



Center for
ATTENTION DISORDERS



Attention Disorders



Attention Disorders

The Need for Self-Management

Doing the right thing at the right time in the right way is not always easy. To do so, one must regulate and coordinate attention, memory, emotions, effort and actions. These abilities, often referred to as executive functions, equip children, adolescents and adults to adapt to their surrounding by enabling them to process and respond to the requests and requirements of their parents, teachers, spouses, co-workers or peers. Executive functions are supposed to steadily improve with age and increase effective self-management. But for 5 to 9 percent of children and 4 to 5 percent of adults, their executive functions will not develop as expected. They will be delayed, and compromise age-appropriate self-management and adaptive functioning. These children and adults have attention disorders.

Are Attention Disorders Real?

There has always been confusion and controversy over the validity of attention disorders because difficulties with concentration and focus are part of every mental health condition. Their existence has been challenged by some who believe that the signs of attention disorders - procrastination, difficulty sustaining effort, underachievement, tasks left unfinished, distractibility, or fidgety behavior - could be caused by a lack of interest, motivation, or exertion of effort. But this perspective ignores a substantial body of scientific research.

In 1998, based on research conducted over 60 years, the American Medical Association declared, *"ADHD (Attention Deficit Hyperactivity Disorder) is one of the best researched disorders in medicine."* In 2002, frustrated by the media's coverage of attention disorders as controversial and the medications used to treat them as potentially dangerous, eighty-five leading scientists from thirteen countries wrote, *"There is no scientific disagreement at all that attention disorders exist anymore than there is over whether smoking causes cancer. To publish stories that ADHD is a fictitious disorder is tantamount to declaring the earth flat, the laws of gravity debatable, and the periodic table in chemistry as a fraud."*

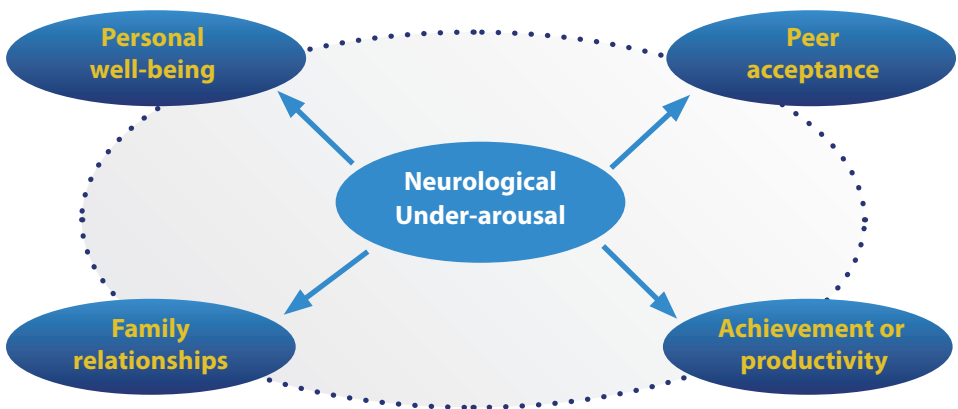
The Nature of Attention Disorders

The scientific evidence could not be more compelling. Attention disorders are real, neurodevelopmental conditions that are associated with a pattern of excessive under-arousal, a lower level of activity, in the frontal lobes of the brain. When children, adolescents and adults with attention disorders are studied with any of the currently available methods for taking images of their brains, this under-arousal is clearly and consistently revealed. The reduced level of activity in their frontal lobes means that the parts of the brain responsible for inhibiting behavior, planning, organizing, initiating action, concentrating, focusing, sustaining effort, managing time, and accessing memory are not as active as they need to be for these functions to be successfully carried out.

Research has shown that the under-activity of the frontal lobes is caused by inefficiencies in the release and re-absorption of neurotransmitters, the brain's chemical messengers that allow neurons (cells in the brain) to communicate with each other. It appears that in most cases one specific neurotransmitter, dopamine, is released and re-absorbed too quickly, so it cannot sufficiently activate its neighboring neurons. These inefficiencies are always caused by genetic or biological factors, not parenting practices. Environmental factors do play a role in moderating the expression of attention disorders, but cannot create them.

