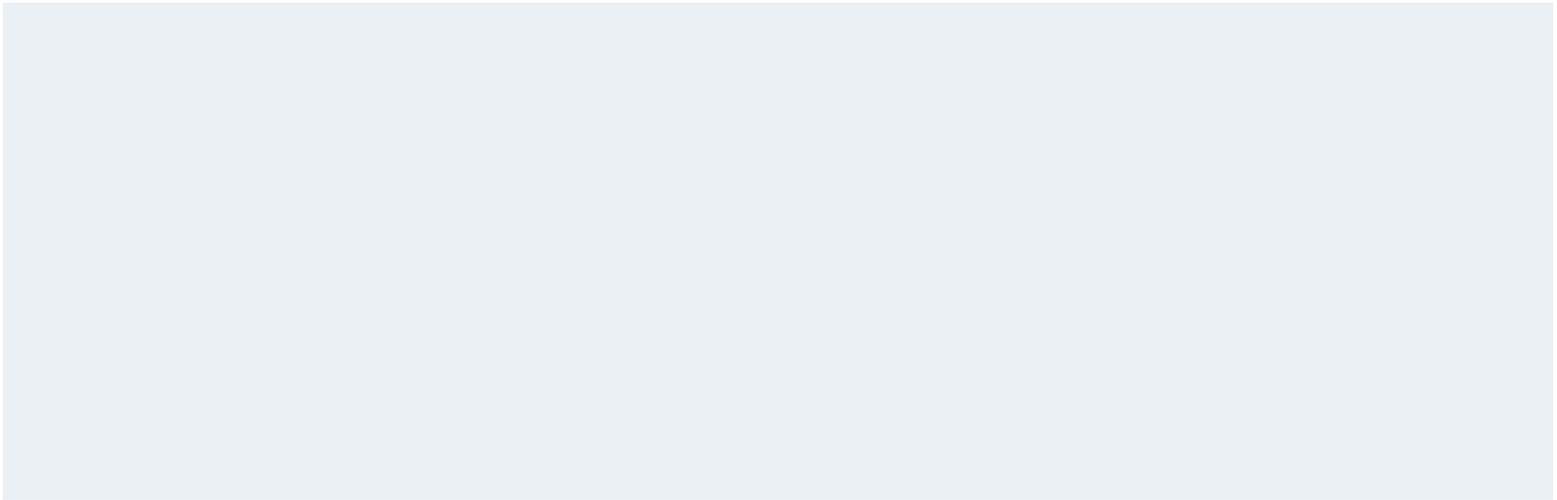


# ADHD Intensive

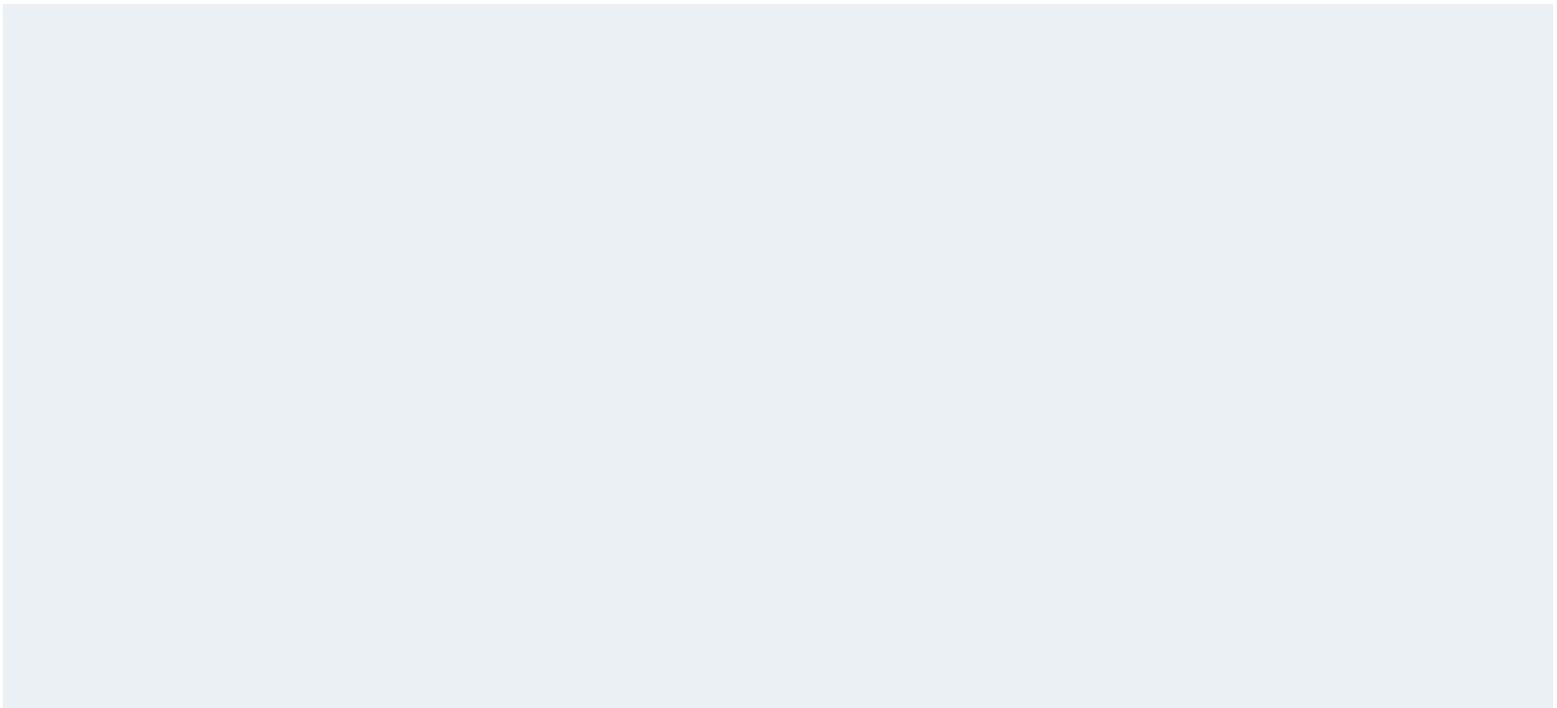
## Module 1: ADHD Basics

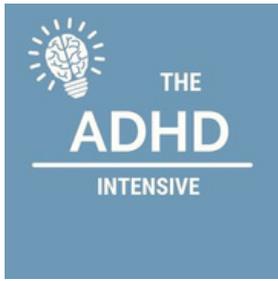
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### INTRO



### Myths About ADHD





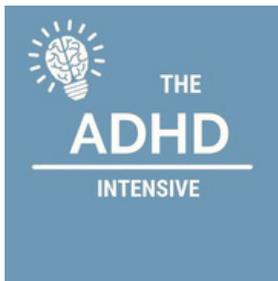
# ADHD Intensive

## Module 1: ADHD Basics

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### Truths About ADHD

### The Paradox of ADHD



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### Signs of ADHD

Unexplained underachievement

A wandering mind

Trouble organizing and planning

A high degree of creativity and Imagination

Trouble with time management and a tendency to procrastinate

Strong will, stubbornness, refusal of help

Generosity

Restlessness

Unique sense of humor

Trouble sharing and playing with others early on, but at the same time, a desire to make friends

Sensitivity to criticism or rejection

Impulsiveness and impatience

An itch to change the conditions of life

High energy

Uncannily accurate intuition

Honest to a fault

Susceptibility to addictions and compulsive behaviors of all kinds

Tendency to blame others will not seem their role in the problem

Distorted negative self-image



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### DSM-5 Diagnostic Criteria for ADHD

#### DSM-5 Diagnostic Criteria for ADHD

Symptoms and/or behaviors that have persisted  $\geq 6$  months in  $\geq 2$  settings (e.g., school, home, church). Symptoms have negatively impacted academic, social, and/or occupational functioning. In patients aged  $< 17$  years,  $\geq 6$  symptoms are necessary; in those aged  $\geq 17$  years,  $\geq 5$  symptoms are necessary.

