad for getting an assignment done, you're likely to still wind up, at some point yelling, "I got you that iPad and you STILL AREN'T FOLLOWING THROUGH! What's your problem? You did it before—how hard can it be!?"

This scenario might sound very familiar. If you believe in education and leading by example, then consider getting a thorough psychoeducational and neurological evaluation for your son, and if you end up having him see a therapist or getting family therapy for support, make sure its with someone who specializes in AD/HD and its impact on the family. Your son doesn't want to disappoint you or fail to consider your needs. There is a lot going on here and he needs help—that's not an excuse, it's just a way to more harmony at home. ✨



We receive far more letters than we can ever answer...so please don't take it personally if you don't get a personal response. All submissions for "Ask Michael" should go to: Michael@practicalhelpforparents.com



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Because There's No
Such Thing as Too
Much Support.

We're on the Web!
Visit us at:
www.PracticalHelpforParents.com

Selected Resources on ADHD-PI

Web Resources

Children and Adults with Attention Deficit Disorder (CHADD)
<http://www.chadd.org>

Journal of the American Academy of Child and Adolescent Psychiatry
<http://www.jaacap.com>

The Learning Disabilities Association of California
LDA Library (ADD and Children)
http://www.ldaca.org/library/ADHD_for_Children_and_Teens/1

LD Online (LD and ADHD, Schwab Learning)
<http://www.ldonline.org/adhdbasics>

National Resource Center on AD/HD
<http://www.help4adhd.org/documents/WWK8.pdf>

About Our Organization...

Founded by adolescent specialist Michael Y. Simon, MFT, a high school counseling director, noted speaker/educator and psychotherapist in private practice, Practical Help for Parents provides real-life solutions as you parent, support and understand the teens and pre-teens in your life. PHFP offers informative, entertaining, research-based

Articles and Bay Area Clinic

There are hundreds of articles on ADHD-PI. Stephen Hinshaw and Linda Pfiffner are, in my opinion, two (local) trustworthy researchers and authors.

Hinshaw, S. P., Owens, E. B., Sami, N., & Fargeon, S. (2006). Prospective follow-up of girls with attention-deficit/hyperactivity disorder into adolescence: Evidence for continuing cross-domain impairment. *Journal of Consulting and Clinical Psychology, 74*, 489-499

Hinshaw, S. P. (2002). Preadolescent girls with attention-deficit/hyperactivity disorder: I. Background characteristics, comorbidity, cognitive and social functioning, and parenting practices. *Journal of Consulting and Clinical Psychology, 70*, 1086-1098.

McBurnett, K. and Pfiffner, L. (2007). *Attention Deficit Hyperactivity Disorder: Concepts, Controversies*. New Directions (Informa Healthcare).

AND CHECK OUT the HALP Clinic at UCSF (Hyperactivity, Attention and Learning Problems Clinic)

<http://psych.ucsf.edu/lpphc.aspx?id=450> 

workshops for students and parents, keynotes and presentations to high school and middle school parents, teachers and administrators; access to online Practical Help Tips, articles, web resources and; program development and consultation to mental health professionals, policymakers and schools/school districts. 

Practical Help for Parents

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