Attention disorders vary in their severity. Their effects can be quite mild, and may not be recognized until the high school or college years. At their worst, if untreated, the effects of attention disorders can be quite pervasive, producing more severe impairments in academic, emotional, social, family, and community functioning than any other outpatient mental health disorder.

The Impact of Attention Disorders



The Core Characteristics of Attention Disorders ...

Hyperactive/ Impulsive Type:

overactive, restless, fidgety, impulsive, disruptive, blurts out, talks excessively, difficulty staying seated

Primarily Inattentive Type:

easily distracted, short attention span, forgetful, makes careless errors, avoids tasks that require effort, does not seem to listen

Sluggish Cognitive Tempo:

possible variant of inattentive type, daydreams, stares, moves slowly, easily confused, withdrawn, error prone, weak retrieval

Combined Type:

shows characteristics of both the Hyperactive/ Impulsive and Inattentive categories

Are Due to Weaknesses in Executive Functioning ...

Inhibition: Inhibition regulates the mind's brakes. It begins to develop at 3 months and gives rise to the development of the other executive functions. Inhibition prevents negative or unwanted behaviors, and permits distractions to be resisted and focus maintained. It allows behavior to be deliberate, not impulsive, and encourages personal responsibility. It also fosters an awareness and sensitivity to the reactions of others.

Working Memory: Working Memory serves as the mind's voice and eyes. Verbal working memory begins to develop between 3 and 5 years and culminates in usable inner speech by 9 to 12 years. Visual working memory, which allows past events to be replayed in the mind, develops by 10 years. Working memory permits one to recreate and use past experience, as well as to look ahead and anticipate what the future might bring. It also influences time perception and management.

Emotional Regulation: Emotional regulation can be considered the mind's heart. It begins to develop between 3 and 5 years and permits self-generated emotional states, moderation of emotional expression, self-motivation, frustration tolerance, and the ability to delay gratification.

Planning and Organization: These can be thought of as the mind's workshop and playground. Problem solving and sequencing of events involves taking objects or ideas apart and putting them back together. As one develops, this process moves from the concrete, using one's hands, to the symbolic, taking place in the mind.

Activation and Effort: These are the mind's fuel, providing the physical and mental energy required to begin and complete necessary, but not necessarily interesting tasks. Failing to regulate mental energy leads to procrastination, boredom and weariness, which effects quantity, quality, and pace of work.

Self-monitoring: Self-monitoring is the mind's quality control. Self-awareness not only leads to better accuracy in tasks, but also influences family and peer relationships by facilitating the reading and interpretation of social cues.

Which Are Further Influenced by ...

Neurological Under-Arousal: Attention disorders have biological causes that create under-arousal in brain regions needed for regulating behavior. They have a strong genetic base. If a parent has an attention disorder, there is a 50 percent chance his or her child will too.

Coexisting Disorders: Attention disorders are typically accompanied by at least one other disorder 75 percent of the time. The most common of these are:

- Oppositional Defiant Disorder - 55%
- Anxiety Disorder - 30%
- Depression - 30%
- Bipolar Disorder - 10%
- Learning and Language Disorders - 20% - 35%
- Developmental Coordination Disorder - 50%

Sleep Problems: Over 50 percent of those with attention disorders have difficulty falling asleep, do not get restful sleep, have trouble getting up, are late for school or work, are sleep deprived, irritable and may have morning battles with parents or spouses.

Developmental Delay in Maturity and Self-Management: Those with attention disorders are believed to have about a 30 percent delay in demonstrating age-appropriate maturity and self-management.

Impairing Functioning ...

In School or Work: 90 percent of students with attention disorders have difficulty in school. Reduced productivity is the greatest problem. They pay less attention to class work and homework, do not complete assignments and miss deadlines. They may also have difficulty with written and verbal expression, processing speed, handwriting and planning long-term projects. Test grades may not accurately reflect the full range of their knowledge. Adults show similar impairments at work.