<b>Inattentive Type Diagnosis Criteria</b>	<ul style="list-style-type: none"> <li>• Displays poor listening skills</li> <li>• Loses and/or misplaces items needed to complete activities or tasks</li> <li>• Sidetracked by external or unimportant stimuli</li> <li>• Forgets daily activities</li> <li>• Diminished attention span</li> <li>• Lacks ability to complete schoolwork and other assignments or to follow instructions</li> <li>• Avoids or is disinclined to begin homework or activities requiring concentration</li> <li>• Fails to focus on details and/or makes thoughtless mistakes in schoolwork or assignments</li> </ul>
<b>Hyperactive/Impulsive Type Diagnosis Criteria</b>	<p><b>Hyperactive Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Squirms when seated or fidgets with feet/hands</li> <li>• Marked restlessness that is difficult to control</li> <li>• Appears to be driven by “a motor” or is often “on the go”</li> <li>• Lacks ability to play and engage in leisure activities in a quiet manner</li> <li>• Incapable of staying seated in class</li> <li>• Overly talkative</li> </ul> <p><b>Impulsive Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Difficulty waiting turn</li> <li>• Interrupts or intrudes into conversations and activities of others</li> <li>• Impulsively blurts out answers before questions completed</li> </ul>
<b>Additional Requirements for Diagnosis</b>	<ul style="list-style-type: none"> <li>• Symptoms present prior to age 12 years</li> <li>• Symptoms not better accounted for by a different psychiatric disorder (e.g., mood disorder, anxiety disorder) and do not occur exclusively during a psychotic disorder (e.g., schizophrenia)</li> <li>• Symptoms not exclusively a manifestation of oppositional behavior</li> </ul>
<b>Classification</b>	<p><b>Combined Type:</b></p> <ul style="list-style-type: none"> <li>• Patient meets both inattentive and hyperactive/impulsive criteria for the past 6 months</li> </ul> <p><b>Predominantly Inattentive Type:</b></p> <ul style="list-style-type: none"> <li>• Patient meets inattentive criterion, but not hyperactive/impulse criterion, for the past 6 months</li> </ul> <p><b>Predominantly Hyperactive/Impulsive Type:</b></p> <ul style="list-style-type: none"> <li>• Patient meets hyperactive/impulse criterion, but not inattentive criterion, for the past 6 months</li> </ul> <p>Symptoms may be classified as mild, moderate, or severe based on symptom severity</p>

Source: DSM-5 Diagnostic and Statistical Manual of Mental Disorders, 5th edition; ADHD: attention deficit

