

Picture This:
ADHD





Picture This: **A Resource for Creators . . .**

Picture This is a guide to the key issues related to ADHD as identified by physicians, advocates, patients, policy makers, and others working to improve public awareness about ADHD in the media.



eic

Entertainment Industries Council

—Encouraging the Art of Making a Difference

Entertainment Industries Council, Inc.

www.eiconline.org

Picture This: ADHD is presented by the Entertainment Industries Council, Inc.
in collaboration with Shire.

Photo by Aaron Jackson taken October 11, 2011, for the Entertainment Industries Council, Inc.
The child depicted in the photo in this publication is a model and has not been diagnosed with ADHD.

Picture This: ADHD

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Acknowledgments

Researching health issues can be as basic as finding information on the Internet or as complex as delving into public policy and the philosophical positions of interest groups. Most important is the perspective of people who, for one reason or another, make a deeper commitment by dedicating their professional and personal time to a cause.

This document is a publication resulting from a formal meeting of experts in the fields of mental health as well as media panelists at the National Association of Broadcasters in Washington, D.C. Numerous organizations and individuals provided insight into the complex issues concerning attention deficit hyperactivity disorder and related concerns as we created *Picture This: ADHD*.

Thank You to our Participating Organizations

ADHD Awareness Week	Food and Drug Administration
ADHD Coaches Organization	JST Coaching
ADHD Resource Group of Northern Virginia	National Alliance on Mental Illness
American Academy of Child and Adolescent Psychiatry	National Association of Broadcasters
American Psychiatric Foundation	National Association of School Nurses
APCO Worldwide	National Association of Social Workers
Chesapeake ADHD Center of Maryland	National Institute of Mental Health
Children and Adults with Attention Deficit/Hyperactivity Disorder	The Flournoy Group LLC
Dissemination Center for Children with Disabilities	The Lab School of Washington
Drug Enforcement Administration	The Washington Office of Congresswoman Grace Napolitano

Thank You to Our Collaborator, Shire!

Special thanks to the **National Association of Broadcasters (NAB)** for hosting *Picture This: ADHD*. Thanks also to **Marcellus Alexander**, President, NAB Education Foundation; **Michael W. Skoien**, Vice President of Patient and Customer Excellence, Shire; **Joff Masukawa**, Vice President, Global Government Relations and Public Policy, Shire; and **Christopher Sarampote, Ph.D.**, Developmental Trajectories of Mental Disorders Branch, National Institute of Mental Health. Our appreciation also goes to our *Picture This* table facilitators, **Gary Kreps, Ph.D.**, Chair and Professor, Department of Communication, George Mason University; **Kathy Rowan, Ph.D.**, Professor, Department of Communication, George Mason University; **Anne Nicotera, Ph.D.**, Associate Professor, Department of Communication, George Mason University; **Rick Zimmerman, Ph.D.**, Chair and Professor, Department of Global and Community Health, George Mason University, and to our *Picture This* Entertainment Panel, **Dan Kaplow**, Producer, *United States of Tara*; **T. D. Mitchell**, Writer, *Army Wives*; **Carla Reed**, Senior On-Air Manager, BET Network; and **Tara Duncan**, Director of Scripted Programming, AMC Television.

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A Special Message to the Creative Community

When it comes to communicating about any health or social issue, competing messages are always out there. These messages create conflict, and ultimately, the true message can be lost on the audience that most needs to receive it. Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood disorders, affecting individuals throughout childhood and adolescence and into adulthood. The stigma attached to ADHD means that symptoms are often perceived as laziness or incompetence. We at Entertainment Industries Council, Inc. (EIC), recognize that this is not—and should not be—the way ADHD is perceived.



The media has an amazing ability to enter into our homes and our lives. Audiences can escape reality for a moment and focus on the trials and successes of their favorite characters. Educating audiences stems from the utilization of accurate depictions and informed storytelling. This is the reasoning behind EIC's *Picture This* Forums, and we are pleased to have collaborated with Shire and our hosts at the National Association of Broadcasters to present *Picture This: ADHD* in Washington, D.C. This forum gathered the nation's leaders in ADHD research, treatment, and management to frame the priority topics that need to be explored in order to dispel myths and increase awareness about ADHD.

This *Action Strategy* is the result of that meeting. It contains the priority topics presented by the experts, statistics, background information, and common myths about ADHD. It is our hope that this booklet will provide the tools you, as a creative professional, need to create accurate and authentic characters and storylines that will make a difference in people's lives. These tools should serve to ignite your creative process and provide new and interesting ways for your medium to inspire change.

Thank you for your commitment to the **ART of Making a Difference!**

Sincerely,

Brian Dyak
President, CEO & Co-Founder
Entertainment Industries Council, Inc.