At Home: At home there is more parent-child conflict and stress. Parents tend to feel insecure in their child-rearing skills. Their discipline tends to be inconsistent and harsh, and focuses more on negative than positive behavior.

With Peers: Peer relationships involve less sharing and turn-taking. Children with attention disorders can be intrusive and aggressive, and experience higher rates of peer rejection. For impulsive adolescents and adults, involvement in risky behaviors begins at an earlier age.

Preschool - ages 3-5

While extreme attention disorders may be diagnosed as early as age 2, preschoolers by nature are overactive and inattentive, so phases of difficult behavior are normal and should not raise undue concern. For most very young children, overactive, impulsive, aggressive and inattentive behaviors are developmental and improve within a year or so. But preschoolers who have attention disorders present quite a challenge to their parents. They are unrelenting in their demands for attention, insatiable in their curiosity about their environments, persistent in their wants, unresponsive when hearing “no”, and volatile in their emotional reactions. They are more active than their peers, climbing, moving, always on the go. They don’t seem to listen and are frequently noncompliant with parental instructions. Temper tantrums may be quickly and easily triggered by small events and are more intense and long-lasting. Their impulsivity requires extra parental monitoring, supervision and child proofing as they are accident-prone. Parenting a preschooler with an attention disorder is trying, difficult and exhausting. Their mothers give more commands, directions, criticisms, and punishments than do mothers of more typical preschoolers, and there is more conflict between parents about child discipline. Parents’ self-confidence is low as the most effective parenting techniques for children this age, time out and re-direction, simply do not work as well for preschoolers with attention disorders. Placement in daycare or preschool brings additional stress as teachers begin to voice concerns or complain about disruptive or aggressive behavior, peer difficulties, wandering off during structured activities or excessive noisiness. Sometimes preschoolers will even be asked not to return beginning, for some, a chronic course of school adjustment problems that will continue until the attention disorder is correctly evaluated and treated. Predictors of risk for attention disorders in early childhood include a family history of attention disorders, the emergence of a “difficult” temperament, high activity levels combined with impulsive and inattentive behaviors, and motor coordination difficulties.

Common symptoms for ages 3-5

- Destructive with toys and household objects
- Easily over-excitable
- Excessively active, restless, fidgety, always on the go
- Excessively loud and noisy
- Aggressive
- Stubborn
- Intense temper tantrums
- Accident prone
- Insatiably curious
- Demanding of attention
- Decreased or restless sleep
- Delays in motor or language development
- Difficulty with siblings or baby sitters

Childhood - ages 6-11

Beginning in kindergarten, children with attention disorders are burdened by steadily increasing expectations in school for sitting still, paying attention, following directions, inhibiting behavior, cooperating, and playing and interacting well with other children. In addition, they are presented with academic tasks that may seem too hard or too boring.

Teachers encounter and are often perplexed by the child's erratic and unpredictable behavior, and become increasingly frustrated. The child's impulsive behavior, distractibility, difficulty initiating or completing tasks, and failure to remember or follow instructions and class routines leads to teachers responding with more negative comments and fewer positive responses.

The introduction of homework creates an additional source of conflict at home. Between 20 and 35 percent of children with attention disorders also have learning disorders, so the combination of attention and academic difficulties can make homework an extremely unpleasant experience, frequently accompanied by yelling, tears, or punishments. Parents may have to deal with the additional stress of teachers or administrators who don't understand their child's difficulties. They may be faced with teacher requests for grade retention due to social immaturity or lack of academic readiness.

At home, parent-child conflict increases over chores and sibling relationships. At a time when most children are beginning to seek out and participate in activities such as religious school, sports, or music lessons, those with attention disorders may have difficulty behaving or being accepted in these settings and begin to encounter social rejection. Most Hyperactive/Impulsive types of attention disorders are identified during these childhood years, often around age 9. Children with Primarily Inattentive types of attention disorders, especially when they are bright and doing well in school, may not be identified for several more years.

