

HIS INTEREST IN AD/HD began years ago when he observed a series of extremely intelligent adolescents who had no significant behavior problems but were having an enormous amount of trouble in school. Changes in school settings did not improve the situation for these students. The parents of one child brought him in for an evaluation, and Thomas Brown, Ph.D., was struck by the fact that this young man genuinely wanted to do his schoolwork and homework but was just unable to make it happen. "There was something about the way he talked to me about it that led me to believe he was telling the truth—that he really couldn't do his work. It occurred to me that maybe this was a case of AD/HD without the hyperactivity."

At that time, inattentive AD/HD had just begun to be recognized as a disorder. After consulting with the patient's physician, the young man was put on medication that made a marked difference in his ability to handle his schoolwork. As Dr. Brown began to see other patients in similar situations, his work and reputation in the area of inattentive AD/HD grew.

As he saw more patients exhibiting these same problems, Dr. Brown realized that some of their symptoms were not explained by current diagnostic criteria for AD/HD. 1 Many of them had trouble reading material and then being able to remember what they had read. They also had problems with organization or even getting started on a project. "Everyone was emphasizing at that time that they [kids with AD/HD] couldn't put on the brakes, and I began to think about it more as not just the brakes not working very well, but the entire ignition system not working well either," explained Dr. Brown.





Conference Note Thomas Brown, Ph.D., will be delivering the closing keynote address on **Challenges in Adoles**cence and Adulthood at CHADD's Annual **Conference in** Nashville, Tenn., October 28-30, 2004.

He was particularly interested in the exceptionally bright children who were not diagnosed with a specific problem but were often viewed as either bored or lazy. They seemed to have a special vulnerability and were at greater risk of being ignored. While they managed to complete school without any major problems, when they entered college, these high potential kids were the ones who "crashed and burned" because their existing support systems either completely disappeared or changed significantly. Their undiagnosed AD/HD had a much greater impact on their performance in the more flexible college environment.

Dr. Brown began to collect information from his adolescent and adult patients exhibiting these traits and noticed that they experienced similar problems due to the disorder. "It was as if the search engine for the brain just didn't work consistently, and they were having enormous difficulty keeping one thing in mind while doing something else," he explained. Out of those efforts, Brown identified symptoms that were included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria, as well as other symptoms.

He observed that while individuals with AD/HD were unable to focus on specific activities or meet deadlines, there were always a few areas in which these same people were able to concentrate and excel. "The problem isn't in the parts of the brain that control executing the functions; it's one level up in the management system that turns things on and turns them off, integrates them, and organizes and prioritizes them, which is to say that it is in the executive functions of the brain." Like the conductor of an orchestra who coordinates the efforts of the individual musicians to create beautiful music, the "conductor"

in the brain of an individual with AD/HD is unable to organize the different parts in order to function successfully.

During the past six years, Dr. Brown has had the opportunity to teach in more than 25 countries and has found that the same fears and prejudices about AD/HD exist in every country. "People often think of it as a problem of willpower, when it's not. They think of it as a problem that can be fixed by just changing parenting skills or changing school techniques, and they have great difficulty understanding the degree to which it is an impairment of the chemistry of the body that regulates activity," he explained. "They have a lot of fears about medication that are unwarranted. People often aren't aware of or don't turn to the abundance of factual information currently available. As a result, there is an enormous amount of silent suffering."

He finds that the DSM criteria are being used more frequently around the world to diagnose the disorder. "If you use the same diagnostic criteria, what you find are very similar incidence rates, somewhere around 6-8 percent," he said.

With all of the progress that has been made over the past decade, Dr. Brown believes that there remains a need to learn more about the disorder. "I feel like there is still a need to call attention to the 'inattention' symptoms because there are still people who think of this as a disorder focused solely on hyperactivity," he said. "We also have a lot to learn about how this disorder changes as people get older and face different demands. The diagnostic criteria we have for adults are based upon the studies of children."

When Dr. Brown spoke at the CHADD conference in Anaheim, Calif., in 2001, he addressed the topic of

Thomas Brown, Ph.D., has spent years listening to, observing and treating children and adults with attention-deficit/hyperactivity disorder (AD/HD). As the associate director of the Yale Clinic for Attention and Related Disorders and a clinical psychologist, Dr. Brown has written and spoken extensively about the diagnostic process, effects and treatment of the disorder.



"We have a lot to learn about how this disorder changes as people get older and face different demands."

Fears and Prejudices about AD/HD

"Fears and Prejudices about AD/HD." While it's easy to recognize the part that genetics play in the physical development of an individual (e.g., eye or hair color), it is far more difficult for some to understand the role genetics play in the area of cognitive development.

"There's an almost irrational belief that all things mental are controlled by willpower, that there's somehow some disembodied spirit that controls them and that one ought to be able to rise above any chemical or genetic influences," he explained. "That leads people to blame themselves and one another for things they can't control. They would never think of blaming someone for having cancer or diabetes, but they do think that they're somehow to blame for the symptoms of AD/HD."

Dr. Brown's presentation at that conference is the basis for a videotape that explains the biological causes of the disorder and what treatment does to help alleviate the symptoms. Designed for families, teachers and professionals, the tape presents scientifically based information in easy-to-understand terms and is free of charge from CHADD.

Fears and Prejudices about AD/HD

Not only is AD/HD a multi-dimensional disorder, it is often complicated by other co-existing conditions. "It's not just 'possible' to have more than one problem at a time, it's two to five times more likely that if you have AD/HD, you'll have something else, particularly learning disorders," he said.

Over the years Dr. Brown has learned to have enormous respect for the people who "struggle with burdens they didn't sign up for, for themselves or the people they love." He continued, "I'm struck by two things I see wherever I go—the first is the tragedy that's involved for some people as they struggle to deal with this disorder—it's not a trivial problem. The other is how amazing it is that people persevere and find ways to make things work for themselves and their children."

Patricia L. Harman is the former editor of Attention!® magazine.

Footnotes

- 1 American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.). Washington, DC: American Psychiatric Press.
- 2 American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: American Psychiatric Press.

Not only is AD/HD a multi-dimensional disorder, is often complicated by other co-existing condimers "It's not just 'possible' to have more than one make things work for themselves and their children."

