

# Why Can't I Pay Attention ?

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3rd edition



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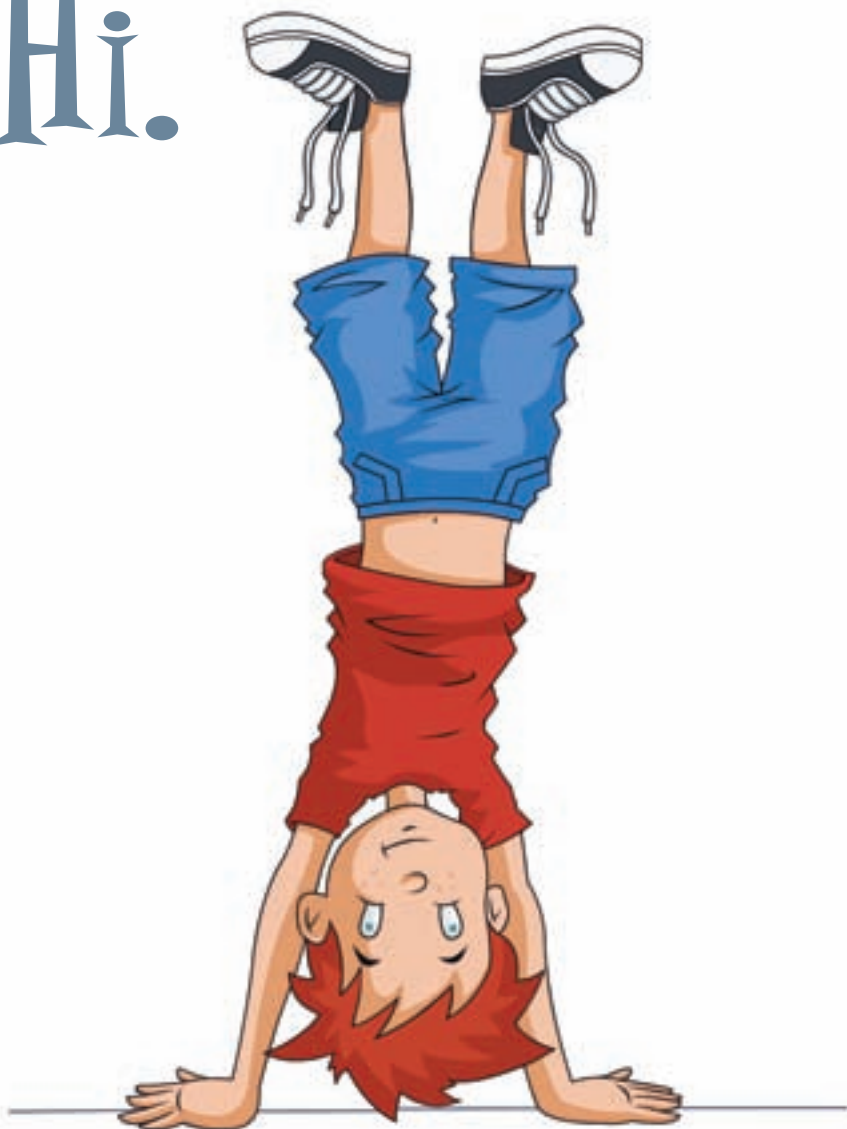
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# Hi.



I'm Nicholas and I'm 10 years old. I'm going to tell you my story from the very beginning.



**B**efore I was born, Mom said I loved to do cartwheels in her belly.





After I was born, Dad said I was always up at night and wanted to play.

I wasn't tired, but he sure was!

Mom said as soon as I could walk, I started to run, and I haven't stopped since. She had a hard time catching up to me.





Dad said  
sometimes I had  
so much energy that I'd  
spin like a top and  
bounce off the walls.

Mom said I got into  
everything.





**A**t the daycare, Mrs. Darwish said I was friendly and lovable. But she asked my Mom why I couldn't settle down and listen.



Dad said he always had to keep his eyes on me. Sometimes I'd climb too high.

Or run into the street before thinking about what might happen.





I loved my first teacher, Mrs. Chester. And she liked me a lot. But Mrs. Chester wondered why it was so hard for me to sit still and pay attention in circle time.

