

ADHD, Primarily Inattentive Type

Children with what is technically called ADHD, primarily inattentive type (usually referred to in the community as ADD) display a substantially different pattern of strengths, weaknesses and problem behaviors from the “typical” ADHD child. Although there is much variability in symptoms, these children are typically “dreamers” who often seem to live in their own world. They are much less likely to display significant ongoing behavior problems than typical ADHD children, although they may be prone to emotionally intense episodes and are frequently difficult to motivate. These children are less likely to be identified by teachers as having attention problems, as they are usually not disruptive and are not hyperactive. They tend to be slow in completion of tasks, become overfocused on some tasks, and are often seen by teachers as underachievers.

Academic problems for primarily inattentive children are often related to insufficient interest and effort. These children are hard to motivate for three main reasons. First, these children become overfocused on areas of interest and tend to ignore and avoid things not interesting to them. Because school often involves material that these children are not interested in, they frequently focus their energy internally. Second, these children seem to be less interested in common reinforcers than other children. Finally, these children are often less motivated by parental approval than are other children. The desire for approval (or avoidance of disapproval) is often insufficient to energize the child to sustain effort on nonpreferred activities.

These children often suffer from academic inertia. In other words, they are difficult to get started and difficult to keep moving. Getting these children to do anything that they are not internally motivated to do is somewhat like trying to push a refrigerator on rollers up an incline. All of the movement comes from your effort, and the refrigerator will move only as long as you push it. When you stop pushing (or God forbid) let go, the refrigerator stops moving and sometimes starts to roll backward.

These children are often difficult to motivate in extra-curricular activities as well. They tend to be limited in their range of interests, less socially inclined, and (as related above) difficult to motivate through external means.

Optimal environments for these children include high structure, consistency and minimal distractions. These children should sit amongst the better students in the classroom and in line of sight of the teacher so that eye contact can be made. Providing clear expectations with concrete goals as well as a high degree of supervision and guidance tends to be helpful.

Our goals with these children are often to help them become more actively engaged with the demands of the environment (such as academics) and to become more efficient ourselves in providing the support and guidance necessary for them as they develop that engagement. Promoting independent, responsible action (by allowing access to desired activities contingent on responsible behavior) promotes active engagement. Becoming programmatic in addressing such issues as homework completion is an important part of improving our efficiency in providing needed guidance.

These children display somewhat higher rates of depression and anxiety than the general population. However, the manifestations of their ADHD (poor motivation, internal focus, typically reduced interpersonal interest) can also be mistaken for depression rather than as symptoms of their primary disorder. Although typically emotionally bland, these children often have poor ability to control expression of emotion when overwhelmed. This often leads to extended periods of calm (and possibly under-responsive) behavior punctuated by blow-ups.

Medication options are the same for these children as for more typical ADHD children. They are, however, somewhat less likely to have a positive medication response. There is some research that indicates that quite low doses of stimulants may be superior to typical (or high) doses with this group. Nonstimulant medication such as Clonidine and Guanfacine are considered by some researchers to be “first line” alternatives to stimulants. Research about this form of ADHD lags greatly behind that of more common forms and our understanding of the biology behind this process is much less than for ADHD, combined type.

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