Our *Picture This* Entertainment Panelists



Dan Kaplow

Producer, *United States of Tara*

"I'm a television and movie producer. I've been doing it for about 15 years. I've done small cable shows, and I've done very large cable shows and movies, as well. A studio or a network will approach me and say, 'Here's a script. How do we do it? How much will it cost?' And so, what I'll do in the very beginning is take a look at it, analyze it, and figure out how to make it, and then I'll present them with a budget. We [then] figure out what's going to make the most compelling story while being as accurate as we can. We develop a story. We research it. We figure out how to do it, where to do it, and what's important about it. When you work... accuracy is the most important thing."



Carla Reed

Senior On-Air Manager, BET Network

"We deal with a lot of [mental health] issues, but we have to [create] a twist and make it entertaining because that's what we're dealing with... We ask that you serve us a creative flavor that will entertain and grab the attention of our audience... I can guarantee you, it normally works every time... We need to give [ADHD] the accurate portrayal that it deserves and let everyone know that if you treat it properly, you can be healthy and happy."

Tara Duncan

Director of Scripted Programming, AMC Television

"The media is a very powerful tool to entertain but also to educate and enlighten. We don't necessarily pinpoint specific issues that we want to showcase, but we do always strive to tell an entertaining story from a human perspective... There are consequences to non-treatment [of ADHD], and people deal differently with the social and cultural constructs in coping with this disease. You can have someone who's suffering from it who's a CEO of a successful company or somebody who's an inmate in a jail. There is a wide range of character stories that you can explore."



T. D. Mitchell

Writer, *Army Wives*

"I think every week we get an opportunity to tell a new story; we also get opportunities to educate. We will reach out to organizations that facilitate access to experts... This may sound counterintuitive, but there is a social stigma attached to [ADHD] that will actually be useful for your cause in terms of portrayal in the media because social stigma makes for some good storytelling. What are the success stories? It's also useful for us as writers to understand that it isn't solved with a magic pill. There is a complicated upside to the issue that you're dealing with in your work."





Picture This: ADHD Speakers

Marcellus Alexander

President, National Association of Broadcasters Education Foundation

"The National Association of Broadcasters includes radio and television stations and networks across the country, such as: ABC, CBS, NBC, Univision, and Fox. As broadcasters, we believe that it's our responsibility to communicate information that helps our communities [and viewers]. With your help, we know that we'll be able to give producers and stations the opportunity to inform in a very important way on important issues. It is because of your work that our creative community [will be] inspired to come up with storylines that actually entertain, as well as inform, and that's a very key part of this relationship. This event is a true call to action to our constituents in the broadcast industry to help address health concerns that impact millions of people of all ages across the country."



Michael W. Skoien

Vice President of Patient and Customer Excellence, Shire

"We recognize at Shire that in order to make a real difference in the lives of patients and their families around understanding, accepting and managing ADHD symptoms, we need to think and act differently. We believe the television and movie community can help to make a positive difference for individuals and families that deal with the issues and challenges of ADHD on a daily basis through accurate and realistic portrayals of characters and stories."



Brian Dyak, EIC; Michael W. Skoien, Shire; Joff Masukawa, Shire

Dr. Christopher Sarampote

Developmental Trajectories of Mental Disorders Branch, National Institute of Mental Health (NIMH)

“ADHD is a brain disorder. We know that there are neurological and physiological differences in people who have ADHD versus those who do not, although getting a precise understanding for the individual person of what those differences are has been very difficult. We also know that there’s a strong genetic component; ADHD runs in families. We know that ADHD hits people of all ages. We now know that about 4% to 5% of adults ages 18 to 44 report experiencing symptoms and impairment associated with those symptoms. It’s something that doesn’t go away as you get older. It may change, but it certainly is still problematic. ADHD is treatable... Some [management] that has already been validated includes behavioral parent training and behavioral classroom management to help kids function both at home and in school. NIMH is very interested in identifying biomarkers so that we can know how large groups of people respond to treatment and how individuals respond to treatment. We continue to fund research to develop new treatments.”



Congresswoman Grace Napolitano

Congresswoman / Mental Health Caucus Co-Chair, 38th District of California

“Mental health is an issue we’ve been afraid to talk about for far too long. In the media and in our homes, we need to acknowledge that untreated mental health issues continue to cause suffering among our youngsters. Children deserve access to mental health services that make them happier, keep them on track in school, and help them meet their potential. Reducing the stigma surrounding a myriad of mental health issues in the media will bring these issues out in the open and help support the next generation.”