In senior kindergarten, my teacher, Miss Nadeau, said I wanted to play with the trucks and the sand toys instead of learning my letters.





In Grade 1, I still couldn't sit still and pay attention for long. As soon as I was doing my work someone would start talking, or something interesting would happen outside the window, or someone would get up to sharpen a pencil. So I just couldn't concentrate long enough to get my work done.

When I had too much energy to settle down, my teacher, Mr. Wong, would say: "Nicholas, you have ants in your pants. You better walk around the class a few times and make sure you run around the school yard during recess." Sometimes that would help.





That summer I joined a swim team. I liked to feel the water rushing past me when I swam fast. When my coach met my parents he said: "Nicholas swims as beautifully as a dolphin."

I felt proud.



In Grade 2, my teacher was Mr. Singh.

Sometimes I missed his instructions because my attention wandered away.



When the rest of the class was working, Mr. Singh would come to my desk and quietly whisper: “Are you with me, Nicholas?” That would surprise me and suddenly I’d realize that I hadn’t been listening. Mr. Singh was nice. He would explain the instructions all over again.

Later he would check to see how I was doing.

If I was having trouble, Mr. Singh would help me. If I was disorganized, he would tell me which part to work on next.

Because I still couldn’t sit still and pay attention like the other kids, my reading and math weren’t very good. A special teacher started to help me in class.





At home, my room was a mess and I was always losing things. My parents always had to remind me to do my chores.

That made them angry and then I felt bad.

In Grade 3, things got worse. I started to feel really lost and I thought I'd never be a good reader. Sometimes I didn't even want to go to school.

My parents used to say: "Nicholas, if you would only try harder, you could do better." That made me sad. They didn't understand that I couldn't concentrate and get my work done like the other kids.





**M**y principal, Mrs. Barten, spoke to my Mom.  
Mrs. Barten said a children's doctor might be able  
to help me to settle down and do my work.

Mom and Dad took me to Dr. Cody's office three times.  
Dr. Cody read the letters from my teachers.

**H**e asked us questions and found out a lot about me. Some things I didn't even know! Then he examined me and we played some games so he could understand me better.

Dr. Cody said that there are many different reasons why kids can't sit still and pay attention. Sometimes they are worried and upset because they have been bullied in the schoolyard. Sometimes they do not see well and can't follow what's written on the blackboard. Sometimes they can't hear well or understand the instructions the teacher has given. And sometimes the schoolwork is just too hard for them to complete.

There were other reasons but I can't remember them all. Dr. Cody said my reason was different.

Dr. Cody said that I have a condition called "Attention Deficit Hyperactivity Disorder" (ADHD for short).

He said that lots of other kids have it too. Dr. Cody told me that some children with ADHD are jumpy and fidgety like me and others aren't jumpy or fidgety at all. But every boy and girl with ADHD has some trouble paying attention in school.



Dr. Cody said my ADHD will be easier for me to handle as I get older. Dr. Cody made a few suggestions. He told us to organize my room and make a list of my chores. My Dad and I put labels on all of my drawers and arranged my things on shelves. Mom and I put a list of my chores on the refrigerator.

I got a star every time I did a chore. When I earned 10 stars I got an extra half-hour of TV. That helped me to get my chores done!

Dr. Cody said my teacher did all the right things. Mrs. Sorentino put my desk next to hers and quietly reminded me when I wasn't paying attention. She divided my work into smaller parts and made sure my agenda book was filled in every day before I went home. Mrs. Sorentino started me on "points." That meant when I finished my work in class, I earned points that got me extra time on the computer.

Dr. Cody helped me and my family talk about our feelings. My parents didn't know how frustrated and sad I felt because I wasn't doing well in school and was always losing things.



I didn't know that Mom and Dad cared about me so much. I thought they were angry with me, but they were just worried. It felt so good to hear them say, "I love you," and to get a big hug. Some girls and boys with ADHD do much better in school and at home with the kind of help I got. But I was still having trouble concentrating and getting my work done.

Dr. Cody explained: "Nicholas, I want you to understand that ADHD is a condition just like asthma is a condition. Children with asthma have trouble breathing and sometimes medicine can help them."