Common symptoms for ages 6-11

- Overactive
- Difficulty following class routines
- Frequently off task
- Do not seem to listen
- Need close supervision
- Disruptive in class
- Interrupt teachers or peers
- Difficulty waiting
- Difficulty with peer relationships
- Difficulty in organized activities
- Struggle over homework
- Disorganized desk, cubby or backpack
- Lose or misplace needed items

Adolescence - ages 12-25

Abundant research over the past 20 years has served to disprove the notion that attention disorders are outgrown. Only about 30 percent of those diagnosed with an attention disorder in childhood will no longer show any signs in adolescence. Even though there are declines in hyperactive behavior and improvements in attention span and impulse control, the adolescent years are very often some of the most difficult and challenging for those with attention disorders, as well as their parents. With seven to nine class periods in middle school and increasing breadth and depth of academic subjects, the demands for reliable attention and executive functions ramp up steadily and continue through graduate school. These test almost every adolescent, but overwhelm those with attention disorders. Despite repeated promises of improvements, good intentions, sincere attempts at greater effort, parental insistence and even additional support, their grades, work habits, or behavior often fall short of their capabilities. Many adolescents, especially those who possess sufficient cognitive strengths and social skills to compensate through elementary school, will now be found to have Primarily Inattentive types of attention disorders.

Academic difficulties, coupled with the typical adolescent development issues of identity formation, concerns about physical appearance, sexuality, peer relationships and separation from parents, increase the stress or distress with which they now must cope. The incidence of co-occurring depression grows to 25 or 30 percent during the adolescent years. Inattention, forgetfulness, a growing desire for independence and defiance create more noncompliance and stress at home. In addition to the daily home and school-related concerns, parents also worry about an impulsive teen's ability to deal with smoking, drinking, driving, drugs, and sex. During these years, the magnitude of the teen's difficulties is often masked by the appearance that his or her actions are conscious choices rather than the result of immaturity and weaknesses in executive functions.

Common symptoms for ages 12-25

- Academic under-achievement
- Difficulty keeping pace with increased academic demands
- Drug experimentation
- Careless driving
- Risky sexual behavior
- Reactive behavioral and verbal aggression
- Stressful peer relationships
- Increased parental conflict

Adults - ages 25+

The impact of attention disorders during adulthood is remarkably variable and can result in both positive and negative outcomes. It is during adulthood that one of the prime features of attention disorders is prominently displayed. When given free reign, personal interests and strengths can mitigate the effects of an attention disorder. Many adults are able to neutralize the impact of their attention disorders by choosing and pursuing jobs or careers of high interest, especially if they offer personal freedom and flexibility. Though they may enjoy high levels of success and not be impacted by attention disorders at work, not all adults will successfully manage the more routine tasks at home. Some adults with attention disorders will have a different life course. For them, chronic and severe symptoms of long-term impulsivity and inattention will continue to adversely affect education, work, finances, and personal relationships.

Adults with severe attention disorders have increased rates of underachievement, higher high school or college drop-out rates, are more unemployed or under-employed, make more workman's compensation claims, are more involved in substance abuse, compulsive gambling, and court-ordered driving programs, have more financial problems, and are over-represented in prison populations.

Adults with attention disorders who are parents face additional risks and difficulties, including a greater likelihood of having a child with an attention disorder, being a young, single, or divorced parent, and experiencing greater marital conflict. As parents, they are less rewarding of their child's positive behaviors, give more commands without following through, and are inconsistent in their ability to monitor and supervise their children. When a parent and child both have an attention disorder, the potential for severe behavioral difficulty increases. Coaching, which is daily contact with an attention disorder specialist by phone or in person, may be very helpful for adults with attention disorders.