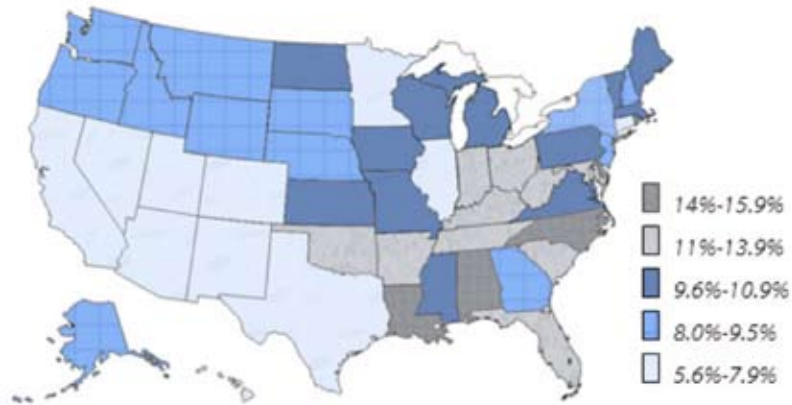
Dr. Christopher Sarampote, NIMH with participants at *Picture This: ADHD*





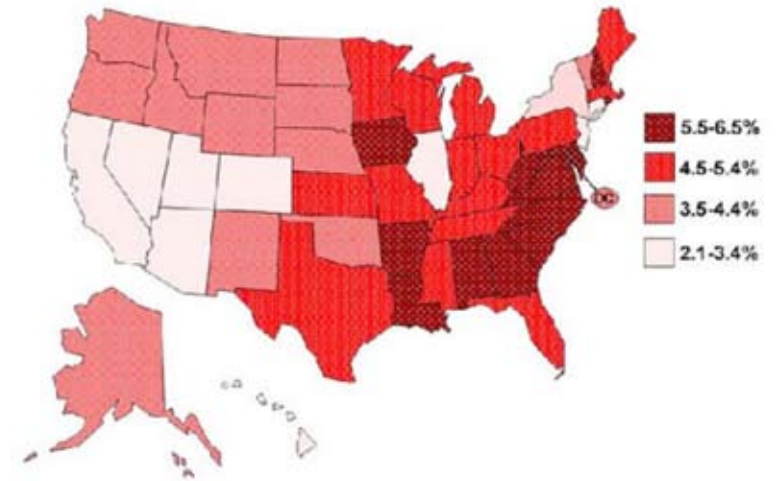
ADHD Facts and Figures: Did You Know?

Prevalence of ADHD Diagnoses in the US



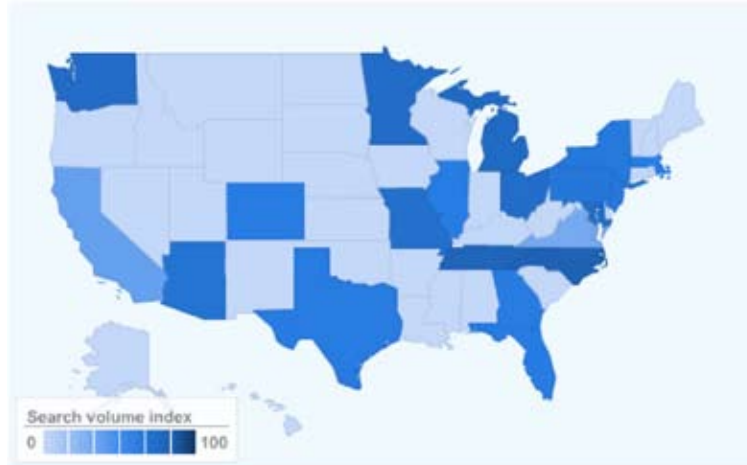
<http://www.cdc.gov/ncbddd/adhd/data.html>

Prevalence of ADHD Medication in the US



<http://www.cdc.gov/ncbddd/adhd/data.html>

Percent of Google Searches for ADHD Treatment by State



<http://searchinsights.wordpress.com/2010/11/11/can-search-insights-map-adhd/>

What Is ADHD?

ADHD is a prevalent psychiatric disorder affecting an estimated 9.5% of school aged children in the U.S. Although ADHD is diagnosed in childhood, 65% of patients will continue to experience the symptoms of ADHD into adulthood. ⁶

ADHD is defined by three core symptoms:

- Inattention
- Hyperactivity
- Impulsivity ³

These symptoms manifest differently in each patient, making an individualized treatment plan crucial to successful management.