“It’s the same with ADHD. Boys and girls with ADHD have trouble paying attention. You and your parents, the school, and I have found ways to help you concentrate a little better. But paying attention is still hard for you. Medicine may help.”

“The right amount of medicine won’t change the kind of person you are. You will still have a great sense of humour and you’ll still be lots of fun. But the right amount of medicine might help you to get your work done.”

In Grade 4, my parents and I decided to try the medicine. It helped me to concentrate in class. I could understand what the other kids understood. I finished a lot of my work in school and my parents helped me at home.

The special teacher still gave me extra help but I didn’t feel lost anymore. I worked hard and it paid off.





This summer the best thing happened! Dr. Cody's office arranged a picnic for the kids with ADHD and their families. And I made three new friends – Christopher, Melanie, and Ali. It was nice to meet other kids with ADHD and know that I wasn't alone. I like all my friends but Christopher, Melanie, and Ali understand me the best.



Christopher is a computer whiz. He talks to people all over the world because he knows how to surf the net. Christopher's ADHD is different than mine.



Christopher is never restless and jumpy like me. When Christopher was a baby, he didn't spin like a top or bounce off the walls. And he didn't get into everything like I did.

Christopher has great ideas, but he's even more disorganized than I am. He's always losing stuff:

pencils, books, toys, schoolwork! My parents smile when I complain that I've had to keep Christopher "on track."

Christopher has a lot of trouble paying attention in school. So he makes careless mistakes and doesn't finish his work.

When Christopher has trouble concentrating, he becomes very quiet. Sometimes he daydreams. But most of the time his attention just wanders away and he doesn't even know it.



It's hard for people to know when Christopher isn't paying attention because he never gets restless or jumpy like me.

In Grade 4, Christopher wasn't doing very well. His parents and teachers thought it would be a good idea to see Dr. Cody. The doctor said that there are three kinds of ADHD. He said Christopher has the kind of ADHD that is the hardest to recognize. Dr. Cody called it ADHD - Inattentive Type.



Melanie has a great imagination and she's really lively. Her mother says she's like a little tornado sometimes. In school, Melanie is a chatterbox. When she talks too much in class, the teacher quietly reminds Melanie to allow others to speak as well.

Sometimes Melanie butts into conversations or games, doesn't wait her turn, or blurts out answers before the question is even finished.

She can't seem to help herself. Melanie is learning to "stop, look, listen and think" before doing things that make her friends angry. Melanie doesn't have as much trouble paying attention in class as Christopher and I do. She is very smart and school is easy for her.



Ali is terrific in sports. He also has ADHD. His family, the school, and Dr. Cody have helped Ali to concentrate in class. But Ali still has trouble learning.

Dr. Cody asked a psychologist to see Ali. Ali has another condition called a "learning disorder." His learning disorder makes it hard for him to read. Ali learns better in a small class at school where the teacher can give the students special help.

After the picnic I realized that there are lots of girls and boys with ADHD and all of us have some trouble paying attention in school. Some children with ADHD are restless and jumpy like me, and some aren't restless at all. My family, the school, and Dr. Cody help me a lot.



**B**ut most of all, I help myself. I use all my energy to concentrate in class. And if I don't finish all my work in class, I make sure I do the rest at home.

I'm still on the swim team and the gymnastics team. But I have lots of time to have fun with my friends. ADHD is just something I have. It doesn't have me!

**Information for parents:**  
Attention Deficit Hyperactivity Disorder (ADHD)

Nicholas and his friends bring to life the struggles and successes experienced by children with different types of ADHD. Their stories demonstrate the importance of early diagnosis and treatment in order to give children the very best chance for happiness and mastery in life.



## 1. What is ADHD?

ADHD is a biological brain-centered disorder that impairs the individual's capacity to:

- regulate activity level (leading to hyperactivity)
- restrain sudden and poorly thought-out behaviour (leading to impulsivity)
- sustain attention (leading to inattention)

## 2. Are there different types of ADHD?

There are three types of ADHD, represented by the characters in our story:

- ADHD: hyperactive-impulsive type (5% of patients),
- ADHD: inattentive type (10% to 15%), and
- ADHD: hyperactive-impulsive/inattentive (combined) type (80%)<sup>1</sup>

## 3. Is ADHD simply a childhood condition or does it persist into adulthood?

Between 60-80% of children with ADHD will still have symptoms in adulthood.<sup>1,2</sup> While inattention largely persists, hyperactivity and impulsivity diminish over time.

