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ADHD: EXACTLY WHAT IS IT?

Parents are often confused about ADHD. Is it hyperactivity? Is it inability to sit still? Is it constant interrupting? Is it inability to play in a focused manner? Is it trouble focusing or being disruptive in class?

According to the DSM-V, Attention-Deficit/Hyperactivity Disorder is “a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.” This is a symptom-cluster definition of ADHD, primarily behavioral, and requires very specific questions to be asked and answered in the affirmative six or more times for inattention and six or more times for hyperactivity-impulsivity.”

This is a useful definition for diagnosing the presence of ADHD. But, for understanding what ADHD really is, not just what it looks like, I prefer adding the following definition to formulate an understanding to communicate to parents. This definition, though my own, arises from my understanding of the work of Dr. Thomas E. Brown, a pioneer in the study of ADHD:

ADHD IS A COMPLEX NEUROBIOLOGICAL DISORDER WHICH CREATES MAJOR IMPAIRMENTS OF EXECUTIVE FUNCTIONING BECAUSE OF INTERFERENCES OF CORE BRAIN OPERATIONS, PARTICULARLY IN THE SELF-MANAGEMENT SYSTEM OF THE BRAIN

As a small but very important point, I notice that the DSM-V catalogue of symptoms does NOT include problems with motivation and with emotional regulation. Yet these are two of the impairments that cause the most damage for ADHD kids, teens and adults. The capacity to motivate oneself, initiate action, sustain motivation, and to manage emotional activation and distress with healthy self-regulation are critical brain operations, a core and essential aspect of self-management.

A frequent clinical observation I have made with my patients demonstrates why this omission is important: my ADHD young adults do NOT complain that they get distracted while working, though they do to some extent. They complain that they cannot MOTIVATE themselves to get started. The motivation is lacking and lagging. When they do get distracted, they cannot Motivate themselves to get started again, even if they remember that they should. And the parents in my practice complain quite regularly that the most disruptive feature of their adolescents' ADHD is their inability to regulate intense emotions, especially in family and peer relationships.

When a child has ADHD, they are struggling with a major executive function impairment. Unfortunately, and tragically, ADHD children are very likely to have an accompanying **specific learning disability**. They are also very likely to have a **concomitant psychological disorder**, such as an anxiety disorder, a mood disorder, or a behavioral disorder. The research suggests that ADHD children and teens have a 50%-70% chance of having a co-occurring psychological disorder. Another equally significant majority also have a specific learning disability beyond ADHD itself, with reading and writing disorders at the top of the list.

An adult ADHD person is 6X more likely than his or her non-ADHD peer to have a comorbid psychological disorder. In general, you can assume your ADHD child or teen or adult has at LEAST twice the rate of almost every other psychological disorder than their non-ADHD peers, including anxiety, depression, autistic disorder, substance use disorder, obsessive-compulsive disorder, or bipolar disorder. The prevalence rates are even higher for certain disorders, like Oppositional Disorder and Impulse Disorder.

Why might this be? Here is my answer:

Because ADHD is unique in that it is a malfunction in the chief operating system of the human brain, our bionic computer. Because of this malfunction in the chief operating or central self-management system, many other systems that relate to the proper functioning of the brain's internal interconnectivity are compromised. The co-occurrence at such high

rates of so many Psychological Disorders and Learning Disabilities with ADHD is no accident.

As Dr. Thomas E. Brown states: “ADHD is a complex problem in the unfolding development of the brain’s self-management system, its executive function.” ((Brown, ADHD and Asperger Syndrome...))

Before finishing with the topic of what ADHD is, let’s reflect on the concept of Executive Functioning. Our brain’s chief operating system promotes interconnectivity between and amongst parts of the brain by enabling neurons to effectively connect so that learning occurs and practical, competent functioning is enabled. ADHD is a compromise of that system. Therefore, we would expect the chief executive functions of the brain to manifest dysfunction and distress in ADHD children, teens and adults. We would expect that a compromise in the self-management system of the brain would show up pervasively and persistently. And, indeed, that is what we find.

The six primary executive functions, again according to Thomas E. Brown, Ph.D., correspond to six core activities in learning and living:

Activation, Focus, Effort, Emotion, Memory and Action. (AFEEMA)

1. **Activation:** as in organizing, prioritizing and activating to start a project;
2. **Focus:** as in focusing and sustaining attention and flexibly shifting amongst tasks;
3. **Effort:** regulating alertness, sustaining effort and motivation, and processing effectively;
4. **Emotion:** regulating and managing frustration and modulating emotion;
5. **Memory:** utilizing working memory for practical living;
6. **Action:** monitoring oneself in action and regulating and adjusting action for best result.

All of these functions are interfered with in ADHD children, teens and adults.

Encouragingly, there is growing evidence that the brain “fills in” more predictably, effectively and fully when children and teens are given the following evidence-based treatment interventions: medication, school intervention, child coaching and parent counseling.

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