

## **“The Social Dimensions of ADHD: A ‘Neurosocial’ Perspective”**

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ADHD is not caused by parenting or environmental factors (except those causing severe brain damage). Most cases of ADHD (80 – 85%) are genetic in origin. Damage to different neural networks and differences in brain development may cause ADHD symptoms as seen in FAS, and high lead. Over half of all ADHD children will suffer social rejection because of social interaction problems and impulsivity. From 6-7% of children and 4% of adults worldwide have ADHD. Girls have more social problems from ADHD than boys.

ADHD is best treated with meds and biofeedback. Talk therapy and skills training don't help when the person can't discern and understand the non-verbal cues he/she needs to know to employ their own skills. They are “blind” to emotions because of how their brain is wired. They may need meds to help them stay calm and teach them relaxation. Having a brain that quadruples after birth allows us to learn from the environment and not just pass all intelligence/mental abilities on through genetics. Complex brain wiring develops when people interact with others and the outside world. This allows for the development of language, a social system, parental bonds, and culture.

From 45 – 75% of ADHD persons show co-morbid Central Auditory Processing Disorder. The natural development for most ADHD persons is from the Predominantly Hyperactive Type to the Predominantly Inattentive Type as they develop better physical/impulse control and awareness of social context. Inattentive ADHD is a separate and distinct disorder from the Combined Type. ADHD Combined Type have no concept of time passage. They have “now” and “not now” and “not now” is not important. Most likely in the Diagnostic and Statistical Manual of Mental Disorders – V (DSM-V), the Combined Type will be in the Disruptive Behavior Disorders Section; the Inattentive Type will be elsewhere.

Inattentive Type ADHD individuals have difficulty in the following areas:

- Difficulty organizing and activating work
- Sustaining attention and concentration
- Sustaining energy and effort
- Managing affective interference
- Utilizing working memory and accessing recall
- Processing speed

The Multimodal Treatment Study of Children with ADHD (MTA Study) done in 1999 was done on four groups utilizing:

1. Experimental medications (currently in use) Ritalin, Dexedrine, etc.
2. Behavior modification – 2 hrs. tutoring/day, group social skills training, etc.
3. Experimental medications and behavior modification
4. Community Services – go get the services that are available

The study concluded that the groups that were treated with experimental meds alone and the group treated with meds and therapy did equally well or slightly better. The combined group used 20% less meds. Medication also improved their social interaction. The Behavior Modification group did better than the placebo and the Community Treatment group only had 25% decline in symptoms.

Combined treatment helps with social interaction, peer relationships, parent/child relationships and academic outcomes. 92% of Combined Type will respond to stimulant medications. Kids with early onset of stimulant medications develop larger brains and stronger bones and have no long-term differences in height and weight compared to control groups.