## 4. How commonly does ADHD occur?

ADHD affects an estimated 4% to 12% of school-aged children and approximately 4% of college-aged students and adults across various countries and cultural backgrounds.<sup>3,4</sup> On average, one or two students in each classroom suffer from ADHD.

## 5. Is ADHD more common today than in the past?

With so much current interest in ADHD, it may seem that we are in the midst of an epidemic. ADHD is, however, occurring no more frequently now than in the past, when it often went unrecognized. One reason is that the expectations in schools and in workplace environments have changed in the past 20 years. Our awareness of ADHD has also been heightened by intensive research, media exposure, in-service education for parents/teachers/healthcare professionals, and the activities of support groups. Our understanding of the condition continues to evolve in light of ongoing research.

## 6. Is poor parenting the cause of ADHD?

No. Neither does financial, social status of the family, or diet cause ADHD.

## 7. What causes ADHD?

Causes are still not totally known, but current brain imaging evidence indicates that individuals with ADHD show subtle changes in structure, chemistry, and function in specific regions of the brain. These regions are involved in self-regulation of behaviour and aspects of cognitive (problem-solving) functioning.<sup>1</sup>

8. Can ADHD be inherited?

Research indicates that there is a strong familial component. If one parent has ADHD, the risk for each child is 30%-54%.<sup>5</sup> Occasionally ADHD is not inherited and is, instead, an acquired condition. A mother's exposure to alcohol and cigarette smoking during pregnancy may result in ADHD.<sup>6</sup> Children who are born extremely premature or have a very low birth weight are at greater risk for ADHD.<sup>7,8</sup> Significant head injury may also cause ADHD.<sup>9</sup>

9. At what point can we say that impulse control is so limited, attention span so short, and activity level so excessive that it falls into the range of ADHD?

The following criteria are used in the diagnosis of ADHD.<sup>10</sup>

ADHD DIAGNOSTIC CRITERIA

ADHD: hyperactive-impulsive type	ADHD: inattentive type	ADHD: combined type
6 of 9 criteria must be met (a)	6 of 9 criteria must be met (b)	6 of 9 criteria must be met from (a) + (b)
The child often: <ul style="list-style-type: none"><li>• fidgets</li><li>• leaves seat in classroom</li><li>• runs about/climbs excessively</li><li>• has difficulty playing/engaging in leisure activities quietly</li><li>• acts as if "on the go" or "driven by a motor"</li><li>• talks excessively</li><li>• blurts out answers</li><li>• has difficulty awaiting his/her turn</li><li>• interrupts/intrudes on others</li></ul>	The child often: <ul style="list-style-type: none"><li>• fails to pay close attention to details</li><li>• has difficulty sustaining attention</li><li>• does not seem to listen</li><li>• does not finish tasks</li><li>• has difficulty organizing tasks</li><li>• avoids/dislikes tasks requiring sustained mental effort</li><li>• loses things</li><li>• is easily distracted</li><li>• is forgetful</li></ul>	

10. What are the cognitive (problem solving) weaknesses associated with ADHD?

Areas of cognitive weaknesses associated with ADHD are: <sup>11</sup>

**Executive functions** allow individuals to "stop, look, listen, and think before acting" and to set goals. Weaknesses in executive functions make it difficult to monitor one's actions, prevent unwanted behaviour, manage time, plan, organize, and make decisions.

**Working memory** allows individuals to store and use information in order to perform an activity. Weakness in working memory makes it difficult to comprehend what has just been read or said, pay attention, and problem solve.

**Processing speed** allows individuals to process incoming and outgoing information. Slower processing speed makes it difficult to follow instructions and complete work in a reasonable period of time.

11. Why can individuals with ADHD pay attention to a favourite activity (e.g. video games) for a long period of time, but not to homework?

