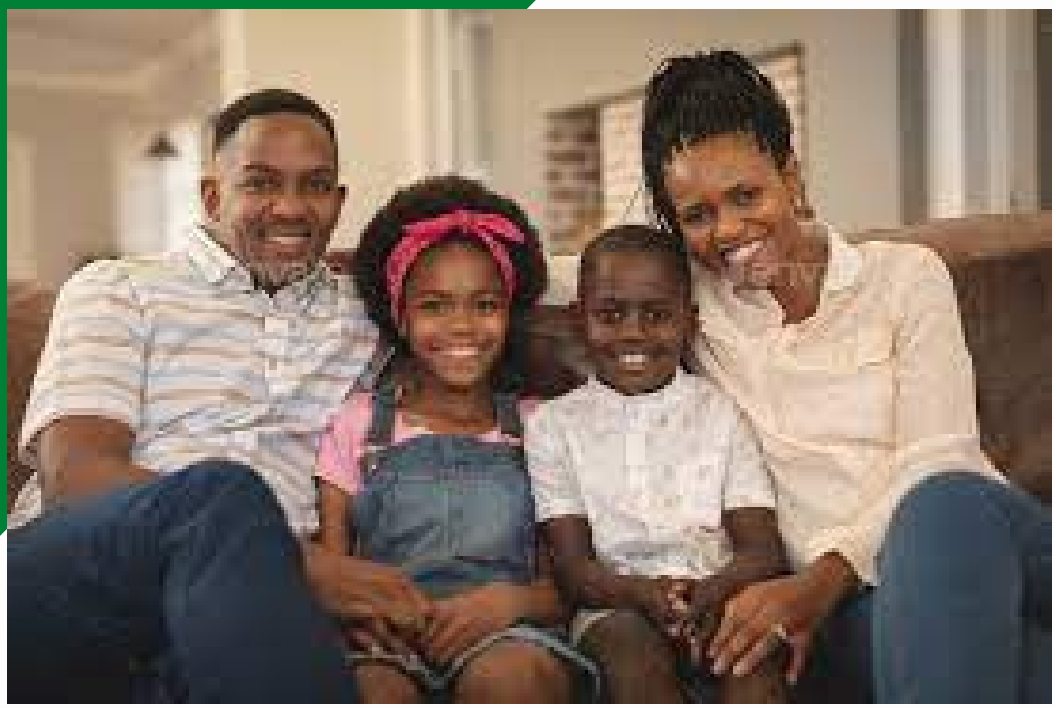
MARCH 2022 | ISSUE NO. 61

BMC JOURNAL

The monthly newsletter of
Behavior Management Consultants



PARENTS WERE STUCK INSIDE WITH THEIR KIDS. A RISE ADHD DIAGNOSES SOON FOLLOWED

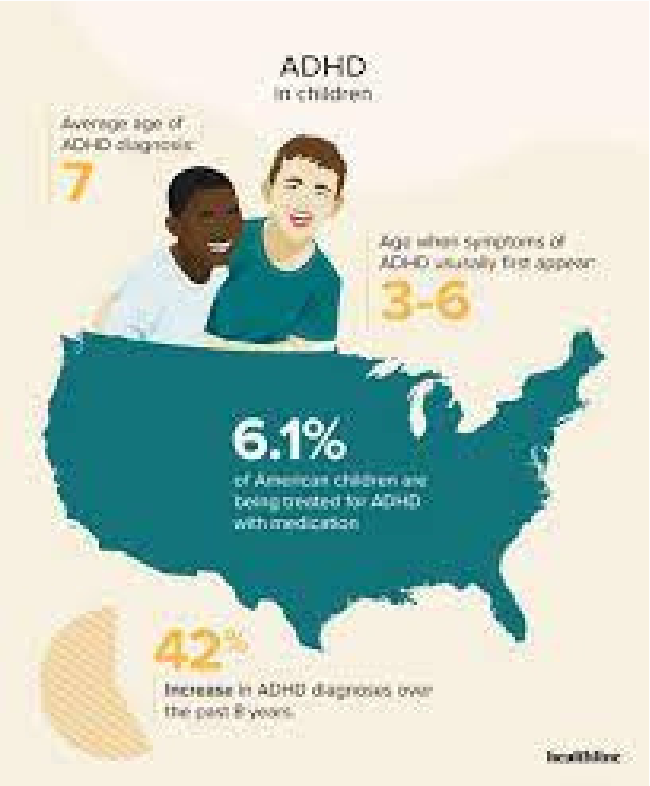
Parents were stuck inside with their kids. A rise ADHD diagnoses soon followed

