Hallmarks of ADHD

- Distractibility
- Dysregulation of Attention
- Impulsivity
- Hyperactivity (optional)
- Impersistance at a Boring Task
- Arousal Difficulties
- Difficulty Initiating

Optimal Arousal

Arousal Curve

Tests

Storns

Hyperactivity

Sleepy

Under arousal

Aroused

Over arousal

Memory for complex, unfamiliar information and behavioral control

Who turned out the Lights?!

This is what your brain looks like "ON" ADHD.

Photo Source: Zametkin et al., 1990

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Slow processing speed is reported by researchers to exist in one-fourth to one-half of students with ADHD-Inattentive Type.

**Processing Speed Influences:**
- Sustained Attention
- Executive Functions
- Memory
- Academic Achievement
- Behavior
- Social Competence

**Obsessive-Compulsive Disorder (OCD)**
- Intrusive, repetitive unwanted thoughts (obsessions), and/or
- Repetitive or ritualized behaviors (compulsions)
- Some compulsions may not be observable (such as counting)

**Treatment for Sluggish Cognitive Tempo or Slow Processing Speed Disorder**

The Fast ForWord® Program

© 2011 Challenging Kids, Inc.
Common Obsessions

Obsessions are intrusive, repetitive, unwanted thoughts, and can provoke profound anxiety.

- Symmetry and Order
- “Just Right Feeling”
- Doubting and Worrying (leads to indecisiveness)
- Perfectionism (work, words, people, appearance)
- Need to experience sensations (burn, cuts)
- Dirt, germs, cleanliness, contamination
- Counting or lucky numbers or words
- Aggressive thoughts or images (sexual or gruesome)
- Dangerous or terrifying thoughts
- Religious or moral scrupulosity

Common Compulsions

Compulsions are repetitive, ritualistic behaviors frequently associated with obsessions.

- “Just Right Syndrome” (e.g., objects, responses)
- Ordering, counting, arranging, evening up, checking
- Touching, fiddling
- Cleanliness, smelling objects
- Superstitions
- Doing what is forbidden
- Needing to finish or ask same questions
- Stuck perseverating, repeating, erasing, rewriting
- Picking, nail biting, pulling hair (Trichotillomania)

A Real Balancing Act...

Getting OCD Off My Land!

Exposure Response Prevention Therapy

Non-OCD Anxiety Disorders

Anxiety may cause a “fight or flight” response and lead to school avoidance or refusal.

- Separation Anxiety
- Generalized Anxiety
- Specific Phobias
- Panic
- Post-Traumatic Stress
- Social Anxiety
- Selective Mutism
The Hallmark of Tourette Syndrome

Motor Tics  Vocal Tics  Sensory Tics

Tics are brief, purposeless, repetitive involuntary movements or sounds that usually occur in bouts. Tics may be simple or complex and are often confused with allergies, habits, or misbehavior.

Not All That Tics is Tourette

- Chronic Tic Disorders
- Transient tics
- Medication-induced tics
- Tics due to trauma

General Facts

- It is one of the most common neurological disorders of childhood. It is vastly under diagnosed. It knows no cultural or racial boundaries.
- 1:100 prevalence
- Average onset 3-9 years
- 10% for all tic disorders
- Is passed from generation to generation and can be affected by internal or external stressors in the environment.
Symptoms or Misbehavior?

- touching
- echopraxia
- copropraxia
- echolalia
- coprolalia
- palilalia

Mood Disorders

- Dysthymia
- Depression
- Bipolar Disorder
- Cyclothymia

Signs of Mood Disorders

- Too serious
- Hallucinations (voices)
- Excessive guilt
- Sleep disturbance
- Appetite disturbance
- Down mood
- Feels worthless
- Agitation
- Concentration impaired
- Energy loss
- Suicidal thoughts

News Flash: Depression

Students AT RISK!!!

- Approximately 3.4 million children in the U.S. suffer from depression. Less than half receive treatment.
- 5% of adolescents will experience major depression.
- Suicide is the third leading cause of death in youth aged 15 - 24.
**Features of Mania/Hypomania**

- Euphoria or marked irritability.
- Grandiose thoughts.
- Impulsivity and/or disruptive behavior.
- Hallucinations (severe cases).
- Change in sleep pattern: insomnia + excessive energy may indicate mania.
- Racing thoughts, rapid speech.
- Highly distractible.

