NASET ADHD SERIES

Part # 11 – When an Attention Deficit Isn't

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Addison is in the 6th grade, her first year in middle school. She did pretty well in elementary school, but she's getting slammed in 6th grade. A couple of her teachers have described her appearing distracted, making mistakes with details, and being disorganized with her work. Addison admits to "zoning out" a lot during classes like English, Spanish, science, and geography. So clearly she has ADHD and could use some medication to help her focus.

Except that maybe she doesn't have ADHD at all.

There are several learning problems that create the appearance of an attention deficit. Well-meaning educators and parents often are off the mark when they attribute signs like distractibility, problems with details, and disorganization to weak attention. Issues in the following areas can cause such secondary attention deficits.

• **auditory processing**- interpreting, at a very basic level, information entering the auditory system; problems here can be exacerbated in noisy, hectic situations like hallways, cafeterias, and transitions between lessons and classes; students with weak auditory processing may seem distracted because they misread auditory signals, or they may just shut down to escape from all the clutter they are hearing.

• **receptive language**- a step beyond auditory processing to attaching meaning to language input (listening and reading); not understanding what is heard or read naturally causes confusion that can be misconstrued as limited focus (imagine living in a country where you don't speak much of the language).

• **expressive language**- the flip side of receptive language, or translating one's ideas into words, phrases, sentences, and discourse; expressive language provides mental "brakes" in terms of being able to internally talk through situations to avoid impulses (think about how frustrated toddlers get when they can't express their needs); research has shown a link between weak expressive language and behavior problems.

• **emotional well-being**- you don't have to have clinical depression or anxiety to know that when you are emotionally stressed it's very hard to concentrate on anything other than what is troubling you; children and adolescents can experience emotional distress for a variety of reasons.

• **sleep**- research is clear that chronic sleep deprivation takes a big toll on daytime functioning; a student may seem to be getting enough sleep, but that sleep may be of insufficient quality to recharge the batteries, so to speak; much can be done to improve sleep relative to bedtime routine, but medical evaluation and treatment is often necessary.

Why is pinpointing the root cause important? Because understanding the problem is the first step to solving it. For Addison, an ADHD diagnosis may be barking up the wrong tree. She might need language therapy if auditory processing, receptive, or expressive language are the culprits. Improving the quality and quantity of her sleep might be necessary. And putting her on stimulant medication could make emotional difficulty even worse (counseling could be in order).

To be sure, attention deficits are real and affect huge numbers of children, adolescents, and adults. But if a kid starts sneezing a lot we'd be foolish not to want to figure out if it's due to allergies, a cold, or the flu. A thorough and thoughtful assessment, by a clinician who does not jump to conclusions, can frame the learning problem (ADHD or otherwise) so that it can be addressed with the right strategies.

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