Children are bored, isolated, and oversaturated with technology, but what's new? Well for starters, during lockdowns their parents got a glimpse of what teachers see every day. That led to something curious happening: having millions of children cooped up at home with their parents, instead of at school, led to an increase in diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD).

Yet the rise in diagnoses has renewed a long-standing debate over ADHD in children: is it under-diagnosed, or over-diagnosed? Answering that is harder to suss out — and may even depend on who you ask.

Longstanding stigma against mental illness permeates American culture, especially when it comes to cognitive functioning. Nevertheless, ADHD diagnoses have consistently increased since the 1990s. Roughly one out of every 10 children and adolescents between the ages of 3 and 17 living in the US have a current ADHD diagnosis. That number stands to grow further after many parents witnessed firsthand how their children struggled to stay attentive in remote classes.

Learning deficits such as ADHD sometimes go unaddressed for years or even a lifetime, the impact of which is demoralizing if not outright dangerous. Risks associated with ADHD — substance abuse, criminal behavior, academic adversity, and significantly greater social and financial hardship — are generally more severe in the absence of cognitive behavioral therapy and, yes, medication when appropriate. Nobody — save for pharmaceutical companies — wants to see droves of children endlessly and pointlessly prescribed Ritalin as a catch all for "inconvenient" behavior. For children with ADHD, a diagnosis is the first step toward building a toolkit to not only function but also have the ability to thrive.



"We know in giving that correct diagnosis that they transition through adolescence safer — with less high-risk behavior; they're safer drivers; there's a big picture as to why we need to be correctly diagnosing these kids," Dr. Judith Hunt explained.

Although ADHD is the most common neurodevelopmental disorder among children, it remains underdiagnosed, she asserted.

"The overdiagnosis of children gets much more attention and press because that is a conflict zone, but the underdiagnosis of children is actually what I see more," she reported in reference to her pediatric practice in Payson, a town of 15,000 in the heart of Arizona.

When school moved online, Dr. Jonathan Cartsonis saw his 13-year-old son disengage from his studies. As an educator, Dr. Cartsonis understands the importance of experiential components of learning. Specializing in rural healthcare, he emphasizes individualized learning strategies and community engagement with his own medical students. Then the diagnosis came. It was for ADHD, but after in-person learning resumed Dr. Cartsonis thought otherwise.

"It was a byproduct of too many hours sitting at the computer, too much homework, not enough social engagement, and not enough exercise," he wrote to Salon. "The supposed ADHD symptoms evaporated when he was back in person, in school."

A greater willingness among parents to acknowledge problems when they arise offers a cautious dose of optimism. Cases of misdiagnosis do not negate that fact. Rather, they indicate the necessity for more open and honest dialogue about developmental challenges as they arise. Dr. Hunt says this is exactly what happened, and we have pandemic lockdowns to thank. Perceptions of educators and parents are more connected than ever.

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developmental challenges as they arise. Dr. Hunt says this is exactly what happened, and we have pandemic lockdowns to thank. Perceptions of educators and parents are more connected than ever.

"When the parents weren't quite as involved in the child's learning all day long — parents would sometimes discount what the school was saying, And then when they had the child at home for doing school learning, um, I received a lot more phone calls from parents saying that I do think that my child needs help."

She added, "It was parents calling in because they were feeling desperate and trying to help their child learn."