Common symptoms for adults

- Difficulty resisting distractions
- Make decisions impulsively
- Difficulty stopping activities
- Do not read directions carefully before beginning new projects
- Poor follow through on promises or commitments
- Execute tasks haphazardly without planning or sequencing
- Difficulty meeting deadlines
- Chronic lateness

Treatment Considerations

The Role of Expectations

Underdeveloped self-management is the key impairment of attention disorders in children, adolescents, and adults. But this impairment is difficult yet critical for parents, teachers, employers and spouses to accept and address because it conflicts with deeply held beliefs about how people should behave. Rules, requests and routines are expected to be remembered and followed without extra reminders or supervision. Exceptions to these standards challenge our notions of fairness. We expect the person to change, to shape-up and behave just like everybody else. But without extra assistance or accommodations, most people with attention disorders will be unable to meet expectations. They will disappoint, confuse, frustrate, and irritate parents, teachers and employers because neurological underarousal, weaknesses in executive functioning and delayed personal responsibility, *not unwillingness*, limit their ability to behave in an age-appropriate, independent manner.

Those with attention disorders are unreliable and inconsistent. They miss important information and are often unprepared for or unsure of what they must do. They have poor self-awareness, under-estimate their impact on others and overestimate the accuracy and thoroughness of their work. They are often oblivious to, or puzzled by people's reactions to their behavior, and surprised, even shocked to learn how many tasks are incomplete, missing or late. They are notorious procrastinators, and struggle to find the mental energy, focus and concentration necessary for initiating and completing required tasks. Time is particularly problematic for those with attention disorders. They understand only two concepts of time: *now* and *not now*. However, they can only act on *now*. What is *not now* does not exist until it is too late. But *now* is too brief, so work attempted is accompanied by a sense of urgency or panic, and quality suffers as a result.

Time and again the impossible is expected from those with attention disorders. When they fail to demonstrate age-appropriate self-management, even those knowledgeable about attention disorders will revert to preconceived expectations for independent functioning and ask, "How many times do I have to tell you?" Responses of, "I don't know" or "I forgot", while indeed truthful, seem inadequate and are often mistaken for a lack of caring or willingness to put forth enough effort. There are, of course, many times when not meeting expectations is intentional. Distinguishing between a voluntary lapse in personal responsibility and the symptoms of an attention disorder is an essential step, because they require different interventions.

The first step for helping children, adolescents or adults with attention disorders is understanding. This will require a change in thinking, a modification of expectations from those who parent, love, teach or work with them. Anything less only sets them up to fall short, give-up or fail.

Ensuring Successful Outcomes

Each individual with an attention disorder has a unique presentation, a personal combination of strengths and needs. Attention disorders themselves are complex, and since they typically co-occur with other disorders and impact functioning in multiple settings, their evaluation and treatment must be thoughtful and comprehensive. To date, the most common practice has been a single office visit with a primary care physician who reviews symptoms and likely prescribes medication. When attention disorders are evaluated and treated in this way, a stunning 25 to 50 percent of parents either do not initiate or discontinue treatment within three months. They report a lack faith in this diagnostic process and question using medication. A comprehensive evaluation that includes a detailed developmental and family history, clinical interviews, rating scales from multiple respondents, and select testing of cognitive and academic abilities overcomes the limitations of the single visit approach and dramatically raises treatment compliance rates to 90 percent. Evaluation findings must be translated into a treatment plan that addresses both the neurological under-arousal and the impact this under-arousal has on an individual's functioning in the meaningful contexts of his or her life. While there are times when a physician alone treating an attention disorder will suffice, these will be rare. Since attention affects behavior in many settings, a cross-disciplinary approach will help ensure the best treatment outcomes. A psychologist trained in working with families and systems will usually be an essential member of a treatment team. For children and adolescents, a learning specialist well-versed in attention disorders will prove invaluable. Evaluating and treating attention disorders without considering learning, mood, anxiety, or behavior disorders is akin to placing a band-aid over an underlying infection.

Components of Successful Treatment Outcomes

Obtain a Specialized Evaluation

An evaluation specifically for an attention disorder accurately identifies *all* factors, strengths as well as weaknesses, that contribute to an individual's current functioning.

