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ADHD: CO-OCCURRING PSYCHOLOGICAL DISORDERS AND LEARNING DISABILITIES

“My daughter has ADHD. But she also has dyslexia and is very anxious a lot of the time.”

“My teenaged son has ADHD. But he is also hooked on vaping, is really resistant to reading and is often depressed.”

Parents start our work with comments like this repeatedly. Why do their ADHD children and teens have so many complicated and co-occurring psychological disorders and learning issues?

When a child has ADHD, they are struggling with a major executive function impairment.

Unfortunately, and tragically, ADHD children are very likely to have an accompanying **specific learning disability**. They are also very likely to have a **concomitant psychological disorder**, such as an anxiety disorder, a mood disorder or a behavioral disorder. The research suggests that ADHD children and teens have a 50%-70% chance of having a co-occurring psychological disorder. Another equally significant majority also have a specific learning disability beyond ADHD itself, with writing and reading disorders at the top of the list.

An adult ADHD person is 6X more likely than his or her non-ADHD peer to have a comorbid psychological disorder.

In general, you can assume your ADHD child or teen or adult has at LEAST twice the rate of developing almost every other psychological disorder than their non-ADHD peers, including anxiety, depression, autistic disorder, substance use disorder, obsessive-compulsive disorder, and bipolar

disorder. The prevalence rates are even higher for certain disorders, like Oppositional Disorder and Impulse Disorder.

Why might this be? Here is my answer:

Because ADHD is unique in that it is a malfunction in the chief operating system of the human brain, our bionic computer. Because of this malfunction in the chief operating or central self-management system, many other systems that relate to the proper functioning of the brain's internal interconnectivity are compromised. The co-occurrence at such high rates of so many Psychological Disorders and Learning Disabilities with ADHD is no accident.

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1. Explore for Learning Disabilities:

Since more than half of all kids with ADHD have a concurrent, specific learning disability, parents should always be alert to this possibility. If the clinical data suggests, contact a neuropsychologist or your school's child study team for educational assessment. In one recent study involving a large sample of children aged 6-16 who were diagnosed with ADHD, 76% met diagnostic criteria for one or more specific learning disabilities. The three leading learning disabilities were written expression, far and away the leading issue, followed by reading and math issues. If it is determined that your child suffers from a specific learning disability, you have a right to insist that the school provide relevant tutoring, special instruction and classroom accommodations.

2. Notice any co-occurring psychological disorders which may exist in your child who has ADHD:

Since kids with ADHD have co-occurring psychological disorders at very high rates, parents should be alert to consulting with a child psychologist for your child's psychological health, beyond any behavioral management interventions they are getting. In the NIMH-

funded MTA Collaborative Study, fully 70% of all children diagnosed with ADHD had a co-occurring psychological disorder, distinct from their ADHD diagnosis. Another research study found that the lifetime prevalence of psychiatric disorders amongst people diagnosed with ADHD as children was 88%. This means the child diagnosed with ADHD has six times the chance of developing a psychological disorder in their lifetime than their friend who has no ADHD diagnosis. In my experience, parent counseling for parents whose child has ADHD, coupled with medication and school assistance for the child, helps avert some of the psychological patterns which lead to these lifetime difficulties.

3. Explore contributors to your ADHD child's co-occurring psychological disorders.

My personal thinking about ADHD and concomitant psychological disorders goes something like this:

FIRST, some disorders are reactive to the negative responses from parents, teachers and peers which get directed at the impulsive, forgetful, unfocused child with ADHD. This contributes to disorders like oppositional disorders and academic or socially-derived PTSD.

SECOND, some disorders are related to the child's difficulty in regulating emotion, leading to disorders like anxiety, depression and impulse-driven disorders.

THIRD, some disorders are manifestations of the ADHD child's efforts to cope with academic and social failure, common features in untreated ADHD. These are disorders like substance use disorders.

And **FOURTH**, some disorders are part and parcel of the neurological compromise which affects the ADHD child's frontal cortex and brain-based biochemistry. These are disorders like Bi-Polar Disorder, the Spectrum Disorders, and the OCD cluster of disorders.

Many of these problems can be mitigated and corrected by positive parenting. Research indicates that children with ADHD who receive treatment and positive, respectful parenting develop far fewer

psychological issues than children and teens with ADHD who receive no treatment and negative parenting.

4. Consider recommending an executive function coach.

I also recommend in most cases that you explore with your treatment team whether engaging an executive coach would be helpful. Most children with ADHD very badly need tutoring in executive functioning, organization, working memory, planning, prioritizing, and sustaining motivation. They need this executive coaching just as much, if not more, than they need tutoring in writing, math or reading;

5. Give permission for and actively ask for all professionals involved with your child to coordinate their efforts:

All the engaged professionals will have a much fuller picture if they coordinate. This will lead to a more complete picture of your child by all professionals and by yourself. Fewer mistakes will be made. Guidance will be uniform. If your child is working with a psychotherapist, you should have regular, if possible, weekly discussions with your child's therapist. If you see a parent counselor, that psychologist should be speaking with your child's therapist. You should be present in all psychiatric meetings in which your child's physician makes medication adjustments and decisions. You have valuable input to give. You also deserve and need lots of input from the various doctors and professionals to whom you have entrusted your child.

6. Review your child's genetic family history with your parent counselor and your child's pediatrician or child psychiatrist.

My own clinical experience as a psychologist and parent counselor is consistent with a recent research study which found that 84% of fathers who had ADHD reported that at least one of their children also had ADHD. Identifying the genetic link as the likely source of your child's ADHD may help you let your child "off the hook." Seeing this as a genetically transmitted disorder may help you to stop blaming your child for being "bad." You can stop worrying that you may have

“banged his head” as an infant by accident. Then you can direct your efforts to accepting the fact that this condition is just part of their family life that is unavoidable and needs to be addressed and helped, not condemned. A good genetic family history will also alert you to likely co-occurring psychological disorders.

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