Despite its prevalence, the exact cause of ADHD is not well known. According to recent research, ADHD occurs in both children and adults, and according to a 2007 survey, males are diagnosed twice as frequently as females. Possible causes of ADHD are genetics, environment, and neurological factors. ^{4,5}

Symptoms and Diagnosis

The Centers for Disease Control and Prevention (CDC) describes ADHD diagnosis as a multi-step process that includes a medical exam, hearing and vision tests, and interviews with parents and teachers to rule out other conditions that may cause similar symptoms to be observed. ⁶ According to the American Academy of Pediatrics, screening for ADHD in children 6-12 years old should take place when evidence of the core symptoms of inattention, hyperactivity, and impulsivity are present. ¹

During screening, the following information must be provided by parents/caregivers *and* a schoolteacher or other faculty member:

- Observance of the core symptoms in multiple settings (i.e., at school and at home).
- The age that symptoms first became apparent.
- Duration of the symptoms.
- The level of difficulty the child experiences that is attributable to his or her symptoms.
- Any comorbid (coexisting) conditions that are currently present or may be suspected in the child.





Signs of ADHD⁶

- Difficulty paying attention
- Daydreaming in class
- Forgetfulness (e.g., forgets schedules, homework, or tests)
- Constant movement
- Impulsivity (i.e., acts without thinking of consequences)
- Inability to sit still or play quietly
- Seeming to ignore verbal instructions or conversations
- Answering questions before they are finished
- Interrupting others when they are speaking or presenting

ADHD Subtypes⁷

ADHD may be classified as one of three primary subtypes:

1) Primarily Inattentive Type

This type, most commonly diagnosed in females, is characterized by the individual's inability to focus on specific tasks at hand, instructions, and details. Those diagnosed with this type of ADHD may experience difficulty paying attention for a long period of time or working consistently on one task until completion. They may also be easily distracted and appear forgetful.

2) Primarily Hyperactive/Impulsive Type

This subtype, most commonly diagnosed in males, is characterized by almost constant movement and the inability to sit still. Individuals also have difficulty working or playing quietly and may interrupt others during a conversation or when being asked a question. When seated, their bodies will still appear to be moving; they may speak excessively or shake/tap their feet.

3) Combined Type

As a combination of both primarily inattentive and hyperactive/impulsive types, this subtype describes an individual who experiences difficulty with sustained attention and organization, as well as staying still.

Everyone experiences ADHD-related symptoms to some extent. Therefore, proper identification of this condition requires that the following criteria be met:

- Symptoms have persisted for at least 6 months without improvement.
- Symptoms manifest prior to age 7.
- Symptoms occur in two different settings.
- Symptoms are more frequent or severe than those of the child's/adult's peers.³

Symptoms of ADHD May Present Differently over Time¹⁶

<u>Children (6-12 years)</u>	<u>Adolescence (13-18 years)</u>	<u>Adults (>18 years)</u>
<ul style="list-style-type: none"> • Easily distracted • Homework poorly organized, contains careless errors, often not completed • Often disruptive in class; blurts out answers before question is completed • Often interrupts or intrudes on others • Unwilling or unable to complete chores at home • Fails to wait turn in games • Often out of seat 	<ul style="list-style-type: none"> • Displays inner restlessness • Hyperactivity is much less visible • Schoolwork disorganized, shows poor follow-through • Fails to work independently • Has difficulties in social interactions with peers 	<ul style="list-style-type: none"> • Inattention/concentration problems • Disorganized and fails to plan ahead • Difficulty initiating and completing projects • Shifts activities prematurely • Misjudges available time • Forgetful, loses things • Makes impulsive decisions • Has difficulties at work • Problems with social interactions

1. Wilens TE, Dodson W. J Clin Psychiatry. 2004;65:1301-1313.

Wilens TE, Dodson W. A clinical perspective of attention-deficit/hyperactivity disorder into adulthood. J Clin Psychiatry. 2004;65(10):1301-1313.





Management

In children and teens, ADHD is best treated and managed using a multimodal approach, meaning one that involves multiple forms of treatment. This approach typically includes:

- Educating parents and caretakers about how to best support the child.
- Strategic behavior management techniques.
- An appropriate educational program, given the child's symptoms and level of development.
- An increased awareness and understanding of ADHD among patients, teachers, parents, and peers.
- Medication, when deemed necessary by a physician.
- Positive reinforcement and consistency, particularly through schedules and routines.⁷

Multimodal treatment is also most effective for adults and should be implemented with the help of a treatment team. This team generally includes the adult patient, an ADHD coach, physician and other medical professionals, as well as the spouse/partner and immediate family members.⁷

Comorbidities

ADHD is often accompanied by other mental health problems. When screening and diagnosing someone with ADHD, it is also essential to screen for possible co-occurring mental disorders. Such comprehensive screening is important both to obtain a full understanding of a patient's status and to prescribe the correct management protocols.

