Chapter 13
Living with ADHD:
Timing Perceptions and Their Applicability to the Experience of ADHD

Osnat O. Fellus
University of Ottawa, Canada

Daniel P. Fellus
Carleton University, Canada

ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that is diagnosed in a constantly growing number of individuals in the Western world. This chapter provides a short overview of the shift in the conceptualization of ADHD drawing on the five Diagnostic and Statistical Manuals (DSMs). The authors argue that focusing on the concept of timing and understanding time in ADHD may allow teachers and parents to look beyond using pharmaceutics as the first course of treatment. The chapter concludes with a case study that showcases the experience of timing domains in ADHD.

INTRODUCTION

The overall purpose of this chapter is to lay out the shift in conceptualization of ADHD, to discuss some of the prevailing issues, challenges, and problems arising from ADHD, and to highlight the concept of *timing (a definition of which we provide in a later section)* in understanding the effects of ADHD on behavior. In particular, we examine the concept of timing as it is theoretically and empirically recorded in the literature and show how it can be relevant to the understanding of ADHD. The authors' goal is to present a conceptual treatment of ADHD thereby moving toward a reconsideration of the concept of timing in the management of ADHD within the school environment and at home. A case study that exemplifies the experience of timing of one teenage boy who has ADHD and his mother is presented. The chapter concludes with suggestions for timing-related activities for teachers and parents that go beyond relying on pharmaceutical treatment as a first-line of treatment. Due to limitations of space, the term ADHD is used in this chapter to reference only the combined attention deficit disorder with hyperactivity and does not include groups who have comorbidity of other conditions with ADHD.

DOI: 10.4018/978-1-5225-0034-6.ch013

BACKGROUND

ADHD is one of the most commonly known neurodevelopmental disorders (Polanczyk, De Lima, Horta, Biederman, & Rohde, 2007) and persisting in about 65% into adulthood (Biedermann, Monuteaux, Mick, Spencer, Wilens, Silva et al., 2006). Depending on theoretical dispositions and methodological considerations, the prevalence of ADHD sometimes exceeds the one-digit numbers (see Rafalovich, 2004 for an extensive account of the social forces that shape ADHD). Either way, attention deficit hyperactivity disorder is considered to be the most prevalent disorder of childhood affecting at least 5% of school-aged children (e.g., Polanczyk, De Lima, Horta, Biederman, & Rohde, 2007). The question of prevalence is important because research has found that ADHD-like symptoms may be displayed in unrelated conditions such as severe cases of lead poisoning (Nigg, Nikolas, Mark Knottnerus, Cavanagh, & Friderici, 2010) or sleep deprivation (Gau, Kessler, Tseng, Wan-Ling Tseng, Yu-Yu, Yen-Nan et al., 2007). We will not discuss the prevalence of lead poisoning or sleep deprivation because we believe these are problems that can be addressed relatively more readily by raising parents' awareness to probable causes of lead poisoning or sleep deprivation and to possible solutions to effectively eliminate these problems.

Whichever the source of ADHD symptoms, the World Health Organization decided to include ADHD in its 2010 Global Burden of Disease Study (GBD) whose aim it is to describe health conditions with a proportionally high prevalence. A recently published paper that focuses on the prevalence of ADHD provided initial findings for the GBD that were used to justify the decision to identify ADHD as globally spread health condition (Erskine, Ferrari, Nelson, Polanczyk, Flaxman, Vos, et al., 2013). Recognizing that ADHD is considered a worldwide condition entails a focused attention to the understanding of ADHD for the purposes of identifying effective, long-term interventions. As stated above, the purpose of this chapter is not to describe the clinical characteristics of ADHD, its etiology, genealogy or its concurrent conditions, nor is it to discuss the various pharmaceutical treatments used today and their side effects, or the controversies and heated debates around the difficult question whether or not to medicate children who display ADHD-like symptoms. These issues are extensively discussed in various publications available to the public (see for e.g., Mayes, Bagwell, & Erkulwater, 2009; Taylor, O'Donoghue, & Houghton, 2006). Rather, it is our intention to highlight an emerging factor that pertains to the experience of ADHD and that carries implications to the school environment. But before we can discuss these issues, it is important to understand the shift in the conceptualization of ADHD to which we turn next so that we can more comfortably consider ways of intervention.

In order to provide a standardized manual to the diagnosis of mental disorders, the American Psychiatric Association has launched the publication of a comprehensive list-like manual for medical professionals to use. The first manual was published in 1952. It was then a mere booklet-like publication called Diagnostic and Statistical Manual: Mental Disorders (DSM). The first DSM has 86 pages excluding appendixes. This is important to know because since then, the DSM has grown in volume and morphed into a tome of almost a thousand pages in DSM V. The main role the DSMs have played in the diagnostic process should be underscored because the very purpose of the publication of the DSMs was, and still is, to provide widely acknowledged diagnostic criteria and definitions of mental disorders to help professionals to make standardized diagnoses of mental disorders rather than idiosyncratic ones (Barkley, 2010). Examining the five editions of the DSMs, one can see a shift in the descriptions of ADHD as understanding of the condition deepened with accumulated research. As a matter of fact, ADHD was first included in the DSM-II and described as a manifestation of excessive motor activity and as "disruptive non-psychotic organic brain syndrome" (American Psychiatric Association, 1968, p.