Play Like a Champion Today Educational Initiative

ADHD Frequently Asked Questions

How is ADHD Diagnosed?

It is normal for children and adolescents to have abundant energy and have occasional difficulty sustaining attention. However, the inattentive and/or hyperactive symptoms of ADHD are excessive and interfere with social, academic, and extracurricular functioning on a regular basis. If a child's inability to focus and stay on-task is prevalent in various settings (e.g., at home, at school, in sports, or with friends or relatives), a thorough, professional evaluation may be warranted.

There is no definitive test or physical evidence that would warrant an ADHD diagnosis. Parents may wish to consult with a pediatrician as to whether or not further assessment is appropriate for their child. ADHD is typically diagnosed by either a physician or a psychologist. One way to assess for the presence of ADHD is through a psychoeducational evaluation, typically done over the course of several weeks by a clinical psychologist. In addition to conducting interviews with the child and parents to gain a thorough history and current status report, teachers are consulted and behavioral observations are factored in. A series of timed and untimed tasks is administered, including cognitive tests, activities examining the brain's executive functioning and inhibitory response style (e.g., connecting letters and numbers with a pencil), academic measures examining skills such as vocabulary and reading comprehension, and questionnaires examining social, emotional, and behavioral functioning.

Is ADHD Over-diagnosed?

There is a perpetual debate about whether or not ADHD is overdiagnosed. According to research that reviewed prevalence studies and research on the diagnostic process, there was not sufficient evidence to conclude that ADHD is overdiagnosed. Yet, this conclusion is generally not reflected in public perceptions or media coverage of ADHD. Neither is the possible underdiagnosis of ADHD, as proposed by one group of researchers who examined prevalence rates by way of the National Health Interview Survey in 2005. This may be due to the apparent high rate of diagnostic inaccuracy. One study found that 62% of clinic referrals for potential ADHD were not established as ADHD cases after a more in-depth assessment. Physicians can be quick to diagnose a child as having ADHD or prescribe ADHD medication with no other information than that which is reported by a parent during a check-up. Mental health professionals do not always adhere to necessary assessment procedures. One study found that primary care physicians differed greatly in their methods of assessment and diagnosis of childhood disorders. Results showed that physicians depended mostly on interviews and did not take into account the actual diagnostic criteria or use standardized assessment measures. Not only does this result in a lack of substantial evidence for the diagnosis, but it ignores the possibility of social-emotional triggers (e.g., trauma) that could be causing ADHD-type symptoms. It is important for information to be accumulated from various individuals linked to the child's functioning (e.g., educators, other family members, coaches) and integrate it with actual test data analyzed and interpreted by a professional who specializes in this area. It is also not uncommon for ADHD to be misdiagnosed. For example, symptoms are often misinterpreted as being ADHD, when they are, in fact, aspects of a mood disorder, such as childhood Bipolar Disorder.

Research over the past few years reflects a rise in the use of stimulants for traditionally underserved groups (e.g., females; adults). This is likely due to improvement in the diagnostic process and should not be equated to over-diagnosis. Media hype and political influence has resulted in increased awareness and vigilance, which is hopefully provoking more thorough assessment procedures that are consistent with principles of best practice.

Are ADHD medications overprescribed?

Approximately 65 percent of children diagnosed as having ADHD receive stimulants, such as Ritalin or Adderall. Research shows that the best treatment for ADHD is a stimulant medication combined with a behavioral intervention. This combination has proven to be more effective than either treatment alone. This suggests that, among individuals who have ADHD, medication is not overprescribed. That said, medication is not for everyone, and the decision to medicate is based on each individual case, personal preference, and the severity of ADHD symptoms. It should be noted that research reflects a substantial percentage of children diagnosed as having ADHD either do not start their prescribed medication or do not follow through with it once they have begun. But, do all individuals diagnosed with ADHD actually have ADHD…?

What are side-effects and risk factors of ADHD medication and how might they impact athletic performance?