Common conditions that coexist with ADHD include:

- **Oppositional Defiant Disorder**—With symptoms appearing around age 6, this disorder is expressed through hostility, with increasingly defiant, disruptive, and disobedient behavior.
- **Anxiety Disorders**—Feelings of unexplained fear or stress that are disruptive to everyday life. Specific anxiety disorders that may be comorbid with ADHD are obsessive compulsive disorder (OCD), general anxiety disorder, specific phobias, and separation anxiety disorder.
- **Mood Disorders**—These disorders are often comorbid with ADHD, and can cause increased difficulty in social, professional, and other areas of functioning that ADHD may already impair. Commonly experienced mood disorders include bipolar disorder and major depressive disorder.
- **Sleep Disorders**—Difficulty in both falling and staying asleep (insomnia) and episodes of excessive sleep (hypersomnia) can be comorbid with ADHD.

- **Substance Use Disorders**—Substance use and abuse often occur concurrently with ADHD.
- **Tic Disorders**—A tic is defined as a sudden involuntary movement or sound. Common tic disorders that co-exist with ADHD include Tourette syndrome, chronic motor or vocal tic disorder, and transient tic disorder. ³

Adults Living ADHD

According to psychcentral.com, approximately 30% to 70% of children diagnosed with ADHD will continue to experience symptoms into adulthood. Currently, 4.4% of adults are estimated to be living with ADHD, but the condition often goes unmanaged and undiagnosed. ¹² The infrequency of adult diagnosis may stem from the fact that adults who were not diagnosed as children do not believe ADHD is the cause of the problems they are experiencing. ¹³

Although ADHD can prove challenging for children socially, these challenges become even more disruptive in adulthood. Relationships take on new meaning and importance, and the need to multitask effectively and accomplish assignments on a deadline can affect one's livelihood. Thus, adults often experience challenges in both their professional lives and their romantic and family relationships. Understanding and properly managing ADHD can facilitate the development and maintenance of key relationships while providing crucial tools for functioning in today's task-oriented and deadline-driven work environments. ¹⁴

The National Alliance on Mental Illness (NAMI) offers the following tips for managing ADHD in adulthood:

- 1) Seek out the help of a professional.** Managing ADHD is most successful when the individual utilizes a treatment strategy recommended by a properly trained medical professional. Proper treatment and behavioral strategies decrease the negative impacts of ADHD on adult relationships while improving patients' ability to handle the various demands and responsibilities placed on them each day.
- 2) Create a strategic management plan.** After meeting with a physician, individuals should initiate a treatment/management plan with their families and/or significant others. This should include highlighting and emphasizing areas that would most benefit from management strategies. For example, discussing activities and obligations one week in advance can help someone with ADHD stay on track and avoid becoming overwhelmed.
- 3) Education.** Knowledge and understanding of adult ADHD is crucial to managing the disorder. Those affected should not assume that everyone understands the challenges of managing and living with ADHD. Researching the diagnosis and the various symptoms of ADHD equips patients with the ability to educate those close to them, dispelling misunderstandings and providing needed information, such as how best to support treatment activities.





- 4) **Engage in a support group.** Becoming involved in support groups allows one to learn from the past experiences of others and seek out additional options for treatment and coping strategies. Groups also provide a unique forum for those with ADHD to share challenges and successes within a safe haven of people who have experienced firsthand the difficulties of living with ADHD.
- 5) **Don't be afraid to ask for help.** ADHD can strain relationships due to a common inability among patients to fully engage with others, register social cues, and/or regulate abnormal or disruptive behaviors. Patients should not hesitate to enlist the help of family members, friends, or romantic partners for advice and support in implementing simple changes to avoid unintentional conflict. ¹⁴



Brian Dyak, EIC, welcomes stakeholders to *Picture This: ADHD* in Washington, D.C.

Common Myths about ADHD

ADHD is not a real disorder.

ADHD is a real and serious disorder, affecting 9.5% of U.S. school-aged children and 4.4% of adults.⁸ According to the Centers for Disease Control and Prevention (CDC), ADHD is one of the most commonly diagnosed neurobehavioral disorders in children. Relative to the general populations, both children and adults with ADHD tend to exhibit additional psychiatric disorders and are at increased risk for needing emergency care. Children with ADHD may also display higher rates of delinquency or school truancy, and are more susceptible to substance abuse. Current research about ADHD confirms that failure to treat and manage ADHD can severely disrupt the quality of life for patients and their loved ones.^{6,7}

A child who misbehaves in class probably has ADHD.

ADHD is diagnosed through a series of interviews with a physician, followed by a scaled assessment of the child's responses. This permits physicians to determine whether the patient's symptoms truly represent a manifestation of ADHD. For example, definitive diagnoses of ADHD require that relevant symptoms occur in at least two settings, generally in the classroom and at home. If the symptoms occur in only one setting, they must be of extreme severity to warrant a diagnosis of ADHD.