Video games are fun and entertaining, the screen changes constantly, and there are instant responses and rewards. Conversely, homework is not fun or entertaining, the task remains constant, and there are no immediate rewards.

# 12. How do “hyperactivity, impulsivity, inattention” appear across the lifespan?

## ADHD SYMPTOMS ACROSS THE LIFESPAN<sup>11,3</sup>

	Infant/toddler	Preschooler (3-5 years)	School age child (6-12 years)	Adolescent (13-18 years)	Adult
<i>Hyperactivity</i>	<ul style="list-style-type: none"> <li>cries excessively</li> <li>colicky</li> <li>difficult to soothe</li> <li>needs little sleep/ restless sleeper/ tireless</li> <li>fussy eater</li> </ul>	<ul style="list-style-type: none"> <li>spins like a top, bounces off the walls, the “Energizer Bunny,” like a tornado, “hyper”</li> <li>difficulty sitting for circle time and listening to a story</li> <li>sometimes destructive play</li> </ul>	<ul style="list-style-type: none"> <li>leaves seat in class</li> <li>acts silly at times</li> <li>rough play, at times aggressive</li> </ul>	<ul style="list-style-type: none"> <li>feelings of inner restlessness</li> </ul>	<ul style="list-style-type: none"> <li>feelings of inner restlessness</li> </ul>
<i>Impulsivity</i>	<ul style="list-style-type: none"> <li>safety risk</li> <li>climbs dangerously high</li> <li>does not hear the word “no”</li> <li>insatiable curiosity</li> </ul>	<ul style="list-style-type: none"> <li>safety risk</li> <li>runs onto the street without looking</li> <li>quick temper tantrums, overly excitable</li> </ul>	<ul style="list-style-type: none"> <li>impatient, can't wait his/her turn</li> <li>rushes to finish first or to be first in line</li> <li>jumps into things before thinking about what might happen</li> <li>blurts out answers in class</li> <li>interrupts or intrudes on others</li> <li>misses details</li> <li>difficulty editing his/her own work</li> <li>plays role of class clown</li> </ul>	<ul style="list-style-type: none"> <li>poor peer relationships, poor self-esteem, difficulty with authority figures</li> <li>makes impulsive decisions</li> <li>engages in “risky” behaviours (speeding and driving mishaps)</li> <li>impaired temper-control</li> </ul>	<ul style="list-style-type: none"> <li>job instability and marital difficulties</li> <li>makes impulsive decisions related to money, travel, jobs, or social plans</li> <li>poor time management</li> <li>shifts activities prematurely</li> <li>short temper; poor self-discipline</li> </ul>
<i>Inattention</i>	<ul style="list-style-type: none"> <li>demanding of parents' attention</li> <li>won't play with one toy for long</li> </ul>	<ul style="list-style-type: none"> <li>flits from one activity to another</li> <li>won't sit and listen to a story</li> </ul>	<ul style="list-style-type: none"> <li>daydreamer; in another world, “space cadet”</li> <li>short attention span</li> <li>easily distracted</li> <li>gives up easily; “lazy”</li> <li>homework: poorly organized, careless errors, often not completed</li> </ul>	<ul style="list-style-type: none"> <li>problems concentrating in class or within a group discussion</li> <li>difficulty remembering information which was only read once</li> <li>fails to work independently</li> <li>shows poor follow-through</li> <li>schoolwork disorganized</li> </ul>	<ul style="list-style-type: none"> <li>difficulty focusing on the job</li> <li>difficulty initiating and finishing projects or tasks</li> <li>disorganized, fails to plan ahead</li> <li>forgetful, loses things</li> </ul>

# 13. What conditions look like ADHD and therefore may be confused with ADHD?

Conditions that resemble ADHD, “look-alike conditions,” can be confused because they often share the same symptoms “hyperactivity, impulsivity, inattention.”<sup>10</sup> These conditions include the following and must be ruled out:

- physical disorders (hearing/vision loss, hyperthyroidism, seizure disorders, head injury, etc.)
- learning disorders

- mental health disorders: mood, anxiety, conduct, oppositional defiant, autistic spectrum, personality
- personality change due to a substance-related disorder
- consequence of family problems
- tic disorders
- medication-induced symptoms
- boredom in a child with superior intelligence (gifted child)
- high energy and activity level in a normal child

#### 14. How is the diagnosis of ADHD confirmed?

Unfortunately, there is still no single laboratory test or combination of tests that can consistently identify the child with ADHD.

