Subject:	OSH Staff behaving badly
From:	Todd G. (wisegamer@yahoo.com)
To:	terri.davie@state.or.us;
Date:	Tuesday, June 10, 2008 2:18 PM

Hi, my name is Todd Giffen. I am a patient at Oregon State Hospital on ward 48B. I arrived under the Hospital's control in November of 2005 - under a "Guilty except for insanity" plea which I never supported at all; however due to a cognitive disorder (ADHD-i**)I suffer from (as you shall see) I was unable to effectively communicate my disapproval of the plea - Increasing my originally misdemeanor charges, to felonies. I have laboriously compiled these events for you examination and (hopefully) support. Below are dates that you need to check the security videos (security video logs are overwritten every 30 days). Deborah Howard has been lying about the below incidents. The below records are accurate as to what has been happening on the unit. Besides what's listed below, some of the inappropriate behavior I have been subjected to (by staff) includes manipulating myself and my environment, eavesdropping on me, staff generally trying to get me into trouble and terrorizing me, and allowing other people/patients to do the same (both through mental and physical abuse, i.e. objects thrown at me, uncontrolled fights). Since May 10th, I have contacted other people as well as my family for support and help in looking into this matter - so far, we have received no help, and no one has looked into the issues at hand. Please look into it.

Before I came to this hospital I had none of the problems the hospital is now advocating. I had very good relations with my doctors and caregivers out in the community as well as my P.S.R.B. case monitor (Roger Coleman). Roger Coleman had even gone as far as writing in his letter to the P.S.R.B. (for the possibility of revocation) that he was, "regretful that this had happened," that he "cared a lot about me" and described me as an "incredibly sensitive, caring and refreshingly honest." What has changed since my move to Oregon State Hospital?

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I have been getting harassed and tormented by the staff for quite some time. More recently, the hospital staff have stolen a personal note of mine that they had said had some "incriminating information" within it about Jeff Burkoltz (a staff who had previously helped *Bonita Tucker [More information to follow] get out of administrative trouble and put the blame on

me). Jeff Burkoltz has also made threats toward me i.e. that he was going to make sure "that everyone knew about me" and that I would be back in his control, "in no time." Jeff Burkoltz has also called me a "borderline bitch" (while in transit from 48B to 50C in October). Soon after these threats, there was some information about me circulated throughout the hospitals staff infrastructure (a threat Jeff Burkoltz had made in the tunnels). Although false, the information spreading around about me contained slander involving claims such as: that I was anti-social, psychotic, a stalker/predator, sexual predator, manipulator, chronic masturbator, that I had forced myself on hospital staff, that I was co-dependent, borderline, an attention seeker, a liar, that I was delusional and had "misperceptions." Fortunately, none of this was true.

This stems from an incident in 2006 with Bonita Tucker who had gotten me in trouble when she had given me her personal contact information and engaged into inappropriate physical contact. The incidents with Bonita Tucker occurred on 48B where she worked. The staff were aware that this was happening but, didn't do or say anything about it, much less even report it. Soon after, Bonnie Tucker began having problems. The other staff (her colleagues) were telling her what to do to try and get herself out of trouble. One staff named Gus told her to "be careful." Bonnie Tucker later came and talked to me about how we could just do it a different way without her getting in trouble. A nurse once noted on the situation between myself and Bonita Tucker, but it was later taken out of the shift report because it wasn't believed. Later on, when I was on a different unit and it became a problem, the staff from that unit had falsely accused me of being many of the things originally made claim by the false information spreading around the hospital about myself. Even though the staff involved knew the false nature of this information, they supported the claims to keep Bonita Tucker and themselves out of trouble. I tried to tell various staff about this situation but, I was not able to because of my cognitive disorder. I did one time talk to Dr. Sible about it; However I did not say much, or reveal many facts, only asking hypothetical and slightly unrelated questions for fear that I would get into trouble for being involved.

