The 10 ADHD Lookalikes

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AGENDA

- Understanding ADHD
  - Interest-based nervous system
  - INCUP
  - Do stimulants help?
- 10 ADHD lookalikes
  - Symptoms & signs
  - How to diagnose
  - Interventions, Supports, Tools, Accommodations

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WHAT IS ADHD?

A flavor of **Neurodiversity**
Strengths
Challenges

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ADHD – AN INTEREST-BASED NERVOUS SYSTEM

- **Types:** Inattentive, Hyperactive, Combined
- Not lack of attention, trouble regulating attention
- **Strengths:** hyper-focus, noticing changes, fast decisions
- Can focus when: **(INCUP)**
  - **Interesting**
  - **Novel**
  - **Challenging**
  - **Urgent**
  - **Pressure (Social)**

  (Dodson, 2018)
- NOT: rote, boring, easy, even if very important

How to Self-Hack Your ADHD Brain

Trouble getting started

Staying on task

Time management

Breaking down big projects

Executive function

Can produce when interested in the topic

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ADHD RESEARCH

- Movement in ADHD kids improves reaction time & oxygenation in Dorsolateral Prefrontal Cortex (Hoy et al., 2024)
- ADHD kids move more when working memory is needed (Orban et al., 2017)
- Fidgeting in ADHD adults increases sustained attention (Son et al. 2024)
- ADHD kids who had more intense movement had better performance on a cognitive task (Note: TD children performed worse with movement) (Hartanto et al., 2015)
- **Emerging theory is that movement is a compensation strategy to maintain alertness in the ADHD brain**

Let ADHD kids MOVE! It helps them THINK

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IMPACT OF ADHD STIMULANT MEDS

Undiagnosed/late diagnosed (unmedicated) ADHD adults have higher risk of anxiety, depression, substance abuse (French et al., 2023)

And also…

- Meta-analysis of 11 studies showed that structural brain differences in ADHD reduce with age and with stimulant treatment (Frodl & Skokauskas, 2011)
- "therapeutic oral doses of stimulants decrease alterations in brain structure and function in subjects with ADHD" (Spencer et al., 2013)
- "long-term stimulant treatment may normalize structural brain changes" (Schweren et al., 2013)
- 41 ADHD adults tried stimulants for the first time and saw "a normalizing effect of psychostimulant treatment" in brain structure over 3 years (Pretus et al., 2017)

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UNDERSTANDING ADHD STIMULANT MEDS

STIMULANT EFFECTS

- Appetite suppression
- Heart racing
- Anxiety, irritability
- Fast talking/moving
- Higher energy

- Small improvements "running faster"

BENEFICIAL FOR ADHD

- Meta i.e. "Colors are brighter"
- Calmer
- Less "racing thoughts"
- Less impulsivity
- Better emotional regulation

- "Why didn't we try this sooner?"

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ADHD – HOW TO HELP

Search: "ADHD accommodations ideas"

Diagnosis
- Psychologist, Neuropsychologist, Psychiatrist, Pediatrician

Interventions
- Stimulant meds can help (and may be therapeutic)

Tools
- Standing desk, wobble chair, chair bands, fidgets, **walking lane**
- Technology, signs, cues for reminders

Accommodations
- Executive Function supports & scaffolds
- Body doubling – work with a partner
- **Make classwork INCUP**
- Non-distracting area for assessments/classwork

Beware: "extra time" may not help (if it's purely ADHD)

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BUT MAYBE THERE'S **MORE** TO THE STORY…

Or maybe it's not ADHD at all?

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BEHAVIOR IS COMMUNICATION

- When something is "not right" or "too hard," kids often don't have the words to tell us what's going on
- Instead, we see behaviors:

Short attention span
Avoiding non-preferred tasks
Easily distracted
Forgetful
Disorganized
Not finishing work/projects

Lots of Movement
Fidgeting
Blurting/Interrupting
Impulsivity
Mood Swings
Irritability
Frustration Intolerance

These behaviors "look like ADHD" but can be caused by many different things…

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10 ADHD LOOKALIKES

1. Inappropriate environment/expectations
2. Anxiety/Depression/Trauma

} Unsupported neurodiversity and/or learning disabilities… (dyslexia, dysgraphia, dyscalculia, …)

3. Sleep/Airway Issues
4. Auditory Processing Disorders
5. Vision Processing Disorders
6. Retained Infant Reflexes
7. Autism ← The only ADHD lookalike diagnosed by a psychologist/neuropsych
8. Allergies/sensitivities
9. PANDAS/PANS/Lyme/Bartonella/Mold
10. Other medical possibilities (lots!)