Medications used to treat ADHD are generally considered safe and effective, with side-effects typically described as mild and temporary. However, the intensity of side-effects can vary based on the age of the individual, with younger children typically experiencing more intense side-effects. Side-effects are often a reason why the use of ADHD medication is discontinued. Short-term side effects can include an upset stomach, headaches, drowsiness, nervousness, anxiety, loss of appetite, insomnia and increases in blood pressure and heart rate. According to some researchers, long term effects of stimulant use can include the possibility of reduced height and weight in comparison to expected growth.

Children who are misdiagnosed as having ADHD, or those who have other mental health conditions, may be at increased risk for mood disorders or aggressive behavior while taking stimulant medication. It is important to consult regularly with a physician or psychiatrist to evaluate the appropriate dosage levels of prescribed medications, which can change over time.

Stimulants carry with them the potential for abuse, misuse, and addiction. For this reason, some physicians prefer to prescribe nonstimulant medication for the treatment of ADHD, which are uncontrolled substances with lower potential for addiction.

While medication can be helpful in managing longstanding symptoms of ADHD, it can also contribute to excessive overfocusing and difficulty shifting between tasks. In athletics, this can appear as sluggishness. The athlete may appear unmotivated or "glazed over." Side-effects may also cause an athlete to seem irritable, perhaps manifesting as noncompliance or friction with peers.

How can a stimulant help someone who is already hyperactive?

Stimulant medications don't increase hyperactivity. They increase focus. In other words, an individual with ADHD may become overwhelmed by both external and internal (e.g., thoughts, fears, worries) stimuli, making it difficult to stay on task. Medication, as some describe it, can feel like "wearing glasses for the first time," in that it can provide the clarity and focus necessary to hone in on the task at-hand. Medication can make it easier for those who struggle with ADHD symptoms to disregard the external stimuli that were once an obstacle to the execution of tasks.

Is there a cure for ADHD?

No. Though treatments such as medication and behavioral therapy can reduce the severity of the symptoms, ADHD is ultimately considered to be a neurological disorder. The development of ADHD is based on the interaction of biological and environmental factors. Environmental factors are believed to be linked to how intensely the symptoms present themselves.

Do people outgrow ADHD?

Generally, no. The symptoms of ADHD may alter as a person ages, but for many, symptoms persist into adulthood. Physical hyperactivity usually becomes less apparent as a child enters adolescence and presents itself more as restlessness or fidgetiness. Impulsivity and inattention frequently continue into adulthood, though they can be managed with medication and therapeutic techniques (e.g., cognitive-behavioral therapy).

Is participation in certain sports better than others for an athlete with ADHD?

Athletes with ADHD should be encouraged to try whatever sports they are interested in, and coaches are urged to use the given suggestions and techniques for maximizing these athletes' potential for skill development and FUN. That said, athletes with ADHD– especially those with predominantly hyperactive/impulsive presentation – can sometimes find a team sport setting to be more challenging than an individual sport setting. The nature of team sports presents a greater likelihood for contact with opponents and creates the potential for negative peer feedback. In addition, there is an increased opportunity for off-task behavior, resulting in decreased mastery of sport skills. Athletes with ADHD may have difficulty following the rules of team sports because studies have shown that these individuals tend to act more impulsively and express their emotions inappropriately. A study by Johnson and Rosen (2000) showed that aggression, emotional reactivity, and disqualification were more common within a team sports setting than within individual sports settings, for both ADHD and non-ADHD males. The propensity for emotional reactivity, inattentive behavior, and nonconformity may result in ADHD children being rejected by teammates and "barely tolerated in typical group activities" (Johnson & Rosen, p. 150). If an athlete with ADHD is having difficulty "fitting in" with a team sport, an individual sports environment might offer the possibility of a more enjoyable athletic experience.

Some sports have been identified as being particularly suitable for athletes with ADHD. Soccer, lacrosse, and hockey offer team sports settings where there is fast-paced, intense play. Athletes with ADHD often thrive in "chaotic" environments such as these because they need to have a heightened sense of awareness. This often comes naturally because of the "sensory overload" they experience on a regular basis, having to incorporate a perceived overflow of both external and internal stimuli. Wrestling and martial arts provide head to head competition (versus competing against time or distance as in swimming or track), which can provide appealing stimulation and a narrower focus in terms of the competition. In addition, the athlete is free from stress related to teammates or equipment. These ritualistic sports have structure embedded into the play, and practices/games are broken into brief, intense sessions, which can feel more manageable for an ADHD athlete.