Even after in-person learning resumed Dr. Hunt has seen more parents seeking a diagnosis of ADHD for their children, indicating a significant attitude shift toward mental health. Ultimately, there may not be an increased rate of diagnoses, though it is quite likely. Because the US suffers from abysmally slow and antiquated reporting for childhood health data, it will be quite some time before we know for sure whether anecdotal evidence is accurate.

Preparing to answer that question once more data is available, a November 2021 study published in Nature's peer-reviewed journal Nature Reports examined pre-pandemic data on ADHD to supply a baseline for socioeconomic and geographic risk factors. Dr. Goran Bozinovic suggested the report demonstrates the need for a significant overhaul in the way ADHD diagnoses are reported in the US. If the speed and precision with which the US government reported COVID-19 data is any indication, the problem is in the mechanism of collection itself.

"To effectively model and mitigate the ADHD epidemic and similar national health crises, the U.S. should rely on comprehensive, county-specific, near real-time survey and epidemiological data reporting," the report read. "Such data streams paired with longitudinal data normalized to census numbers are critical components of a primary prevention program development and implementation."

While ADHD diagnoses have become dramatically more prevalent since the 1990s, the increase has often been conflated with an epidemic without evidence. In part, the increase is a natural progression as dismissive attitudes about mental illness started to abate. However, the actual number of people with ADHD, diagnosed or not, is simply not well understood.

"When we talk about an epidemic, we're talking about why you need a good reference point — to see how the trend actually changes over time," he responded when asked to clarify the use of the term. "It depends how you break the data down."

Can Someone Develop ADHD as an Adult?

A lot of people see ADHD as something that occurs during childhood, and it is true that ADHD is most diagnosed in children. Furthermore, the symptoms associated with the ADHD must be present during childhood. Still, when it can develop is still a good question and many adults wonder if they have had ADHD all along after undergoing changes in symptoms or when they learn about some of the issues associated with ADHD.

Before delving into the differences of ADHD between children and adults and the development of ADHD throughout a lifetime, it is important to know exactly what ADHD is.

What is ADHD?

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that begins to develop during childhood. It causes a wide range of symptoms including inability to focus, impulsive behaviors, organizational challenges, hyperactivity, and difficulty paying attention.

The causes of ADHD are not completely known, but it seems that genetics can influence the risk of ADHD. Therefore, the condition does run in families so if you have a parent or other family member that has been diagnosed with ADHD, then it is more likely that you will have it as well. In addition, environmental and lifestyle do not cause ADHD, but these types of factors can influence the development or worsen the symptoms of the disorder.

While there is not a cure for ADHD, there are plenty of treatment options that can be highly effective. Medications and behavioral therapy are the most common treatment options that can help to reduce the symptoms drastically.

Also, adults may grow out of ADHD and notice a reduction in symptoms, but it is not very common to do so, and most people will have similar severity and frequency of symptoms during adulthood that they experienced as a child.

If you want to know more about ADHD and the challenges that it can cause, check out the articles and resources that BetterHelp has to offer. They also have professional advice and information about managing symptoms that can be beneficial.

Now that you know what ADHD is, can it begin when you are already fully grown?

Can ADHD Develop During Adulthood?

Since an ADHD diagnosis requires symptoms to be present during childhood, it is technically impossible to develop ADHD as an adult. The signs of ADHD must be noticeable and contribute to impairment before the age of 12 for it to be a diagnoseable condition.

However, this does not mean that someone cannot first be diagnosed with ADHD after reaching adulthood. While it is likely a different condition or issue if you did not notice any symptoms before adulthood, many adults do recognize symptoms of ADHD during adulthood and can easily trace them back to early childhood. This can lead to a diagnosis of ADHD later in life.

Sometimes the symptoms went unnoticed by caretakers, or nobody knew to look for ADHD as a potential condition even if the symptoms seemed to point to it. In addition, symptoms can also change from childhood to teen years and change again during the adult years. While all of the symptoms are signs of ADHD, the changes could cause an adult to mention something to their doctor that they never did when they were younger.

