

# Paying Attention

BY MARY KLEST

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ILLUSTRATIONS BY FRANK KASY

**D**istracted can be a pet peeve to some and an uncontrollable impairment for others. When it becomes too difficult to pay attention at school or work, families, physicians, and therapists are taking a closer look as to why it's so hard for some to stay focused. With no simple answers to offer, getting a dose of perspective is a positive place to start.

*Editor's note: Family member names are changed to respect their privacy.*

Bob recalls tucking his legs under the seat of a small chair at the back of his son Phillip's second-grade classroom. Within minutes he was shocked at what he saw. "Phillip wasn't paying attention. He's fidgeting, pulling on his shirt sleeve, dropping his pencil, rolling things off his desk, getting up to sharpen his pencil, going to get a drink of water. When the teacher asked a question, Phillip raised his hand immediately. When called on to answer, he had forgotten the question," Bob says.

Bob pulls on his own shirt while describing what he saw that day. He was there because a teacher expressed concern at a parents' conference. She also told them Phillip was a very good reader. "My wife and I agreed to have a school psychologist observe him, so I wanted to see what the psychologist would see," Bob says of his classroom visit.

He remembers asking the teacher what they should do; it's a question he would often repeat. At the time, he and his wife Jane were living fast-track corporate lives on the East Coast, away from extended family and the feeling of a hometown. They say Phillip was a curious child, always wanting to read books, though he had a quick temper, and often forgot to do chores. He is Bob and Jane's first child and they weren't sure what to expect.

In an effort to learn more about attention problems, Bob and Jane began to read books and consulted outside professionals together. "We'd get coffee afterwards and talk about what we heard and our thoughts about it," said Jane.

Bob and Jane initially refused medication as a suggested treatment. In third grade, Phillip became frustrated and irritable; his relationship with his teacher and family worsened. Bob especially became frustrated with his son's inability to get things done. Phillip had few, if any friends. "It was a very stressful time," says Bob. "The waves were small, but we could see the tide coming in." When they discovered Phillip had a high IQ, they became more dismayed at his inability to perform at school. He was pulled out of the classroom for reading instruction with learning disabled students because he could not finish anything he started.

After reviewing a stack of reports and an hour-long interview with Phillip and his family, a psychiatrist diagnosed him with attention deficit hyperactivity disorder, which is what the disorder is called whether hyperactivity exists or not. This time when medication was recommended, Phillip's parents agreed. "Medicine is not a cure-all," says Bob. They watch Phillip's diet and introduce more structure, using stickers and lists to help him get organized. They reinforce

good behavior and give him the feedback he needs. "We try to keep a very predictable environment," says Jane.

They moved to Barrington as Phillip was entering the fourth grade. His test scores were good, so he was placed in an extended (gifted) reading program. "The teachers were much more positive here [in Barrington]," says Jane.

Bob joined a local support group headed by a psychologist whose daughter has ADHD. "I learned a lot talking with other parents," says Bob. "People came out of the woodwork over this issue." He learned more about himself, too. Much of Bob's frustration was in part due to his own undiagnosed symptoms of ADHD. He is now being treated for the disorder.

His views on child rearing shifted. "I went from 'We'll build this boy into what we want him to be' to 'Let go and let him be who he needs to be.'" Bob credits his treatment for ADHD as well as teachers in District 220 for gaining this insight. He says his son, who is now in high school, is happy.

Bob, Jane, and Phillip are not alone. A Mayo Clinic report found as many as 16 percent of school-aged children could have attention deficit or hyperactive disorder. Roughly 4.4 million (7.8 percent) of school-age children in the United States have been diagnosed with ADHD. A male ratio of 4-to-1 is cited by the U.S. Department of Health and Human Services. One and a half million of those children take Ritalin (Methylphenidate), a central nervous system stimulant used to reduce ADHD symptoms. The diagnosis is not restricted to children. An estimated 9 million (4.4 percent) of U.S. adults have been diagnosed with this disorder. Researchers are still looking for a standard method of measuring its true prevalence.

### **What's going on?**

The inability to direct one's attention is attributed to many different factors. The U.S. Department of Health and Human Services speculates that ADHD is due to genetics, prenatal complications, or neurotransmitter deficits. Others believe it's a fast-paced society, stress, poor diet, TV, video games, increasing academic demands, or poor parenting. Physicians and therapists



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don’t agree on what is causing attention problems, but they know the problem is growing. Barrington family practice physician Dr. Michael Reilly says, “Each year there are more and more people with attention problems.”