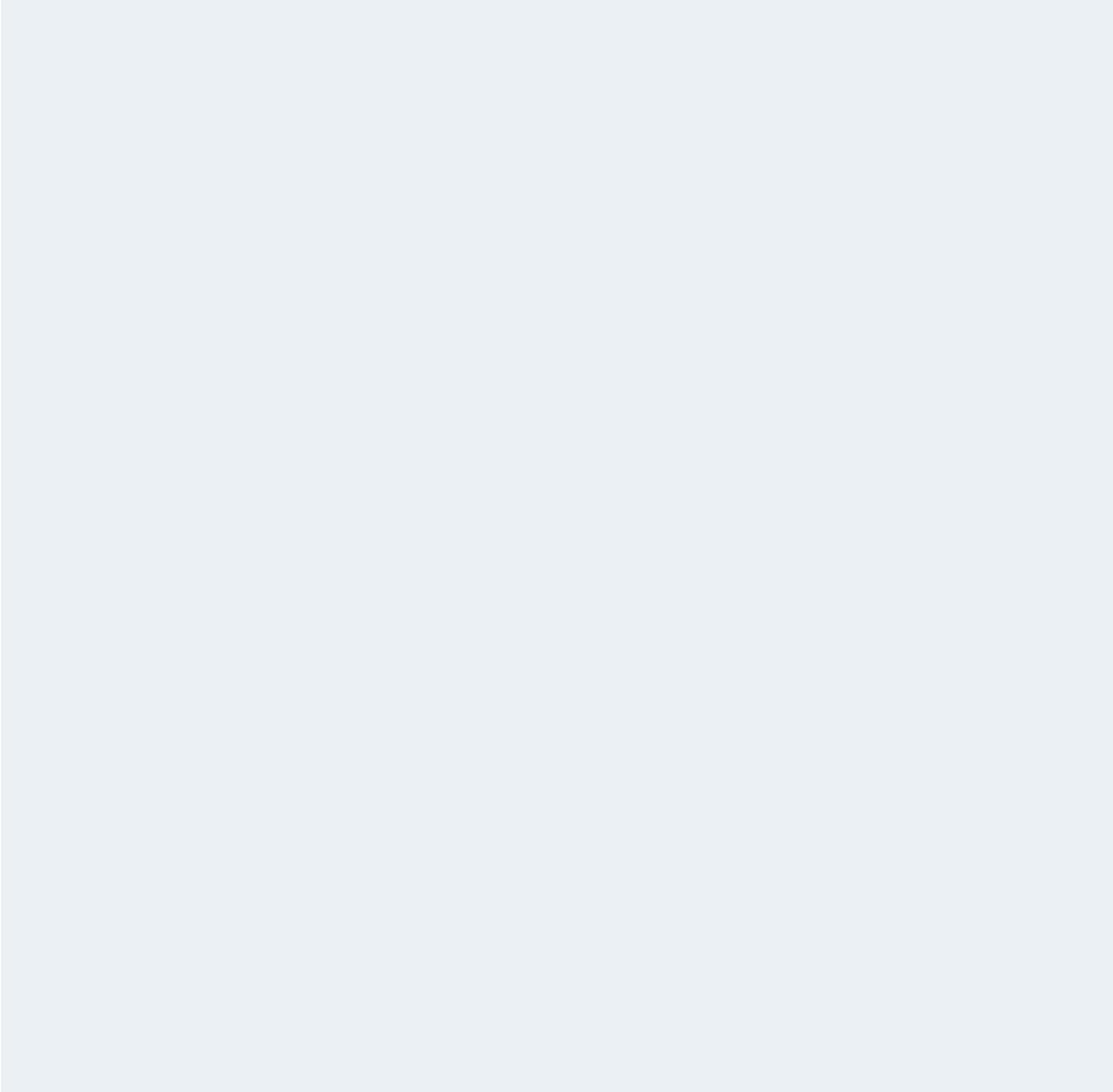


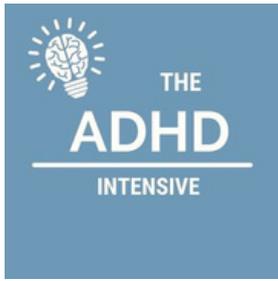
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### Diagnosing ADHD





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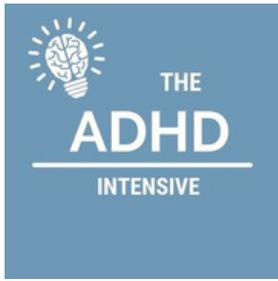
### Causes of ADHD

Nature and Nurture

Understanding the ADHD Brain

The Focused Brain and the Relaxed Brain

ACE



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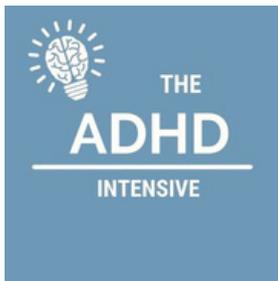
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Wrap Up

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My Key Takeaways

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# ADHD Intensive

## Module 1: ADHD Basics

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### Resources

#### Books

*ADHD 2.0: New Science and Essential Strategies for Thriving with Distraction--from Childhood through Adulthood* Hallowell and Raley

*Feeling Smarter and Smarter: Discovering the Inner-Ear Origins and Treatment for Dyslexia/LD, ADD/ADHD, and Phobias/Anxiety* Harold Levinson, MD

#### Websites

Adverse Childhood Experience Rating

<https://chhs.fresnostate.edu/ccci/documents/31%20Adverse%20Childhood%20Experience%20Scale.pdf>

DSM 5 Diagnostic Criteria for ADHD

[https://www.aafp.org/dam/AAFP/documents/patient\\_care/adhd\\_toolkit/adhd19-assessment-table1.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/adhd_toolkit/adhd19-assessment-table1.pdf)

Article on the connection between MFR (radiation) and ADHD

<https://ehtrust.org/key-issues/cell-phoneswireless/autism-adhd-wireless-electromagnetic-fields/>

Article showing example of balance exercises

<https://www.verywellfit.com/exercises-for-better-balance-3498203>