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1 INAPPROPRIATE ENVIRONMENT & EXPECTATIONS

- School is too easy
- School is too hard (unrecognized neurodiversity, learning disabilities)
- Teachers/parents/environment not flexible to student needs

- Things to consider
  - Just because a kid is super smart does not mean they are super mature
    - Social savvy, organization skills, self-management…
  - Learning disabilities can be very subtle, especially in elementary school
    - Smart kids can compensate & mask SO much

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2 ANXIETY/DEPRESSION/TRAUMA

- Common causes of anxiety/depression
  - Unsupported neurodivergence (including ADHD)
  - Unsupported learning disabilities (dyslexia, dysgraphia, dyscalculia, etc.)
  - Medical causes (more on this later)
- Trauma
  - ACEs - Adverse Childhood Experiences
  - Traumatic stress and ADHD affect the same areas of the brain
- **Psychological safety is paramount!**

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3 SLEEP/AIRWAY ISSUES

- Sleep apnea in kids/teens (and sometimes even adults) can be silent
  - No gasping, night waking, snoring, etc.

REM sleep is needed for consolidating and storing long-term memory

Lack of quality sleep can cause symptoms identical to ADHD

Also usually difficult bedtimes and/or groggy/grumpy mornings

Might see episodic mouth breathing during the day

Usually structural causes in the nose, sinuses, throat, mouth, tongue

More avenues for intervention in childhood that can shape development

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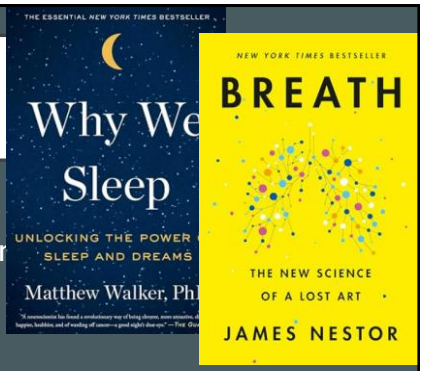
3 SLEEP/AIRWAY ISSUES



Diagnosis
- Airway specialist (dentist or ENT): (i.e. o2dontics.com)
- Sleep study (at home or in an overnight sleep lab)

Interventions
- Remove tonsils/adenoids
- Orthodontic palette expander
- Address tongue tie
- Nose/sinus surgery (bifurcated septum, etc.)
- Myotherapy (i.e. https://newmindstart.com/bundle/myo-therapy-kids)

Tools
- CPAP machine for sleeping
- Myofascial devices (i.e. toothpillow.com)

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4 AUDITORY PROCESSING DISORDER (APD)

#1 Symptom: "Easily distracted"

Strengths: super-sensitive hearing, hears things others miss

One ear "hears" a split second before the other

Wears hats, hoods, long hair, headphones that cover the ears

Dislikes noisy environments, trouble understanding in background noise

Fatigue, comprehension problems in noisy environments

Doesn't hear name called. Misses or mishears classroom instruction.

Trouble with conversational timing (social!)

Rising anxiety/fatigue/frustration through the day

May look like ADHD, ODD, PDA, explosive behavior, or withdrawal

Common reason for classroom overwhelm/behavior

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4 AUDITORY PROCESSING DISORDER (APD)

Diagnosis
- Audiologist with APD specialty (ablekidsfoundation.org)
- Look for "Words in Noise" subtest (not sentences/phrases)

Interventions/Tools
- Auditory therapies (many options, mixed results, not recommended)
- Ear filter (ablekidsfoundation.org)
- Low gain hearing aids (drraestout.com)

Accommodations
- Preferential seating away from noise
- Check in with student for understanding
- Auditory breaks with headphones or quiet room
- Headphones for focus work/assessments
- Minimize headphones for pure quiet. Headphones with SOUND ON
- **Teacher always uses microphone!**

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5 VISION PROCESSING DISORDERS (VPD)