Parents are often baffled to see their child hyperfocus on areas of interest such as video games or books but are unable to pay attention at school.

“The problem comes with controlling their attention,” says Barrington psychiatrist Sharyl Balkin. She uses this analogy: “Imagine the president sitting in a meeting with his cabinet members. The secretary of agriculture wants to talk about the price of corn, while the secretary of defense is talking about military strategies. It is the president who steers them back to the topic of the meeting. Having ADHD is like being in that meeting without a president.” Her first recommendation for families suspecting an attention problem is to find a physician who will take the time to make an accurate diagnosis. Second, she suggests they read *Driven to Distraction*, by Dr.

Edward M. Hallowell and Dr. John J. Ratey. The book takes an encouraging tone and includes ways to compensate for and even benefit from ADHD characteristics.

In general, ADHD symptoms include distractibility, impulsivity, restlessness, and sometimes hyperactivity. Perspective plays a role in living with this disorder. These same traits might be interpreted as absorbed, spontaneous, curious, and energetic.

There are no blood tests, psychological tests, or brain scans that can accurately identify a person with ADHD. The diagnosis is made mainly through observing behavioral patterns and rating of symptoms by family members, teachers, psychologists, and medical doctors. The symptoms must be severe enough to impair a person’s life in major activities such as school, work, or getting along with others.

The diagnosis is officially based on the *Diagnostic and Statistical Manual of the American Psychiatric Association* criteria, which are:

- 1.) Presence of six out of nine inattention symptoms or six out of nine hyperactivity/impulsivity symptoms.
- 2.) Symptoms present for six or more months, which have been present before the age of 7.
- 3.) Impairment is observed in two or more settings.
- 4.) Not due to other conditions.

Secondary symptoms from this disorder may include low self-esteem, depression, boredom and frustration with school, impaired peer relations, violent behavior as a result of frustrations, and sometimes alcohol and drug abuse.

### What is it?

Brain researchers know that when ADHD exists, neurotransmitters (or messengers) in the brain do not speak to each other in the same way as in other people's brains. Those with ADHD cannot stop or inhibit certain behaviors and emotions.

The heritability of this disorder is roughly 80 percent, second only to that of adult height, which is about 90 percent. What causes a genetic predisposition to express itself is a mystery, but environment is always important in behavior.