ADHD is caused by poor parenting.

Poor parenting habits do not cause ADHD, but they can make the symptoms worse or more difficult to manage. Although the exact origin of ADHD is unknown, research has associated the disorder with imbalances in the levels of dopamine and norepinephrine, two neurotransmitters that are instrumental in regulating one's ability to focus. Genetics, family history, and certain external factors (e.g., complications during pregnancy, delivery, or infancy) have also been linked to an ADHD diagnosis.

ADHD is currently over diagnosed in school children.

Although ADHD is considered the most prevalent psychiatric disorder among children, it may, in fact, be under diagnosed and under-treated, particularly in females.² Everyone exhibits one or more behaviors associated with ADHD, such as restlessness, inability to focus, or inability to complete various tasks. Therefore, proper diagnosis of ADHD is a multi-step process requiring that the patient meet multiple behavioral criteria. In particular, such behaviors/symptoms as restlessness, inability to focus, and hyperactivity must be present in at least two environments (e.g., at home and school), and must be present before age 7.³ A child must also exhibit these behaviors more frequently or to a greater extent than his or her peers.⁹ ADHD is a very common disorder that if left unmanaged, can significantly impair an individual throughout his or her lifetime.





ADHD is a disorder experienced only in childhood and is eventually outgrown.

ADHD is a chronic condition, meaning it can endure past childhood and adolescence. In fact, up to 65% of children diagnosed with ADHD will continue to manifest ADHD symptoms well into adulthood. The prevalence of adult ADHD in the United States is 4.4%, which translates to approximately 9.98 million adults currently living with ADHD. Of these, only 1 in 10 currently receive appropriate treatment. In particular, adults who were not diagnosed as children tend to dismiss their symptoms, as well as the challenges they experience at work and at home as anything *but* ADHD, assuming that ADHD is exclusively a childhood disorder. Unfortunately, this deters many adults from seeking diagnosis and treatment. In fact, most adults often do not recognize the signs or symptoms of ADHD in themselves until they have a child who is diagnosed.¹²

Adults with ADHD experience the same symptoms as children with ADHD.

As individuals with ADHD age, the symptoms they experience change. Thus, a 17-year-old with ADHD will not exhibit the same symptoms as a 6-year-old or even a 45-year-old. Children with ADHD typically demonstrate poor organizational skills, excessive movement and activity, and difficulty waiting in line or waiting their turn. In adolescence, this constant movement and impatience may manifest instead as inner restlessness, such that an individual remains agitated or unable to relax, fails to complete assigned tasks, and experiences difficulties in social situations. Adults with ADHD may experience trouble concentrating or completing work, particularly in sedentary environments. They may have difficulty taking initiative or following projects through to completion. Adults with ADHD also tend to exhibit impulsivity, along with the propensity to switch attention among multiple unfinished tasks. As a chronic condition, ADHD presents itself differently over time and, therefore, requires age-appropriate treatment and management protocols specific to the individual.¹⁶



Dan Kaplow, *United States of Tara* presents to stakeholders how the entertainment industry works to achieve accuracy in storytelling with fellow panelists Carla Reed, *BET*, Tara Duncan, *AMC*, and T. D. Mitchell, *Army Wives*.

Picture This: ADHD Priority Topics

**“If you’ve met one person with ADHD...
You’ve met one person with ADHD.”**

–Participant at the *Picture This: ADHD* forum

1) ADHD is a community issue—everyone is involved: teachers, parents, counselors, social workers... the immediate family is not alone in dealing with this issue.

- Parents may often feel solely responsible for creating an environment where their child can excel. It is important to portray and emphasize the need for a multi faceted team that should be involved when dealing with ADHD, including the child’s teacher, ADHD coach, and physician. All of these people will help patients and parents to successfully manage symptoms and provide the patient with tools for success now and throughout life.
- Teachers or parents may wrongfully attribute a child’s ADHD symptoms to a passing phase or “acting out” and not seek the professional help that the child needs, thereby delaying screening, diagnosis, and appropriate treatment. Show the detrimental effects this may have on a child who has ADHD and the larger challenges that the individual and the family could face as a result of postponing treatment.
- Portray a character’s management of ADHD as being positively supplemented by teachers, counselors, and social workers. Show that everyone can be made aware of how to help a child successfully manage ADHD. For example, parents and teachers can be trained in behavioral and classroom management in order to facilitate a more suitable environment for children living with ADHD.



Panelist T. D. Mitchell takes part in round table discussions at the *Picture This: ADHD* forum in Washington, D.C.





2) Contrary to some misconceptions, one can live a gratifying life with ADHD; it all depends on perception and how successfully the disorder is managed.

