

## *A. The Broad Continuum of Attention Problems*

### 3 Facts Sheets:

- (1) Developmental Variations
- (2) Problems
- (3) Disorders



The American Academy of Pediatrics has produced a manual for primary care providers that gives guidelines for psychological behaviors that are within the range expected for the age of the child, problems that may disrupt functioning but are not sufficiently severe to warrant the diagnosis of a mental disorder, and disorders that do meet the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) of the American Psychiatric Association.

The pediatric manual provides a way to describe problems and plan interventions without prematurely deciding that internal pathology is causing the problems. The manual's descriptions are a useful way to introduce the range of concerns facing parents and school staff. Therefore, these descriptions provide the bases for the following presentation of attention problems commonly seen in school settings.

## ***(1) Developmental Variations: Behaviors within the Range of Expected Behaviors for That Age Group\****

### DEVELOPMENTAL VARIATION

#### Hyperactive/Impulsive

##### Variation

Young children in infancy and in the pre-school years are normally very active and impulsive and may need constant supervision to avoid injury. Their constant activity may be stressful to adults who do not have the energy or patience to tolerate the behavior.

During school years and adolescence, activity may be high in play situations and impulsive behaviors may normally occur, especially in peer pressure situations.

High levels of hyperactive/impulsive behavior do not indicate a problem or disorder if the behavior does not impair functioning.

### COMMON DEVELOPMENTAL PRESENTATIONS

#### Infancy

Infants will vary in their responses to stimulation. Some infants may be overactive to sensations such as touch and sound and may squirm away from the caregiver, while others find it pleasurable to respond with increased activity.

#### Early Childhood

The child runs in circles, doesn't stop to rest, may bang into objects or people, and asks questions constantly.

#### Middle Childhood

The child plays active games for long periods. The child may occasionally do things impulsively, particularly when excited.

#### Adolescence

The adolescent engages in active social activities (e.g., dancing) for long periods, may engage in risky behaviors with peers.

### SPECIAL INFORMATION

Activity should be thought of not only in terms of actual movement, but also in terms of variations in responding to touch, pressure, sound, light, and other sensations. Also, for the infant and young child, activity and attention are related to the interaction between the child and the caregiver, e.g., when sharing attention and playing together.

Activity and impulsivity often normally increase when the child is tired or hungry and decrease when sources of fatigue or hunger are addressed.

Activity normally may increase in new situations or when the child may be anxious. Familiarity then reduces activity.

Both activity and impulsivity must be judged in the context of the caregiver's expectations and the level of stress experienced by the caregiver. When expectations are unreasonable, the stress level is high, and/or the parent has an emotional disorder (especially depression ...), the adult may exaggerate the child's level of activity/impulsivity.

Activity level is a variable of temperament (...). The activity level of some children is on the high end of normal from birth and continues to be high throughout their development.

\*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care*. (1996) American Academy of Pediatrics.

Note: Dots (...) indicate that the material has been abridged at that point or that the original text refers to another section of the resource that is not included in this guide.

**(2) Problems--Behaviors Serious Enough to Disrupt Functioning with Peers, at School, at Home, but Not Severe Enough to Meet Criteria of a**

PROBLEM	COMMON DEVELOPMENTAL PRESENTATIONS
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**Hyperactive/Impulsive**

**Behavior Problem**

These behaviors become a problem when they are intense enough to begin to disrupt relationships with others or begin to affect the acquisition of age-appropriate skills. The child displays some of the symptoms listed in the section on ADHD predominantly hyperactive/impulsive subtype. However, the behaviors are not sufficiently intense to qualify for a behavioral disorder such as ADHD, or of a mood disorder (see section on Sadness and Related Symptoms), or anxiety disorder (see section on Anxious Symptoms).

A problem degree of this behavior is also likely to be accompanied by other behaviors such as negative emotional behaviors or aggressive/oppositional behaviors.

**Infancy**

The infant squirms and has early motor development with increased climbing. Sensory underreactivity and overreactivity as described in developmental variations can be associated with high activity levels.

**Early Childhood**

The child frequently runs into people or knocks things down during play, gets injured frequently, and does not want to sit for stories or games.

**Middle Childhood**

The child may butt into other children's games, interrupts frequently, and has problems completing chores.

**Adolescence**

The adolescent engages in "fooling around" that begins to annoy others and fidgets in class or while watching television.

**SPECIAL INFORMATION**

In infancy and early childhood, a problem level of these behaviors may be easily confused with cognitive problems such as limited intelligence or specific developmental problems (...). However, cognitive problems and hyperactive/ impulsive symptoms can occur simultaneously.

A problem level of these behaviors may also be seen from early childhood on, as a response to neglect (...), physical/sexual abuse (...), or other chronic stress, and this possibility should be considered.