Common but subtle – worth screening anyone having trouble

How the brain processes what the eyes see

Many flavors: Convergence insufficiency, teaming, tracking, 3D, distance vs. near

Letters/words/numbers flip (**b d p q**), move, or get blurry

Goofy mistakes in math (**+ - x**)

Copying errors. Inconsistent spacing. Lack of punctuation. Capital letters mid-word

Clumsy, trouble with sports & balls, dislikes 3D movies/rides

Fatigue, lack of stamina when reading, especially with small fonts

Prefer graphic novels, books with pictures & captions

Inconsistent scores on standardized tests

VPD is NOT dyslexia, but it's common to have both

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5 VISION PROCESSING DISORDERS (VPD)

Diagnosis
- Developmental optometrist (covd.org, "F" credentia

Interventions
- Vision therapy is effective at any age

Accommodations
- Preferential seating up front
- Large fonts (enlarge, e-readers)
- Slant board
- Reading guide strips
- Turn notebook paper sideways for math (or ½" graph paper)
- Audiobooks, text-to-speech
- Typing all classwork/assessments (SnapTypeApp.com)

6 RETAINED PRIMITIVE REFLEXES

- Primitive reflexes should have integrated by early childhood
- If still present, can cause a wide variety of concerns:
  - Trouble sitting still, poor coordination, motion sickness, anxiety, trouble with handwriting, unusual posture, unusual gait, toe walking, emotional dysregulation, balance/vestibular issues, clumsiness, vision processing disorders, picky eating, digestion, bedwetting…
- Moro startle reflex – sensitivity to stimuli, sounds, tactile, lights, etc.
  - There are about a dozen others
- Trouble crossing the midline is one indicator
- Some reflexes underlie Vision Processing Disorder (VPD)

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6 RETAINED PRIMITIVE REFLEXES

Diagnosis

- Occupational Therapy knows the more common ones
- Reflex specialist (i.e. senseenabled.com or search online) to be thorough

Intervention

- Exercises to re-integrate reflexes

Full List

- Moro, Sucking, Rooting, Palmar Grasp, Plantar/Babinski, Stepping, Perez Reflex, Landau, Babkin Reflex, Asymmetric Tonic Neck (ATNR), Symmetric Tonic Neck (STNR), Tonic Labyrinthine (TLR), Spinal Galant, Fear Paralysis (FPR)

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7 AUTISM

- **Strengths: logic, rules, deep sustained interests, noticing patterns**
- Probably way more common than we think, especially in girls (#actuallyautistic)
- Different brain operating system – not broken, **different**
- Creates challenges in **unsupportive environments**
  - ➔DSM lists distress responses of autistic individuals in **unsupportive** environments
- **Essence of Autism**
  - **Sensory differences (interoception, tactile, auditory, visual, etc.)**
  - **Autistic social patterns (see: Double Empathy Problem)**
  - **Monotropism (Special Interests SPINs, focus on details over big picture)**
- **Anxiety, irritability, perfectionism, easily overwhelmed**
- Non-Clues: eye contact, empathy, social, affectionate, humor, creativity

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7 AUTISM

"Living in Tokyo"

Diagnosis

- Psychologist, neuropsychologist

Interventions

- ABA – danger! Pretending to be "neurotypical" today ➔ Autistic Burnout later
- Instead: Neurodiversity-affirming counseling/coaching to understand differences
  - Know when & how to adapt/mask/compensate (social norms, behavior expectations, etc.)

Accommodations

- Provide executive function supports
- **Minimize the amount of masking the student must do**
- Provide time to develop strength areas & special interests (SPINs)

Understanding

- Self-understanding as neurodivergent, not broken
- Decide where to spend your energy

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8 ALLERGIES & SENSITIVITIES

- Food allergies & **sensitivities**
  - Top 8: Wheat, dairy, corn, soy, eggs, peanuts, tree nuts, shellfish
  - Celiac disease
- **Artificial food colorings & additives**
  - Read labels carefully! Goldfish crackers, ice cream, cereal, juice, mac & cheese…
  - **Red 40**, Yellow 5, Yellow 6, Blue 1 (published research on hyperactivity)
  - Sodium benzoate, MSG, aspartame, sucralose
- **High histamine foods**
  - Cheese, yogurt, chocolate, lunch meat, tomatoes, spinach, leftovers…