- ADHD is neurobiological, and its makeup is different for each individual. Demonstrate that one character's successful coping methods may not provide benefits for another character's ADHD. For example, stimulant medications that help one individual may cause problems for individuals with high blood pressure.
- Treatment and management of ADHD involve much more than just prescription medication. Consider including other important therapies, such as coaching and maintenance of routines, as integral parts of the character's treatment plan. For example, show that cognitive-behavioral therapy tailors specific learning experiences for each individual to help foster the greatest success in managing ADHD.
- Although it is necessary to manage ADHD, it is also valuable to recognize that individuals with ADHD have strengths of their own that allow them to think in unique and creative ways. Consider highlighting these strengths in characters throughout the challenging process of ADHD management.

3) ADHD is a real disorder with a genetic component, meaning that it runs in families. One is not born with depression or post-traumatic stress disorder (PTSD), but one is born with ADHD.

- The public may place blame or make inaccurate assumptions regarding those diagnosed with ADHD. When portraying this condition, it is important to understand that neither the individual nor the parent is at fault, and neither "caused" the disorder. A person is born with ADHD, even if he or she is not diagnosed until later in life.
- Research has shown that ADHD runs in families. When considering the genetic component of ADHD, it is important to resist depicting the "blame game" that often takes place in the doctor's office, where parents argue over whose side of the family the condition came from. Instead, try to portray parents or relatives helping the child or adult to better manage ADHD using tools that they themselves have used, or perhaps that past generations of the family have used, to overcome some of the challenges associated with ADHD. Also, consider that these tips could have helped a family member with undiagnosed ADHD.
- Children and adults who are diagnosed with ADHD may be stereotyped as unintelligent. In reality, most individuals with ADHD are smart and often considered intellectually gifted. Consider portraying a character who naturally excels past his or her peers in specific subjects or tasks, despite—or possibly as a result of—their ADHD diagnosis.

Questions to Ask of Your Characters and Storylines Involving ADHD

- 1) Does your storyline incorporate the involvement of friends, family, and the professional or educational community as a part of your character's treatment?
- 2) Does your storyline depict ADHD treatment as being specific to each individual by showcasing multiple characters dealing with the condition?
- 3) Can your storyline inspire your audience to understand that ADHD, with proper management, cannot inhibit someone from living a fulfilling life?
- 4) Does your storyline depict ADHD as a unique condition, different from PTSD, schizophrenia, or bipolar disorder?
- 5) Do you involve your characters in situations that portray ADHD in a positive way by depicting proper management techniques and help from an ADHD coach, parent, and physician?
- 6) Does your storyline showcase the changes that take place in your character's symptoms and treatment of ADHD as he or she ages?
- 7) Does your storyline showcase common comorbidities with ADHD?
- 8) Does your story or character distinguish how gender (or other demographic differences) affect ADHD symptoms or treatment regimens?



Michael W. Skoien, Shire; Brian Dyak, EIC; and Dan Kaplow, *United States of Tara*.





National ADHD Resources

[American Academy of Child and Adolescent Psychiatry](http://aacap.org) [aacap.org]

Promote the healthy development of children, adolescents, and families through research, training, prevention, comprehensive diagnosis, and treatment and to meet the professional needs of child and adolescent psychiatrists throughout their careers.

[American Psychological Association](http://apa.org) [apa.org]

Advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives.

[Attention Deficit Disorder Association](http://add.org) [add.org]

Provides information, resources, and networking opportunities to help adults with ADHD lead better lives.

[Center for Exceptional Children](http://cec.sped.org) [cec.sped.org]

Improve, through excellence and advocacy, the education and quality of life for children and youth with exceptionalities and to enhance the engagement of their families.

[Center for Mental Health Services](http://samhsa.gov/about/cmhs.aspx) [samhsa.gov/about/cmhs.aspx]

Leads efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.

[Children and Adults with ADHD](http://chadd.org) [chadd.org]

Primary objectives: to provide a support network for parents and caregivers; to provide a forum for continuing education; to be a community resource and disseminate accurate, evidence-based information about ADHD to parents, educators, adults, professionals, and the media; to promote ongoing research; and to be an advocate on behalf of the ADHD community.

[Learning Disabilities Association of America](http://danatl.org) [danatl.org]

Create opportunities for success for all individuals affected by learning disabilities and reduce the incidence of learning disabilities in future generations.

[Mental Health America](http://nmha.org) [nmha.org]

Educating the public about ways to preserve and strengthen its mental health; fighting for access to effective care and an end to discrimination against people with mental and addictive disorders; fostering innovation in research, practice, services, and policy; and providing support to the 60+ million individuals and families living with mental health and substance use problems.