Some consider golf to be an ideal sport for those with ADHD. Much has been documented about the high number of professional golfers who have either diagnosed or undiagnosed ADHD. Many PGA athletes use the game, itself, as their medication and claim to excel because of the symptoms. The book, *Driven to Distraction* (Hallowell & Ratey, 1994) depicts setting up one's golf shot as the perfect combination of structure, novelty, stimulation, and motivation, a blend which subsequently causes the mind to focus. The authors reference the advantage of an inattentive brain in enabling golfers to clear their minds between shots, stating, "You get a fresh opportunity every time."

Sports such as football, basketball, and baseball have pros and cons for ADHD affected athletes. Football is a structured, ritualistic sport, containing head to head competitions between players. It provides an intense, chaotic atmosphere, but only a portion of the team is on the field at any given time. This results in a substantial amount of "dead" time during a game for players, which can set the stage for distractibility. Basketball is sometimes considered to be controlled more by the coach than the players. While there is intensity during a game, it is broken up by whistle-blowing and free throws which can feel like the play is very manipulated. This can be disruptive to an athlete with ADHD who thrives within the organized chaos on a broader scope. Baseball is another sport which seems to lack continuous action. There appears to be a lot of waiting around, especially in a low-scoring game. However, this is a good example of how a coach can cater to the needs…and strengths…of an athlete with ADHD. Much of the "action" in baseball seems to occur within the infield. The catcher plays a huge role during the action of the game. So, why not place the ADHD affected athlete in one of these positions, as opposed to sticking

him in the outfield? These athletes often wind up picking grass in the right field because of their inability to sustain attention and apparent boredom. Given the opportunity to regularly throw the ball back to the pitcher, pick off a base-stealer, and tag someone out a home plate, for example, would provide constant stimulation impossible to detract from.

Are there cultural factors that influence an ADHD diagnosis?

Differences in diagnostic practices likely account for different prevalence rates of ADHD in various regions. Additionally, there is always a cultural influence upon how children's behavior is reported and interpreted. For example, in a 2009 study which examined ADHD in African American children, African American youth had more ADHD symptoms, yet were actually diagnosed with ADHD only two-thirds as often as Caucasian youth. These findings may have been influenced by parent beliefs about ADHD and lack of treatment accessibility and utilization. In addition, ADHD assessment measures may not adequately reflect ADHD manifestation in African Americans. According to the most recent (2013) edition of the Diagnostic and Statistical Manual of Mental disorders, in the United States, ADHD tends to be diagnosed more among Caucasian populations than among African American and Latino populations. A category representing various Asian ethnicities, American Indian, and Pacific Islander children showed these groups to have an even lower risk of ADHD.

Socioeconomic status is also linked with ADHD. Because parents of children with ADHD are more likely to have had ADHD themselves, ADHD is associated with lower levels of education, income, and occupational achievement.

Cultural obstacles to the treatment of ADHD may also include cultural distrust and unwelcome generational changes in terms of the family structure, cultural norms, and the interpretation of the ADHD diagnosis itself. Cultures that do not take mental illness seriously or view it as weak are less likely to seek treatment.

Will participation in multiple sports cause an athlete with ADHD to feel even more emotionally overwhelmed?

Children who remain active in athletics seem to exhibit increased self-esteem, heightened feelings of well-being, and decreased negative emotional presentation. According to research, participation in sports may be associated with fewer symptoms of anxiety and depression in children with ADHD. One study found that children with ADHD who participated in at least 3 sports showed fewer symptoms of anxiety or depression than those who were involved in fewer than 3 sports. One explanation for this may be that physical activity, such as exercise, can distract individuals from stressful events. In addition, one's mental health actually improves as his or her perception of exercise abilities improves. The brain's executive functioning, which can be impaired in those with ADHD, also improves as a result of aerobic exercise. This includes planning abilities, scheduling, working memory, and task coordination. As these elements are enhanced, it seems likely that levels of stress and anxiety linked to these demands are decreased.