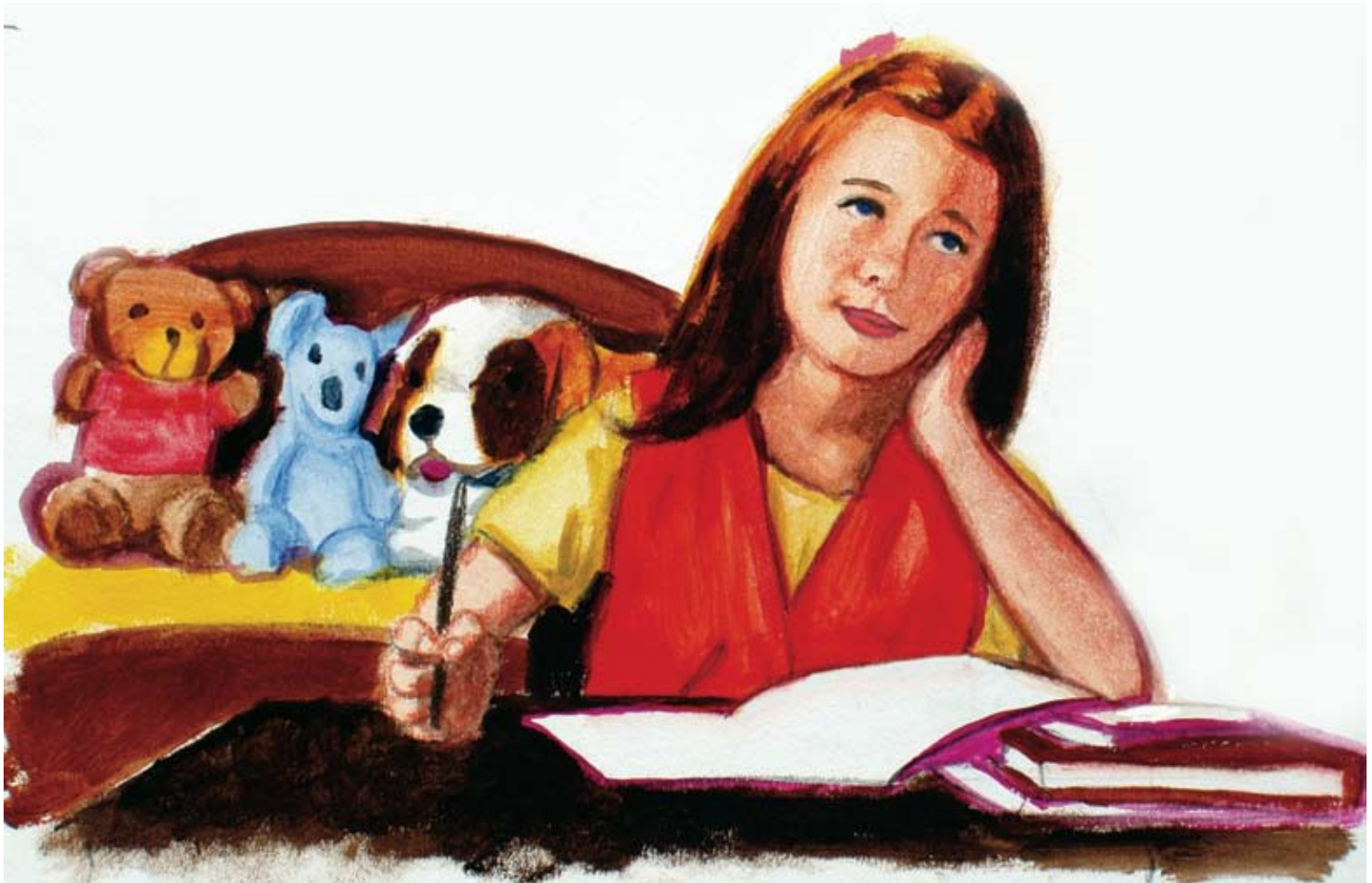
ADHD is not a specific learning disability and it does not disable any one cognitive function. Dr. Kathryn Black, academic testing psychologist for District 220's extended program for gifted students, says, "High intelligence often comes hand-in-hand with a need for high stimulation. Some children are more sensitive to the loss of stimulation and get bored easily."

People with this disorder are known to be great multitaskers; many highly intelligent people have ADHD characteristics. Successful professionals who have spoken publicly about having ADHD are Paul Orfalea, founder of Kinko's; Terry Bradshaw, quarterback for the Pittsburgh Steelers; David Neeleman, founder of JetBlue Airways; and interior designer Ty Pennington.

### Back to school

A student needs to pay attention at school to learn. District 220's Special Services Director Connie Simon says the district works to provide each student with an opportunity to learn. "Many children have attending issues. Through an Independent Education Plan (IEP), we carve out a plan that will meet the individual needs of the child. It is not one size fits all." The school team may include teachers, a school psychologist, diagnosticians, and parents working together. Wherever there is a weakness, Simon believes it is always important to focus on a child's strengths.

Phillip's IEP allows him to take extra time on tests and provides for other accommodations such as preferential seating in a classroom so he can focus more easily on the teacher. He's trained himself to shut out many things that





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use to distract him. His advice for other children is: “Don’t bring anything to school except books, no electronics, including cell phones. Do your homework right when you get home so you don’t get distracted with other things. Don’t doodle when you’re supposed to be listening to the teacher.” Children learn for themselves what works. Nobody’s experience is the same.

### Looking for answers

If Phillip lived in another country or in another time, chances are he would not be taking medicine for his attention disorder. Research demonstrates that ADHD exists in about the same percentage of children in other cultures. With 5 percent of the world’s population, the U.S. consumes 80 percent of the Ritalin manufactured. Members of the American Academy of Pediatrics are calling for better monitoring of aggressive advertising by drug companies to the public and to physicians. Doctors acknowledge feeling pressure from well-intentioned, misguided parents.

Medication has become a quick, inexpensive, and apparently safe route for many U.S. families. Parent expectations of high achievement and

conformity make it an easy bait to bite, but it is not a simple road to travel. Every medical authority interviewed for this story warned of potential abuse of medications (especially in high school and college) and the need for vigilance in monitoring doses. Stimulants can raise heart rates and blood pressure in some people.