On 50G, the effects of my cognitive disorder led me to try and communicate in a different way, and also kept me upset most of the time. One interaction with a psychologist on 50G named Stacey Caraballo was very upsetting, I was very upset and talked to her about the recent events but, feeling as if I was not able to tell anyone about them; it was difficult for me to communicate and I ended up telling the psychologist that I would "show her." Although nobody ever told me, later, Stacey Caraballo had made a claim that I was a

sexual predator and a manipulator based on that incident. When I tried to talk to other staff on 50G about this incident, I was told to, "forget about it." Nothing about this event was ever put into my charts; The repercussions from this surrounding staff involved mainly personal verbal attacks and exclusion from activities.

I had been approved for conditional release by the hospital and the P.S.R.B. and was also scheduled for an interview, however the staff would not let me exercise my privileges to go to the interview, and I was forced to remain here at the hospital. I dealt with this for many months until 2007. Prior to 2007, during 2006 I wrote a formal complaint to O.I.T. concerning incidents involving Bonita Tucker and the staff's conduct surrounding the events. O.I.T. stated that the possibility of sexual abuse was unsubstantiated while performing a general investigation however, O.I.T. commented on the fact that Bonnie Tucker had a history of boundary problems and had apparent boundary confusion. Later on, in 2007, I was still in the hospital dealing with this situation ; Bonnie Tucker had gotten into a romantic situation with another patient: David Anderson. Bonnie Tucker had also brought in contraband on at least one occasion and tried to help David Anderson escape. Bonnie Tucker resigned later, in March of 2007. I had previously told O.I.T. about Bonnie Tucker, her relationship to David Anderson and other patients; Specifically; I mentioned them being close, and her bringing contraband for them in 2006 - but nothing was ever done. Consequently, after she resigned, the staff's attitude changed. They started letting me use my privileges again and sent me to 41A (A co-ed, transitional unit).

Once I was on this unit, two main events took place: I began questioning the meds I was on and my current diagnosis, as well as being confronted by the unit's head nurse (Nikki) concerning these issues as well as receiving therapy directly from Michelle McGraw-Hunter (The unit director) concerning the events with Bonita Tucker (thus, affirming my suspicions that they already had foreknowledge); despite the therapy however, I was scared to let out any facts for fear that I would be implicated and fall into some sort of trouble. Previously, doctors had forced me to take meds I didn't need, including Seraquel. When I tried to get off of those meds (which had been incorrectly prescribed to me) on 41A, the doctor tried to over-ride my decision. That failed. The outside doctor called in disagreed with the hospital and alternatively identified my difficulty with communication (inattentiveness and problems communicating). The outside doctor diagnosed me with ADHD (which I had been previously diagnosed with as a child) and he recommended treatment. The doctors in

the hospital would not provide treatment for ADHD (Specifically, Dr. Fritz would not provide the required treatment, Dr. fritz had said he didn't want to prescribe Wellbutrin for my ADHD because it could cause a manic episode. Instead, I was prescribed Paxil, which I later found out also carries the same amount of risk as Wellbutrin to cause a manic episode. Along with the growing conflict and turmoil, I was actively involved in a couple legal affairs involving O.A.C. and a post conviction release hearing. The staff assumed that I was pursuing legal action against them and added to the growing negative atmosphere surrounding me. After I advocated to be treated for ADHD-i, as well as taking several physiological tests from Dr. Lundblad (another doctor assigned to 41A) who's results showed my high- impairment in several categories including: Attention, delayed memory, immediate memory, productive language and memory. Dr. Fritz started me on a low dose of Ritalin that I found out was insignificant when compared to what is typically considered a therapeutic dosage (about 1/10 to 1/20 of the therapeutic dose). When I then tried to get off of Seraquel and get my Ritalin increased, I ran into further difficulties, from which I was sent to 48B for. It was very difficult for me to communicate effectively with the staff during this period due to my untreated cognitive disorder. Directly before my transfer back to ward 48B (while I was still on 41A), I was also suffering from withdrawal effects from the loss of Seraquel. At a critical moment, I was confronted by 41A's unit director and head nurse. We discussed possible med changes, but not once was the possibility of a transfer back to maximum security ever brought up. The doctor confronted me briefly and made a minor adjustment to my prescriptions (lowering my Ritalin to an even less effective level). I briefly objected to his actions and I felt as if the doctor (Dr. Fritz) did not take into account anything I had to say, finishing the conversation by telling me, "Stop doing it, you do it to yourself." I assume also, from this brief argumentative confrontation that the doctor wrote the transfer order for me to be sent back over to 48B, maximum security. From then on, there has been on-going turmoil. During this short transition period, all of my legal documents were searched by staff and after being returned to me - documents were missing. The staff involved made claims that there had been a "property mix-up," despite the fact that all my legal documents were clearly marked with my name. Shortly after I even spotted some of my legal documents that were missing in the "outgoing mail" box on the ward; I assume that, without my knowledge, my documents were being sent to someone else, but who? I do not know.