Symptoms During Childhood

The symptoms of ADHD during childhood are often the types of symptoms most people think of when they think about attention-deficit hyperactivity/disorder. Research shows that children are more likely to display hyperactive and impulsive behaviors and symptoms.

During grade school, children with ADHD may be unable to pay attention and may fidget, lose focus, and act out more than their peers. They may get in trouble with teachers and interrupt lessons. Children with ADHD may not be able to sit still without causing a disruption and these symptoms will not get much better during childhood as other children mature and

Symptoms During T

A lot of change occ changes include the symptoms of ADHD. tations and must do more to care for th ition, there is more pressure from grades

While this can be and become more noticeable during these years, which can hinder a teen's ability to achieve their goals and accomplish the things they want to do. It can also make it harder to participate in certain activities.

A teen with ADHD may have poor self-esteem and compare their frustrations in school and social life with their peers. They may also be unable to pay attention and may engage in risky behaviors like drug use or reckless driving. These symptoms are present during childhood but can be more pronounced during teen years because of the increase in responsibilities and self-care.

Symptoms During Adulthood

Even though ADHD cannot develop during the adult years, the symptoms may be different than they were during childhood or teenage years. While some people have reduced symptoms, others may still have similar severity of signs. The symptoms often look different because an adult is unlikely to disrupt meetings or act on impulses.

Adult symptoms may appear more like forgetfulness or distraction. An adult with ADHD may become frustrated and may fidget throughout the day. They may have difficulty with task management and organization and may find it hard to keep up with busy schedules.

Conclusion

Sometimes adults will recognize symptoms of ADHD that are getting in the way of livelihood or well-being. However, the symptoms of this disorder cannot begin during adulthood. Still, adults can be diagnosed with ADHD for the first time and the treatment may help to improve symptoms and quality of life.

Signs of Autism Differ in Brains of Boys, Girls

Researchers have discovered differences between the brains of girls and boys with autism that they say may improve diagnosis of the developmental disorder in girls.

"We detected significant differences between the brains of boys and girls with autism, and obtained individualized predictions of clinical symptoms in girls," said study senior author Vinod Menon, a professor of psychiatry and behavioral science at Stanford University.

"We know that camouflaging of symptoms is a major challenge in the diagnosis of autism in girls, resulting in diagnostic and treatment delays," Menon said in a university news release.

In the study, he and his university colleagues used artificial intelligence to analyze MRI brain scans from 637 boys and 136 girls with autism worldwide.

Girls had different patterns of connectivity from the boys in several brain centers, including motor, language and visuospatial attention systems. The largest differences between the sexes were in a group of motor areas.

Among girls, the differences in motor centers were linked to the severity of their motor symptoms. Girls whose brain patterns were most similar to boys tended to have the most significant motor symptoms of autism.

The researchers also identified language areas that differed between boys and girls, and noted that previous studies have found greater language impairments in boys with autism than in girls with autism.

The brain differences between girls and boys with autism were not seen in youngsters without the condition.

The study was published online Feb. 15 in the British Journal of Psychiatry.

Autism is diagnosed in four times as many boys as girls, and most autism research has focused on males, the researchers noted.

"When a condition is described in a biased way, the diagnostic methods are biased," study lead author Kaustubh Supekar, clinical assistant professor of psychiatry and behavioral sciences, said in the release. "This study suggests we need to think differently."

Girls with autism generally have fewer repetitive behaviors than boys, which may contribute to delays in diagnosing the condition, according to the researchers.

"Knowing that males and females don't present the same way, both behaviorally and neurologically, is very compelling," said Dr. Lawrence Fung, an assistant professor of psychiatry and behavioral sciences who treats patients with autism at Stanford. He was not part of the study.

"If the treatments can be done at the right time, it makes a big, big difference," said Fung. "The consequences are really serious if they are not getting diagnoses early."

The Challenges of Bipolar Disorder in Young People

Symptoms in children may initially be mistaken for other conditions, and young people may suffer serious distress for years.

I was doing research and interviews on bipolar disorder when notices appeared in my Brooklyn neighborhood about a 21-year-old man who had been missing for a week. He was described as “bipolar” and “may be experiencing a manic episode.”