How can I, as a coach, help a young athlete with ADHD deal with elevated emotions?

As with all "family" systems, the success or breakdown of relationships within a team and the overall functioning of the group is often linked to COMMUNICATION tactics.

Consider implementing a "5-SCALE PLAN," as outlined below:

5: Based on a system that is established and reviewed with the team at the start of the season, athletes respond to their emotions by ranking them on a scale of 0-5. Implementing a 5-point scale at the start of the season will provide a reference point as athletes identify their emotions and attempt to convey them to a coach. Together with your team, you can discuss examples (e.g., A "2" means that you feel very annoyed by the call. You feel yourself getting upset but feel like you can stay in the game for now," or A "4" means you are so angry that you almost feel like hitting someone.)

Note: A version of this system can be also implemented with non-ADHD athletes and parents who have difficulty regulating/reigning in their emotions on the sidelines!

STOP: Encourage athletes to alert you when their feelings start to become elevated or their behavior is getting out of control.

Examples: The athlete is to raise one hand; the athlete is to look at the coach and pat himself or herself on the top of the head.

This can be a system that applies to all athletes on the team. This reduces the potential of stigmatizing an athlete with ADHD, and can prove useful for all athletes struggling to manage heightened emotions! Depending on what the team has agreed upon, the athlete may need to take a break from the action when, for example, scoring at a 4 or a 5.

CONTAIN AND CONTROL. This step is just about helping the athlete regulate his or her emotions and behavior, which can be so challenging for a child with ADHD. You may need to serve as a metaphorical "container" while they express what they are feeling – they may just need a place to put it. Breathing deeply can be helpful in slowing things down – some tricks to enhance the process include breathing through a straw or counting backwards, slowly, while taking deep breaths. If the athlete's behavior becomes problematic, use your judgment and familiarity with the athlete to determine the best course of action. It may just be suggesting putting one's hands in one's pockets. You could have a stress ball on hand to wring out one's frustrations. If the athlete's emotions become unmanageable or the behavior poses a threat of harm to the self or others, the athlete should be taken aside by a parent, coach, or another trusted adult. It's ok to call it a day.

AFFIRM. Validate what the athlete is feeling and offer emotional support and encouragement. The athlete can get through this. You can get through this. Feeling angry, stressed, or sad sometimes is normal. Strong feelings are often a result of pressure – those struggling with ADHD have to work extra hard to do well.

LISTEN. Really listen. Make eye contact, repeat what you hear using the same words so that your athlete feels heard and understood.

*The athlete may not wish to share what he or she is feeling – it may be a matter of not being able to articulate the feelings, or experiencing shame about the intensity of the emotions. Don't pressure sharing, just be there if they need to.

EMPATHIZE. Try to put yourself in his or her shoes. This can be done by restating what you see or hear, or narrating your observations.

Example: "You threw your helmet to the sidelines and you are breathing really fast and hard. It seems like you might be feeling really angry right now." **PRAISE.** It takes insight and courage to identify and disclose one's emotional state. Commend athletes for taking initiative and responding to their emotional cues in an appropriate manner.

LET THEM CHOOSE. Offer solutions devoid of blame. Give the athlete a choice to help him or her maintain a sense of control over a situation and emotions which may feel out of control.

Example: "I wonder if you need a break from the action. Would you rather sit on the bench for 5 minutes to calm down or jog around the field for 5 minutes to release some negative energy?"

ASK. Stick to the designated time frame and then check in with the athlete. Inquire about his or her readiness to reenter the practice/ game. Be patient and respectful of his or her needs while encouraging follow-through.

NEXT PLAY. Move on. Don't dwell on the incident and try not to make a big deal when someone gives you the "signal" that he or she is experiencing heightened emotions. Limiting the potential for embarrassment will encourage athletes to look out for themselves.

Carrie Hastings, Psy.D.
askdoctorcarrie@playlikeachampion.org