The following conditions must be met in order to confirm ADHD<sup>10</sup>:

1. The core symptoms, "hyperactivity, impulsivity, inattention," must meet the criteria (see Q9) and must have been present in the past 6 months.
2. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before the age of 7 years.
3. Some impairment from the symptoms is present in two or more settings (e.g., at school, work, home).
4. There must be clear evidence of a child's strong impairment in social, academic, or occupational functioning
5. "Look-alike conditions" must be ruled out (see Q13).

#### 15. What conditions may co-occur in people who suffer from ADHD?

About one third of children with ADHD have one or more "co-occurring condition(s)." <sup>3</sup>

The following chart shows the most frequent among them and their appearance across the lifespan.<sup>12</sup>

Co-occurring Condition	Oppositional Defiant Disorder (ODD)	Anxiety Disorder	Mood Disorder	Conduct Disorder (CD)	Learning Disability (LD)	Depression	Substance Use Disorder (SUD)
Childhood	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>		
Adulthood		<div></div>				<div></div>	<div></div>

#### 16. What should your child’s assessment include?

Information about the child is gathered from many sources including the child, parents, significant others, educators, and healthcare professionals:

- a detailed developmental, social, and family history
  - a review of reports cards from Junior Kindergarten onwards
  - a school questionnaire including behaviour rating scales
  - direct observations
  - assessment of academic achievement and language skills by healthcare professional as appropriate
  - a physical examination
- "Look-alike conditions" must be ruled out (see Q13). The possibility of "co-occurring conditions" must be considered (see Q15).



## 17. Why is it so important to treat ADHD?

ADHD is not a benign disorder. Across the lifespan, the personal, social, and societal costs of untreated ADHD may be considerable. ADHD may significantly impair daily functioning. Early diagnosis and timely treatment may prevent academic/occupational underachievement, health problems, and social difficulties. Some individuals may require ADHD treatment throughout their lifetime.

### POTENTIAL IMPACT OF ADHD ON AREAS OF DAILY FUNCTIONING

Academic/occupational	Health/injury	Social functioning/self-esteem	Sexual behaviour	Criminality	Substance abuse
<b>Academic:</b> <ul style="list-style-type: none"><li>• more frequently: score lower on achievement tests, require special education, repeat grades, suffer suspensions, drop out of school</li><li>• less frequently: enter/complete college</li><li>• on average, complete three fewer years of education<sup>5,12</sup></li></ul> <b>Occupational:</b> <ul style="list-style-type: none"><li>• more frequently: enter the work-force less skilled, are fired, change jobs, receive lower performance ratings<sup>5</sup></li></ul>	<b>Individuals with ADHD:</b> <ul style="list-style-type: none"><li>• incur more than double the cost of medical care</li><li>• are less likely to foresee danger and to put preventative strategies in place</li><li>• without treatment, suffer from four times as many serious injuries and three times as many motor vehicle accidents<sup>5,13,14</sup></li></ul>	<b>Children are more likely to have:</b> <ul style="list-style-type: none"><li>• poor social skills</li><li>• fewer friends</li><li>• lower self-esteem</li></ul> <b>Adolescents are more likely to have:</b> <ul style="list-style-type: none"><li>• poor peer relationships</li><li>• difficulty with authority figures</li></ul> <b>Parents/families</b> experience higher levels of: <ul style="list-style-type: none"><li>• stress</li><li>• self-blame</li><li>• social isolation</li><li>• depression</li><li>• marital discord<sup>5,16</sup></li></ul>	In the “Milwaukee Young Adult Outcome Study” adolescents were more likely to have: <ul style="list-style-type: none"><li>• sex at an earlier age</li><li>• more sexual partners</li><li>• more unplanned pregnancies</li><li>• more sexually transmitted infections<sup>5</sup></li></ul>	ODD, CD, and anti-social personality disorder may co-occur with ADHD. Coupled with the impulsivity of ADHD, these co-occurring conditions increase the risk for legal problems. In a long-term study, <b>individuals with ADHD</b> were more likely: <ul style="list-style-type: none"><li>• to be arrested, arrested more than once, convicted, jailed<sup>17,18</sup></li></ul>	<b>Smoking</b> Individuals with ADHD <ul style="list-style-type: none"><li>• start smoking earlier; smoke more heavily, have more difficulty quitting</li><li>• nicotine is a “gateway” drug. 54% who smoke cigarettes go on to abuse additional substances</li></ul> <b>Substance use disorder(SUD)</b> <ul style="list-style-type: none"><li>• without treatment, over half develop SUD by adulthood<sup>19</sup></li></ul>