[National Alliance on Mental Health](http://nami.org) [nami.org]

Dedicated to improving the lives of individuals and families affected by mental illness.

[National Association of Private Special Education Centers](http://napsec.org) [napsec.org]

Help empower children and adults with intellectual, emotional, developmental, and behavioral challenges to lead fulfilling and rewarding lives.

[National Association of School Nurses](http://nasn.org) [nasn.org]

Advance the practice of school nursing and provide leadership in the delivery of quality health programs to school communities.

[National Resource Center on ADHD](http://help4adhd.org) [help4adhd.org]

Aims to improve the health and quality of life of individuals with ADHD and their families by expanding their knowledge and understanding of issues related to ADHD, such as access to and quality of health care, treatment and interventions, education, parenting, life management skills, relationships, workplace challenges, co-occurring conditions, gender issues, and the legal system, and raising public awareness about ADHD through outreach and the dissemination of information.

ADHD Glossary

Adapted from <http://www.webMD.com>

Amphetamines: Psycho-stimulant drugs used to focus attention.

Anxiety: A feeling of apprehension and fear that induces physical symptoms, such as palpitations, sweating, and stress-related emotions.

Attention-Deficit/Hyperactivity Disorder (ADHD): A family of related chronic neurobiological disorders that interfere with an individual's capacity to maintain attention and concentration; also causes developmentally inappropriate levels of activity, distractibility, and impulsivity.

Combined Type: People diagnosed with this form of ADHD display signs of impulsivity, hyperactivity, and inattention. This is the most commonly diagnosed form of ADHD.

Depression: An illness that involves the way people feel and think that impacts body, mood, thoughts, eating and sleeping behaviors, and the way people feel about themselves.

Distractibility: A state where attention is disrupted by insignificant objects or occurrences.

Family History: Information about disease occurrence within a genetic family including the family make up and interrelationships.

Hyperactivity: Restlessness and frequent movement.

Impulsive: Used to describe behaviors guided by sudden instinct or desire rather than reason.

Inattention: Lack of concentration.

Insomnia: A condition where someone experiences difficulty falling asleep or staying asleep.

Labile: Being susceptible to change, instability, or mistakes.

Non-Stimulants: A form of medication that increases attention span and reduces impulsivity without many of the side effects of a stimulant drug.

Predominately Hyperactive/Impulsive Type: Individuals diagnosed with this type of ADHD show signs of restlessness and impulsiveness but may not show enough signs of inattention to be classified as combined type.

Predominately Inattentive Type: Individuals diagnosed with this type of ADHD exhibit a lack of concentration but do not display hyperactivity or impulsive actions. Formerly known as Attention Deficit Disorder (ADD).

Psycho-Stimulant: A type of medication that helps people with ADHD to focus and ignore distractions.

Psychotherapy: Treatment of mental and emotional disorders through behavior modification and encouragement of an increased sense of well-being.

Tics: Involuntary spasmodic movements of muscles.



Panelists T. D. Mitchell and Tara Duncan discuss priorities with a *Picture This* attendee.





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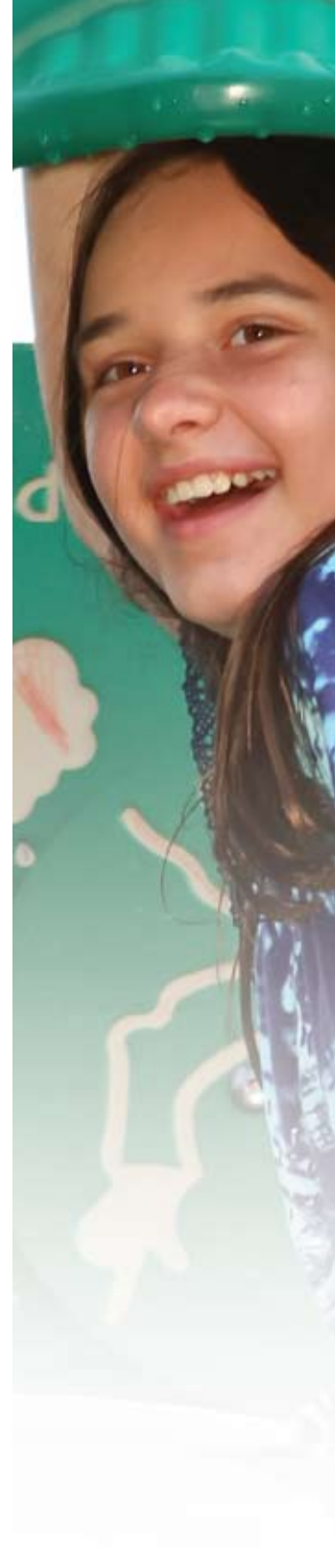
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