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**Autism Spectrum Disorder**

**Key Features**

- Social Interaction Difficulties
- Communication Deficits
- Narrow Interests
- Inflexibility and Repetitive Behaviors
- Comprehension Deficits

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**Sleep Problems**

- Impaired attention and memory
- Increased hyperactivity and impulsivity
- Bullying and aggressive behaviors
- More accidents
- Depressed mood
- Long-term memory deficits

---

**PANS, PITANDS, and PANDAS, Oh my!**

- Pediatric
- Acute-onset
- Neuropsychiatric Syndrome

- Pediatric
- Infection
- Triggered
- Autoimmune
- Neuropsychiatric Disorder

- Pediatric
- Autoimmune
- Neuropsychiatric Disorder
- Associated with Strep

---

**Sleep Problems**

- Impaired attention and memory
- Increased hyperactivity and impulsivity
- Bullying and aggressive behaviors
- More accidents
- Depressed mood
- Long-term memory deficits
Sensory Integration

- Takes place from infancy through childhood. A child usually matures and is well integrated by 8-10 years of age, but sensory processing continues to be refined throughout life.
- Occurs on an unconscious level, whereas thinking and cognition are more conscious processes.
- Is developed and/or enhanced by sensory experiences.

Sensory Defensiveness

- Smelling
- Seeing
- Tasting
- Hearing
- Touching
- Pain*
- Proprioceptive
- Vestibular

* Added by Pruitt

Photocredit C. Wang

Hey, you forgot Oppositional Defiant Disorder!!

Did Not!!!
The “Dreaded Book Bag Diagnostic Test”

Photo credit: Colleen Wang

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“He is such a good boy. I just don’t know enough things to tell him not to do.” - Ferrell Sams

EXECUTIVE SKILLS

• Set Goals
• Initiate
• Prioritize
• Pace
• Plan
• Sequence
• Organize

EXECUTIVE SKILLS

- Shift
- Use Feedback
- Inhibit
- Self-Monitor
- Problem Solve
- Execute
- Generalize

EXECUTIVE SKILL

Set Goals

EXECUTIVE SKILL

Initiate

Family

Work

Friends
**INITIATE**

- Routines with checklists
- Verbal or visual cue to start
- Work with peers
- Break up tasks
- Activity before starting
- Provide model work sample
- Teach brainstorming
- Pick topics of interest

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**EXECUTIVE SKILL**

**Prioritize**

---

**EXECUTIVE SKILL**

**Pace**

---

**Written Expression and Projects**

- Divide the assignment into small parts with a definite time schedule.
- Show them what a finished product will look like.
- Monitor progress towards intermediate deadlines.
Planning involves anticipating the outcome of your strategy before selecting it.

Two-Step Process
Plan Your Work and Work Your Plan
+ P.L.A.N.
  Problem defined!
  Lay out options!
  Act on one!
  Now evaluate!
EXECUTIVE SKILL

Sequence

THE SEQUENCE OF LONG DIVISION

VISUAL CUE

VERBAL CUE

Daddy, Mother, Sister, Brother

COGNITIVE CUE

Dirty Marvin Smells Bad

(Divide) (Multiply) (Subtract) (Bring Down)

EXECUTIVE SKILL

Organize

Organizing Materials: Do’s

Have A Stash of Supplies

© Teaching The Tiger, 1995
© Leslie E. Packer, Ph.D., 2000
You announced a change in plans. She’s handling it quite well, isn’t she?

(Pre warnings give them a head start to change)

Executive functions have been the “hidden curriculum.”

It’s time to explicitly teach them.

* Richard Lavoie
Inhibit

- Put your hand in front of your mouth.
- Write your question on a piece of paper so you can wait without forgetting.

Self-Monitor

This isn’t it!
Memory Functioning

Spared Memory
Short-Term Memory
Immediate Memory
Long-Term Memory
Declarative Memory
Semantic Memory
Episodic Memory

Impaired Memory
Short-Term Memory
Working Memory
Long-Term Memory
Procedural Memory
Prospective Memory
Metamemory
Strategic Memory

Word Retrieval
Is A
Memory Look Alike
Credits….

Thanks go to Leslie Packer, Ph. D. for her constant support and contributions for several of the power point slides used here today.

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Dedication

This program is cheerfully dedicated to the author’s family, who have cleverly managed to have almost every problem described. Any problem my husband and I did not have I gave birth to. They are my first, and best, teachers.
THE END

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