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9 PANDAS/PANS/LYME/BARTONELLA/MOLD

Does NOT need to be "acute onset"

- **Autoimmune reaction to Strep** (or other bacteria/viruses/Lyme/Bartonella/mold) that creates **inflammation in the basal ganglia of the brain**
- **Common:** Irritability, Low frustration tolerance, Mood swings, Anxiety (especially separation anxiety, irrational, bedtime, or constant)
- **Often:** Sleep disturbances, OCD, Repetitive/intrusive thoughts, Tics (physical or verbal), Picky/restricted eating, Sensory sensitivity
- **Sometimes:** Headache, Stomachache, Urinary frequency, Bedwetting, Math and/or handwriting regression, Aggression, School refusal

- Study of 1,781 patients: only 27% had a sudden, dramatic onset (Masterson & Gavin, 2024)
- High incidence of giftedness in PANDAS/PANS patients (Calaprice et al, 2024)
- **Mold exposure (home or school) is often hidden and possibly the primary instigator of autoimmune dysregulation**

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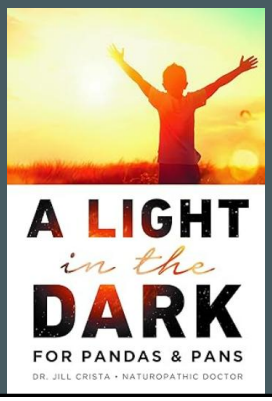
9 PANDAS/PANS/LYME/BARTONELLA/MOLD

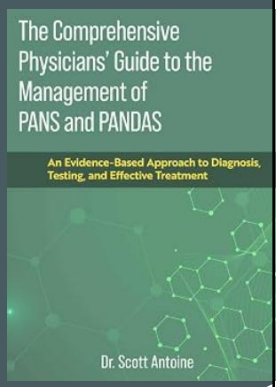
Diagnosis & Intervention

Medical treatment needed, MUST find a specialist

- Neuroimmune.org
- Pandasnetwork.org
- Pandasppn.org
- Aspire.care
- Inflamedbrain.org (Canada)
- Lookfoundation.org (Grants)
- Survivingmold.com
- Terrainwellness.org

Functional medicine vs. Traditional





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10 OTHER MEDICAL POSSIBILITIES

- Medication side effects
- Nutrient deficiencies (Naturopath or Functional medicine ifm.org)
  - Iron, zinc, magnesium, B vitamins, vitamin D, omega 3, protein
- Endocrinologist
  - Thyroid disorders
  - Diabetes
  - Hypoglycemia (including reactive hypoglycemia)
- Neurologist
  - Seizure disorders (especially brief absence seizures "daydreaming")
  - Brain tumor

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PROVIDING HELP THAT'S ACTUALLY HELPFUL

When in doubt, Provide more support

- **Different strategies for different causes**
  - Interventions, Tools, Accommodations

UNDERSTANDING is the key

- When kids understand their own strengths/challenges, **they're no longer walking on quicksand**
- When adults recognize the **reasons** for kids' challenges/behaviors
  - Provide neurodiversity-affirming, strength-based supports
  - **We can find much more empathy & patience**
  - Stop blaming kids for things that are largely outside their control

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THANK YOU

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Questions? Discussion?

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WHY DIAGNOSIS MATTERS

"Why do you need a label?

Because there is comfort in knowing you are a normal zebra, not a strange horse.

Because you can't find community with other zebras if you don't know you belong.

And because it is impossible for a zebra to be happy or healthy spending its life feeling like a failed horse."

The important part is that the label is ACCURATE
Find the correct root cause(s)

Image Credit: pngall.com Quote Credit: Instagram #omgimautisticaf

WHY DIAGNOSIS MATTERS

- Accurate diagnosis helps build positive self-concept
  - "Lazy," "Unmotivated," Try harder" is harmful
- Missed opportunities to support
- Applying the wrong supports causes frustration when they don't work
- Early intervention works better – neuroplasticity!
  - Dyslexia intervention in 1st or 2nd grade is **twice** as effective as in 3rd (Lovett et al., 2017)

2e students are masters of masking & compensating

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WHY DIAGNOSIS MATTERS

- Accurate diagnosis helps build positive self-concept
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Realize that you're playing the game in hard mode

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