Understand Attention Disorders

Educating parents and teachers about attention disorders is crucial. This ranks as the second most effective intervention, just below medication, for creating change.

Develop a Comprehensive Treatment Plan

In order to obtain a successful outcome, behavior at home, in school, at work, and in

the community, as well as the neurological under-activation must all be addressed.

Designate a Care Manager

A care manager is needed to coordinate all aspects of an individualized treatment plan with the family, involved professionals and school personnel.

Provide Ongoing Monitoring

Attention disorders persist into adulthood in the majority of cases. To ensure ongoing success, regular follow-up care is necessary, especially during major transitions.

Addressing Neurological Under-Arousal

Medication is very likely to be recommended as one component of a comprehensive treatment plan because it is the single most effective intervention for attention disorders. Medication helps neurons work properly, as glasses correct poor vision and insulin regulates blood glucose levels. It corrects deficiencies in the actions of neurotransmitters, the brain's chemical messengers that govern attention, behavior and mood. While a variety of medications can be used to treat attention disorders, there is no one best medication. However, a stimulant medication will usually be a physician's first choice.

Stimulant medications have repeatedly demonstrated their efficacy in more than 350 well-designed research studies conducted over 40 years. In fact, they are among the most researched medications in any branch of medicine. Stimulant medications improve the core symptoms of attention disorders for almost 90 percent of those who have adequate trials, and completely normalize them in 50 percent. All stimulant medications have the same action. They slow the re-uptake, and sometimes increase production of the neurotransmitter dopamine. They all begin to work quite quickly, usually within an hour after ingestion.

To date, no long-term adverse health consequences have been found for stimulant medications. They are considered to be very safe, though not without side effects. Decreased appetite, delayed sleep onset, and mild stomachache or headache are the most common. Attaining a therapeutic response may take some time and require adjustments in dose, timing or type of medication.

In addition to medication, a number of alternative treatments claim to be effective in correcting the underlying neurological under-activation of attention disorders. The potential benefits, risks and current research status of these, or any treatment options, should be carefully discussed with an attention disorders specialist before being implemented.

Benefits of Medication

- Improved attention and concentration
- Decreased impulsivity and hyperactivity
- Increased compliance, cooperation and task completion
- Improved working memory and internalized language
- Increased effort and persistence
- Increased task completion
- Improved time management, planning and organization
- Decreased peer rejection
- Improved handwriting and motor control

Addressing the Impact of Attention Disorders

While medications may reduce or remove the symptoms of attention disorders, they cannot compensate for what may be years of accumulated stress, negativity, frustration, disappointment or rejection. Nor can they provide the skills necessary for effective functioning at home, in school, at work, with peers, or in the community. For this, psychosocial interventions (education, strategies, skill training, counseling, or advocacy) are necessary. Psychosocial interventions are most effective when they are offered or delivered at the point-of-performance, at the time and place the behaviors of concern are occurring. The weak executive functions of attention disorders prohibit skills or behaviors that are discussed or modeled in one setting from being remembered or activated when they are needed in another.

Attention disorders create considerable stress for parents, and stressed parents tend to struggle to provide consistent, positive responses to their children's behavior. In fact, inconsistent parenting practices can give rise to one of the more common co-occurring conditions accompanying attention disorders, Oppositional Defiant Disorder. Interventions that offer parents more effective behavior management alternatives such as appropriate setting of expectations, use of reinforcement and consequences, and communication and conflict resolution skills are particularly valuable. Individual and family counseling can promote better understanding of attention disorders and improve parent-child, sibling, or marital relationships that may have become strained. Counseling may also help adults establish a more realistic sense of their strengths and capabilities which are so frequently underestimated in those with attention disorders.

Academic skills deficits and underachievement plague those with attention disorders so psychosocial interventions at school are almost always essential. A learning specialist can work directly with middle school, high school or college students, can help teachers and administrators understand students' needs, and can recommend appropriate academic accommodations.