## 18. What treatment approaches are effective?

Treatment of ADHD is a complex subject. The following is just a brief summary to give you an idea what to expect as possible treatment for your child with ADHD.

No treatment has been found to cure ADHD. However, many treatments exist which can effectively assist with its management. ADHD should be viewed like any other chronic medical condition that requires ongoing management. Treatment is likely to be multidisciplinary, requiring the mental health, educational, and medical professions at various points in its course. Treatments for ADHD must often be combined and maintained over long periods of time to sustain the initial improvements. In so doing, many individuals with ADHD can lead satisfactory, reasonably adjusted, and productive lives. Sadly, less than half of those with ADHD are receiving treatment.<sup>5</sup>

ADHD management options include non-pharmacologic approaches, medications, and the treatment of co-occurring conditions. For many children with ADHD multiple therapies are required.<sup>20,21</sup> Non-pharmacologic approaches include: education of parents and teachers about ADHD, parent training in child behaviour management, family therapy, cognitive behaviour therapy, teacher training in classroom behaviour management, special education services, and participation in parent /client support groups. Medications are often introduced when non-pharmacologic approaches are insufficient.

## 19. Where can I learn more about ADHD?

- Help starts here! [www.ADHDAndYou.ca](http://www.ADHDAndYou.ca)
- Centre for ADHD Awareness, Canada (CADDAC). [www.caddac.ca](http://www.caddac.ca)
- CADDRA, the Canadian Attention Deficit Hyperactivity Disorder Resource Alliance. [www.caddra.ca](http://www.caddra.ca)
- Children and Adults with ADHD (CHADD). [www.chaddcanada.org](http://www.chaddcanada.org)
- The Canadian Paediatric Society. [www.cps.ca](http://www.cps.ca)
- The Learning Disabilities Association of Canada (LDAC). [www.ldac-taac.ca](http://www.ldac-taac.ca)
- The Learning Disabilities Association of Ontario (LDAO). [www.ldao.ca](http://www.ldao.ca)
- The Learning Disabilities Association of Quebec (LDAQ). [www.aqeta.qc.ca](http://www.aqeta.qc.ca)
- Regroupement des associations de parents PANDA du Québec. [www.associationpanda.qc.ca](http://www.associationpanda.qc.ca)
- The Teach ADHD website. [www.teachadhd.ca](http://www.teachadhd.ca)

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"Why Can't I Pay Attention?" is the story of Nicholas and his friends. It brings to life the struggles and successes experienced by children with different types of ADHD. Their stories demonstrate the importance of early diagnosis and treatment in order to give children the very best chance for happiness and mastery in life. We are proud to present you a third edition of this very popular book, which was first published in the fall of 2006.

The origins of this publication were inspired by a shared experience with hundreds of children and families with ADHD. We are thankful for their many suggestions along the way. Families requested current knowledge about ADHD in order to better understand the condition, and to consider treatment options. A question-and-answer format in the second part relates this information.

We would like to thank Shire Canada Inc. for their commitment to parent education and for generously providing this publication as a public service. We are grateful to our publisher, Elke Henneberg, and the artists for creating this exquisite piece and appreciate the helpful suggestions of the reviewers. Many thanks also to Debbie Shawn for reviewing countless versions of the text. As our other family members would say: "Mom, you're the best!"

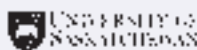
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