Perspectives on attention problems are nearly endless. One Barrington grandmother says, “We called those kids ‘bad actors’ when I was in school. One of my own daughters was very active. There are sacrifices parents need to make. We thought that our time and patience would eventually be rewarded with good behavior. And it was. My daughter calmed down by high school and is now a teacher.” What scientists now know of the brain basis of ADHD makes it unlikely for some, though not all, children to “grow out of it.”

The inherent challenge in addressing ADHD is deciding whether to force the round peg into a square hole. Medication may be part of the solution with the guidance of a medical professional. The other question to ask revolves around our own expectations. Is restructuring the environment the

best solution or is it possible to embrace the nonconformist? What would Curious George be without his curiosity?

“Treatment options depend on what the parents and children are capable of,” Dr. Reilly says. “Kids do better when the parents agree with each other and everybody is on the same page.” He provides medication when needed and when the patient can tolerate it. He also suggests cognitive or behavioral therapy for some people. He follows standard practice in scheduling follow-ups every two to three months to determine how the person is doing.

A lot of information about diet and its impact on attention problems is unfounded. Some research is controversial and physicians may recommend what they know. Lauren Florian, a registered dietitian at Advocate Good Shepherd Hospital, advises people to follow a healthy, well-balanced diet as described in the U.S. Department of Agriculture’s Food Guide Pyramid, which includes whole grains, lean protein, fruits, and vegetables. She bases her dietary recommendations on the American Dietetic Association’s guidelines and an online, evidence-based library that includes recent research studies. She says, “It’s always best to check with a doctor or registered dietitian before changing a diet or starting any supplements.”

Psychologist Cheryl Borst of Advocate Good Shepherd Hospital says parents in the Barrington area are very reflective in their decisions about treatment. “They understand it is not clear-cut. There are a lot of factors that go into treatment. Parents have been more conservative in the last couple of years about meds being a quick fix for ADHD. They are more willing to explore multimodal treatment approaches for their children.”

Borst has seen interesting success with hyperactivity and attention problems with using biofeedback. “Via computer technology, people can see how deep breathing, meditation, and more positive ways of thinking affect brain waves, heart rate, and the relaxation response. It’s a kind of thermometer that shows what control they have over their internal systems. It promotes the idea that people can monitor and improve attention, concentration, and the low stress tolerance often associated with ADHD.”

Like most children, Phillip loses track of time and forgets to do things. “My emotions were magnified from one extreme to another. I would become hyperfocused and not be able to pay attention to anything else. I would read a question on a test and get stuck. People told me to just skip that question, but I couldn’t,” Phillip says of his life before medication. He reveals his diagnosis only to close friends. He then adds, “There’s no social taboo. It’s accepted.”

Phillip, now 15, sits at ease in an overstuffed chair in his family’s den, which is surrounded by bookshelves. Along with *Artemis Fowl*, *Eragon*, and *Catch 22* are *The Optimistic Child*, *Setting Limits*, *The Myth of the ADD Child*, *Emotional Intelligence*, and *Positive Discipline*. Phillip enjoys being a member of a high school team where athletic coaches can channel excess energy to a favorite sport activity. He talks enthusiastically about his desire to be a chemist. With the good habits he is learning and support from his family, friends, and school, chances are he and others with ADHD will reach their full potential. U

*This article, its author, and its publisher do not intend nor provide any medical or other professional advice or recommendations for the diagnosis or treatment of ADHD. Anyone concerned about treatment for attention problems should seek advice from a licensed medical professional.*

## Resources

### Barrington Area Special Voices:

Local PTO-like organization helping special needs children, parents, and teachers in the Barrington area: [www.baspecialvoices.org](http://www.baspecialvoices.org)

**National nonprofit organization** providing education, advocacy, and support for children and adults with attention deficit/hyperactivity disorder (CHADD): <http://chadd.org>

**12 Effective Ways to Help Your ADD/ADHD Child: Drug-Free Alternatives for Attention-Deficit Disorders** by Laura J. Stevens (2000): [www.nlm.nih.gov/nlci/nutrition/](http://www.nlm.nih.gov/nlci/nutrition/)

**Biofeedback: Advocate Good Shepherd Hospital** Center for Stress Medicine, learn more effective responses and behaviors to bring relief and improvement to a variety of disorders: <http://www.advocatehealth.com/gshp/services/mind/stress/#biofeedback>

**Driven to Distraction** by Dr. Edward M. Hallowell and Dr. John J. Ratey

**For a listing of symptoms of ADHD**, visit: <http://www.cdc.gov/ncbddd/adhd/symptom.htm>.



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