Beneficial Psychosocial Interventions

- Educating parents, teachers and professionals about attention disorders
- Training parents in effective parenting strategies
- Externalizing relevant information to minimize working memory demands
- Modifying the environment to manage distractions
- Assisting at points-of-performance
- Providing academic or work accommodations
- Revising expectations for productivity
- Coaching
- Maintaining attention health - appropriate sleep, exercise, and diet

Monitoring Care

Managing attention disorders for the long-term takes thought and commitment. Finding just the right combination of interventions may take some time. And sometimes, successful interventions lose their effectiveness and need to be reconsidered. A designated care manager who specializes in attention disorders can best monitor and guide the treatment process. With a comprehensive and collaborative approach, attention disorders need not hold anyone back from soaring, reaching potential, unleashing creativity, and enjoying immense personal satisfaction and enriching relationships.



Our Staff



Rob Ziffer, Ph.D., Director of Clinical Services, is a clinical and school psychologist with a Diplomate in assessment psychology from the American Board of Assessment Psychology. With over 30 years experience, he has served as a senior psychologist at the Philadelphia Child Guidance Clinic (1979 - 1988), holding the positions of Director of Outpatient Psychological Services, Director of Psychology Training, Director of Evaluation Research, and, Supervisor in the Family Therapy Training Center. Dr. Ziffer has also been a consultant to the Children's Hospital of Philadelphia, the Crossroads School, the Haverford School, and a clinical affiliate in the Department of Psychiatry at the University of Pennsylvania School of Medicine. His first book, *Adjunctive Techniques in Family Therapy*, was reviewed in the professional literature as "An extraordinarily valuable contribution to the field". Dr. Ziffer is also the founder of Psychological Assessment Services which developed and publishes the Childrens' Self-Report and Projective Inventory, and, Facets of Success, which are assessment materials for psychologists, counselors and schools working with children and adolescents. His general clinical practice includes both evaluation and treatment of children, adolescents, and adults. He has had a career-long interest and specialty in attention disorders.



Debbie Flaks, M.Ed., Director of Educational Services, holds two Masters' degrees in Education, and is triple-certified in Pennsylvania as a special education teacher, reading specialist, and teacher of the visually impaired. She has worked with students, parents and teachers in schools and colleges for over 20 years. During this time she has specialized in working with students with special needs, especially attention disorders and learning disabilities. Ms. Flaks started her teaching career in South Africa. After moving to the United States, she taught adolescents who were visually impaired from non-English speaking countries in the International Program at Overbrook School for the Blind. Before moving into independent practice, Ms. Flaks worked for 11 years at The Crefeld School. While there, she served as a teacher, learning specialist, Assistant Head of School and Acting Head of School. As an administrator, Ms. Flaks provided extensive professional development for teachers that focused on curriculum development, and developed support-based programs that serve students who are bright, creative non-traditional learners. In addition to her work at The Center for Attention Disorders and Student Success Services, Ms. Flaks teaches a course in special education in the Education Department at Bryn Mawr and Haverford Colleges.

About the Center for Attention Disorders

With over 50 years combined experience working with children, adolescents and adults with attention disorders, we have repeatedly witnessed the enormous impact attention disorders have on their health, achievement, well-being, family and peer relationships. We have also seen the ongoing success and personal satisfaction in school, work and relationships that they have achieved when their attention disorders have been well-managed. Too often, the care provided to those with attention disorders falls short of what is required for successful long-term outcomes. We believe that the complex nature of attention disorders makes them unique in their treatment requirements. Attention disorders are highly responsive to the right care and very resistant to anything less.

We developed the Center for Attention Disorders to promote accurate and comprehensive understanding of the chronic and widespread impact of attention disorders, and to provide the standard of care they deserve. We offer comprehensive diagnostic, therapeutic, and educational support services and provide in-service training, educational workshops, and presentations for schools, parents, employers and community groups. For those already diagnosed with attention disorders, we offer consultations about their treatment plans to ensure the most positive outcomes possible.



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