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***(3) Disorders that Meet the Criteria of a Mental Disorder as Defined by the Diagnostic and Statistical Manual of the American***

DISORDER	COMMON DEVELOPMENTAL PRESENTATIONS
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**Attention-Deficit/Hyperactivity Disorder**

**Predominantly Hyperactive-Impulsive Type**

This subtype should be used if six (or more) of the following symptoms of hyperactivity-impulsivity (but fewer than six symptoms of inattention [...]) have persisted for at least 6 months. They present before the age of 7 years. The symptoms need to be present to a significantly greater degree than is appropriate for the age, cognitive ability, and gender of the child, and the symptoms should be present in more than one setting (e.g., school and home).

Hyperactive-impulsive symptoms:

These symptoms must be present to a degree that is maladaptive and inconsistent with developmental level, resulting in significant impairment.

**Hyperactivity**

- often fidgets with hands/feet or squirms in seat
- often leaves seat in classroom or in other situations in which remaining seated is expected
- often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- often has difficulty playing or engaging in leisure activities quietly
- is often "on the go" or often acts as if "driven by a motor"
- often talks excessively

**Impulsivity**

- often blurts out answers before questions are completed
- often has difficulty awaiting turn
- often interrupts or intrudes on others

**COMMON DEVELOPMENTAL PRESENTATIONS**

The infant squirms frequently and has early motor development with excessive climbing. The infant has a hard time focusing on people or objects and squirms constantly. The infant does not organize purposeful gestures or behavior. The infant may show interest in gross motor activities such as excessive climbing but may also have difficulties in motor planning and sequencing (imitating complex movements). However, these behaviors are nonspecific and a disorder diagnosis is extremely difficult to make in this age group.

**Early Childhood**

The child runs through the house, jumps and climbs excessively on furniture, will not sit still to eat or be read to, and is often into things.

**Middle Childhood**

The child is often talking and interrupting, cannot sit still at meal times, is often fidgeting when watching television, makes noise that is disruptive, and grabs from others.

**Adolescence**

The adolescent is restless and fidgety while doing any and all quiet activities, interrupts and "bugs" other people, and gets into trouble frequently. Hyperactive symptoms decrease or are replaced with a sense of restlessness.

**SPECIAL INFORMATION**

Specific environmental situations and stressors often make a significant contribution to the severity of these behaviors, though they are seldom entirely responsible for a disorder-level diagnosis of these behaviors. Situations and stressors that should be systematically assessed include:

- Marital discord/divorce (...)
- Physical abuse/sexual abuse (...)
- Mental disorder of parent (...)
- Other family relationship problems (...)

Difficulties with cognitive/adaptive skills, academic skills, and speech and language skills often lead to frustration and low self-esteem that contribute to the severity of these behaviors. These conditions may also co-exist with ADHD and therefore should be systematically assessed.

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## DISORDER, CONTINUED

### **Predominantly Hyperactive-Impulsive Type, Continued**

Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years. Some impairment from the symptoms is present in two or more settings (e.g., at school and at home). There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning. The symptoms do not occur exclusively during the course of an autistic disorder (see following differential diagnostic information), and are not better accounted for by another mental disorder (see following differential diagnosis information).

### **Combined Type**

This subtype should be used if criteria, six (or more) symptoms of hyperactivity-impulsivity and six (or more) of the symptoms of the inattention (...), have persisted for at least 6 months.

### **Attention-Deficit/Hyperactivity Disorder, NOS**

(see DSM-IV Criteria ...)

## COMMON DEVELOPMENTAL PRESENTATIONS

### SPECIAL INFORMATION

Specific environmental situations and stressors often make a significant contributions to the severity of these behaviors, though they are seldom entirely responsible for a disorder-level diagnosis of these behaviors. Situations and stressors that should be systematically assessed include:

Marital discord/divorce, (...)  
Physical abuse/sexual abuse, (...)  
Mental disorder of parent, (...)  
Other family relationship problems, (...)  
Loss/bereavement, (...)

Difficulties with cognitive/adaptive skills, academic skills, and speech and language skills often lead to frustration and low self-esteem that both contribute to the severity of these behaviors. These conditions may also co-exist with ADHD and therefore should be systematically assessed.

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## FACT SHEET

### Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder

In contrast to *developmental variations* expected within the range of expected behaviors for the age group and to *behaviors serious enough to disrupt functions (but not severe enough to meet criteria of a mental disorder)*

#### A. Either (1) or (2)

(1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

#### *Inattention*

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental efforts (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

(2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted or at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

#### *Hyperactivity*

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which is it inappropriate ...
- (d) often has difficulty playing or engaging in leisure activities
- (e) is often "on the go" or often acts as if "driven by a motor"
- (f) often talks excessively

#### *Impulsivity*

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactivity-impulsive or inattentive symptoms that caused impairment were present before age 7 years

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupations functioning...

From the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition. Washington, DC. American Psychiatric Association, 1994.