It took me back nearly seven decades when the state police in Texas called my father to say they had found his brother, my favorite uncle, wandering on a highway. How he got there from Brooklyn we never learned. He had apparently suffered a psychotic break and ended up in a New York State mental hospital that administered electric shock treatments but did little else to help him re-enter society effectively.

Not until decades later did he receive a correct diagnosis of manic depression, now known as bipolar disorder. Characterized by extreme shifts in mood, “manic-depressive illness” was officially recognized by the American Psychiatric Association in 1952. But it would be many years before an effective treatment, the drug lithium, which acts on the brain to help stabilize debilitating episodes of severe mania and depression, was available to help my brilliant uncle resume a reasonably normal life.

Bipolar disorder typically runs in families, with different members experiencing symptoms to a greater or lesser degree. If a parent has the disorder, a child’s risk can rise to 10 percent. My uncle’s only child displayed some minor behavioral characteristics of bipolar disorder, like very rapid speech and frenetic activity, but was able to complete two advanced degrees, marry, be a parent and succeed in an intellectually demanding career.

Bipolar disorder is most often diagnosed in the later teen years or young adulthood, affecting some 4 percent of people at some point in their lives. But in recent decades, diagnosis of the disorder has soared in children and adolescents, although some experts believe the condition is overdiagnosed or overtreated with potent psychiatric drugs.

Symptoms in children may initially be mistaken for other conditions, such as ADHD (attention deficit/hyperactivity disorder) or oppositional defiant disorder, and young people may suffer serious distress at home and in school for years. As David Miklowitz, professor of psychiatry at UCLA School of Medicine, told me, there is still "an average lag of 10 years between the onset of symptoms and getting proper treatment."

Based on studies of patients' histories, Dr. Boris Birmaher, professor of psychiatry at the University of Pittsburgh School of Medicine, reported, "In up to 60 percent of adults with bipolar disorder, onset of mood symptoms occurred before age 20. However, pediatric bipolar disorder is often not recognized, and many youth with the disorder do not receive treatment or are treated for comorbid conditions rather than bipolar disorder."
Yet, Dr. Birmaher, who specializes in early onset bipolar disease, argues: "Pediatric bipolar disorder severely affects normal development and psychosocial functioning, and increases the risk for behavioral, academic, social and legal problems, as well as psychosis, substance abuse and suicide. The longer it takes to start appropriate treatment, the worse the adult outcomes."

With early detection, which is most likely to occur when there is a family history of bipolar disorder, some affected young people may respond well to family and behavioral therapy that obviates the need for medication, Dr. Miklowitz suggested.

There is often resistance to treating children with drugs. Dr. Terence A. Ketter, retired professor of psychiatry at Stanford University, said one problem is that “faced with a bunch of badly behaved children, authorities want to give them antipsychotics to make them behave, but if they’re overtreated they can become like zombies.” In agreement with Dr. Miklowitz, he said, “On average it takes about a decade and three different doctors to get children the right diagnosis and treatment.”

Another challenge to proper diagnosis and treatment stems from the boundless energy and extraordinary productivity and creativity that can accompany bouts of mania. Not until the mania reverts to severe depression or, as happened to my uncle, psychosis, might a young person with bipolar disorder be likely to receive needed medical attention.

Ronald Braunstein, conductor of the Me2 Orchestra he created with Caroline Whiddon to support talented people with mental illness, recalled that he was riding a manic wave of artistic achievement in his early 20s when a crippling depression caused a professional and personal crash. Yet for decades he was not treated properly and experienced repeated cycles of great successes as a conductor followed by major failures.

I asked Mr. Braunstein, now 65 and for the last 14 years finally being treated effectively for bipolar disorder, what he recalled about early signs of his mental illness.

“Everything seemed off in my early teens — I didn’t feel emotionally balanced,” he said. “Things were weirder than they should have been as a teenager. My father once took me to a psychiatrist who diagnosed me as having ‘bad nerves.’”

