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**Specialist in ADHD, Bipolar and Related Disorders**

**-- Frequently Asked Questions --**

1. Isn't it true that specialists in ADHD or Bipolar Disorder tend to over-diagnose those disorders?

A "Specialist" in this area like any other, has had significant additional education beyond that of "generalist" clinicians. Part of this additional education includes learning how to tell ADHD from Bipolar, and from other disorders. After 35 years in the mental health field, and only the past 12 as a "Specialist", I believe I have highly developed skills in "differential diagnosis". Those who have the opinion that specialists like myself over-diagnose, or "just diagnose ADHD all the time", are typically individuals who are lacking in knowledge about the advancements that have occurred in research and clinical understanding of Disorders like ADHD and Bipolar just in the last 5-10 years. It is perplexing that people make such claims about specialists in this field, but they rarely express similar notions about specialists like cardiologists, oncologists, or allergists.

2. Why are medication(s) suggested for this child? Aren't those medications harmful? Aren't kids over-medicated today?

I suggest medication for three reasons: (1) Disorders like ADHD or Bipolar are very serious disorders of brain chemistry with very serious life consequences if left untreated; (2) Most children with these Disorders are suffering very significantly, especially in their self-image and self-esteem; and, (3) If used properly, certain medications can reduce symptoms of ADHD or Bipolar by 50-80%. The "stories" we all hear in the media about how "awful" "drugs" like Ritalin are, stem largely (90+%) from "quickie" diagnoses (clinician sees the child for 30-60 minutes and makes a diagnosis), and from inadequate education of the family about the role and effects of medication, and from inadequate monitoring of the patient's response. Some physicians do, too quickly, "throw" medication at a situation. Specialists, like myself, usually provide treatment solutions of several different types (behavioral, social, educational), along with medication options.

3. Aren't ADHD and Childhood Bipolar just the latest "fad" labels for troubled kids?

Tell that to someone who has an ADHD or Bipolar child! Go ahead, I dare you! ADHD was first medically identified in 1902 by a highly respected physician in England. Childhood Bipolar Disorder, though just clearly identified within the past 10 years, had been suspected as a distinct disorder for the past 30 years. Some seem to believe that we would all be better off if we just went back to simpler times when labels like "troubled", or "bad", or "delinquent", or "severely disturbed" were used. But, most would agree those didn't help.

4. How can you suggest medication, you're not a medical doctor?

I am not an "MD". So, I cannot prescribe or recommend medication. However, because of my experience and training in psychopharmacology, I can "suggest" medications that are proven by research and nation-wide clinical experience to be the most effective for certain problems.

5. Isn't this child too young to be diagnosed with .....?

Some view such a diagnosis as "labeling". ADHD and Bipolar Disorder are no different than other hereditary, physical disorders. Research and clinical experience has revealed symptoms of these Disorders that can be identified in children as young as 3-4 years old. The sooner these problems are identified, the better the child's chances are for a successful, productive life.

6. Isn't the diagnosis of "Childhood Bipolar Disorder" just speculation or theory?

Childhood Bipolar Disorder was first suspected as a distinct clinical entity nearly 25 years ago. Since about 1995, research has clearly identified it as a distinct disorder. Many researchers have already developed detailed symptom profiles.

**7. Why didn't you do "psychological testing"? Isn't that more objective in diagnosing someone?**

**Traditional "psychological testing" has been shown to be ineffective in diagnosing such things as ADHD and Bipolar Disorder. The "structured clinical interview" along with behavior rating scales are accepted in the field as the "gold standard". Even the CPT (Continuous Performance Test) has been shown to mis-identify nearly 25% of ADHD individuals.**

**8. Our doctor won't accept your diagnosis or your treatment recommendations (medication), why?**

**Basically, two reasons: (1) Knowledge about things like ADHD and Bipolar Disorder has grown so much and so rapidly in the past 5-10 years that most clinicians have not been able to keep up, and (2) Because of lack of familiarity with these Disorders and because many medical doctors view prescription medications as their exclusive purview (i.e., they resent non-MD practitioners expressing opinions about medication).**

**The fact that your doctor won't accept my diagnosis or treatment suggestions does not necessarily mean anything negative about your doctor. It may simply mean that your doctor is not up-to-date regarding these issues and is, therefore, uncomfortable dealing with them. Call me and ask for a referral to someone who is knowledgeable and up-to-date regarding these matters.**

**9. I have Adult ADHD. I get lots of negative feedback like, "that's just a childhood problem", or, "that hasn't been proven to be a real diagnosis", or, "you're just looking for an excuse for your problems", how should I deal with these reactions?**

**First, Adult ADHD was identified as a distinct and definite clinical problem over 25 years ago. There have been at least two well-done studies documenting the continuation of ADHD symptoms into adulthood. Those who say these things are simply out-of-touch-with-reality. Ignore them! If any of these individuals are professionals from whom you are seeking help, go to someone else. What you have is very real, and very serious.**