As he described one early symptom of mania, “I wanted to learn how to fly, and I thought if I ran down a hill fast enough and tilted my hands in a certain angle I would have flown. In high school I told fellow students I knew how to fly and I went to the top of a building to demonstrate. Fortunately, they talked me down.”

He said, “I didn’t know what was wrong or that it could be treated.” He added that for parents of teenagers, who may have difficulty recognizing abnormal behavior in adolescents, “it’s sometimes hard to distinguish what is illness and what is normal grandiosity or normal sadness that might have been caused by a breakup with a girlfriend.”

Dr. Birmaher noted that young people with bipolar disorder usually have recurring episodes of major depression, but that “depressive episodes are not necessary for making the diagnosis.” For some, mania is the primary symptom.

When depression is the symptom that brings patients to professional attention, the correct diagnosis can be especially tricky. As Dr. Ketter explained, depressed individuals may be unable to recall previous episodes of mania that occurred when they were not depressed.

Dr. Miklowitz said one of the first signs of bipolar disorder is “mood dysregulation — the child is angry or depressed one moment, then is excited and happy and full of ideas moments later.”

He listed characteristics of mania that can help parents distinguish them from normal teenage highs and lows. The symptoms, several of which should be noticeable to other people, can include “grandiose thinking, decreased need for sleep, rapid or pressured speech and/or flight of ideas, racing thoughts, distractibility, excessive goal-driven activity, and impulsive or reckless behavior,” Dr. Miklowitz said.
With depressive symptoms, he suggests looking for “an impairment in functioning — suddenly not going to school or going late, not finishing homework, sleeping through classes, a drop in grades, not wanting to eat with anyone else, talking about suicide, self-cutting.”

Depending on the severity of a child’s impairment, if nonlife-threatening symptoms are caught in the early teens, Dr. Miklowitz said it may be possible to start with psychotherapy and avoid medication, which has side effects. “But if the child’s life is at risk, if he can’t function at home or at school, medication may be the answer,” he said. “There are risks to not medicating.”

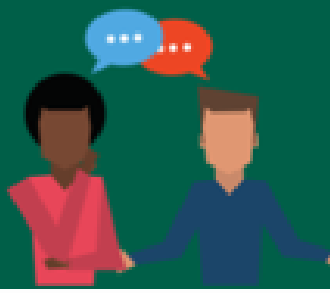
When medication is necessary, he said, the dosage should be just high enough to control symptoms and not be overly sedating.

IMPORTANT NUMBERS

IF YOU NEED HELP, PLEASE MAKE THE CALL

GET THE SUPPORT YOU NEED

YOU ARE NOT ALONE



National Suicide Prevention Hotline: 1-800-273-8255

National Domestic Violence Hotline: 1-800-799-7233

Runaway and Homeless Teen Hotline Help: 1-800-246-4646

Coalition for the Homeless: 212-776-2000

Drug and Alcohol Hotline: 800-622-2255

Food and Hunger Hotline: 866-888-8777

Homeless Services Hotline: 212-533-5151

Rape Crisis Hotline: 212-227-3000

National Child Abuse Hotline: 1-800-422-4453

National Teen Dating Abuse Helpline: 1-866-331-9474

Crisis Lifeline for LGBTQ Youth: 1-866-488-7386

Boys Town National Hotline: 800-448-3000

American Pregnancy Helpline: 866-942-6466

Behavior Management Consultants believes that, “No Child is Born Bad”. Our mission is to educate, mentor, and assist parents, caregivers, and professionals to cope with, socialize, and identify values important to today’s youth.

The goal is to serve public and private social service organizations including, but not limited to:

- Residential Treatment Facilities (RTFs)
- Juvenile Detention Centers
- Residential Treatment Centers (RTCs)
- Public Schools
- Community Based Organizations (CBOs)

We are confident that we will meet our goals thereby ensuring that our clients are being kept abreast in the ever-changing landscape of Human/Social Services.

Quote of the Month

“Never be limited by other people’s limited imaginations.”

—Dr. Mae Jemison, first African-American female astronaut

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