Once arriving at 48B this first time is when most of the issues surrounding Bonita Tucker arose - and consequently, much of the personal attacks and abuse

from hospital staff. I inquired as to David Anderson's situation and Bonita Tucker's status only to be told to, "back off" and that I was, "interfering with his (David Anderson's) treatment." I spent a short period on 48B where I was then promptly transferred to 50C (this is when I experienced Jeff Burkoltz's initial threat while en-route through the OSH tunnels). This negative reputation, spawned from the false information about myself that was being spread throughout the hospital had significant impacts on other's views of myself. Each ward I was sent to after wards received me with skepticism and negativity, I was at a complete disadvantage. I was also subjected to frequent disinformation, an example being: After being transferred from 48B to 50C I was told that after 30 days of good behavior I would be allowed back to 41A (Which has actually changed buildings and is now 35A). At one I.D.T., in which my grandparents showed up, the unit director of 50C made very clear that I would be headed back to 35A in no time; only after several days, after approaching the unit director about the same issue, I received a response as if the unit director had no idea what I was talking about. I had more unpleasant experiences on 50F where the doctor gave the nurses on 50F the authority to use Halidol intravenously as needed - without my consent. I experienced similar unpleasantness when I was told that I would be moving to 35C from 50H with the intention of transitioning back to 35A. However this never came to pass. All the while, on all the different wards I was sent to before my final transfer to 48B (where I am now), I consistently experienced the continuing personal attacks and abuse from staff. During this period I also made it clear that I was not unfamiliar with potential legal actions, I believe that it was primarily through the possibility that I may attempt to exercise my legal rights that I was denied access to a minimum security ward since then.

As I have experienced everywhere else in the hospital (and which has been continuing even at this moment while I am here on 48B), I have ran into continual resistance from the hospital staff to support therapy for my cognitive disorder; It is through their fear of being invalidated and proven incorrect as well as their dedication to keeping my credibility and levels of effective communication low. I have tried on multiple occasions to seek support from O.A.C. and although they did look into the matter, the hospital argued that I was indeed not suffering from ADHD-i. Upon further investigation, the hospital did then acknowledge later that I met the criteria for an ADHD-i diagnosis but, that they were not willing to treat it. This "back and forth" behavior by the hospital regarding my diagnosis and treatment in conjunction with O.A.C. has overall led O.A.C. to loose interest in my claims, question my credibility, and generally withdraw any support. Following this

line of lack of support, personal attacks and irresponsibility of staff, inappropriate medication prescriptions as well as incorrect diagnosis, and overall discontent with treatment from the hospital led to an assault on a staff named Luke on 48B (from myself). I was "taken down" (by staff) inappropriately, and at one point, a nurse Joseph Scott had forcibly placed a towel over my face and applying pressure - not only cutting of my air supply several times but causing bleeding after the scramble was over. When answering questions, Joseph Scott claimed that my bleeding injury from the scuffle was not a consequence of the "take down" itself, but from my own "self-mutilation," which was an outright lie. Later that day, the nurse apologized for his actions, which confirmed the false nature of his claims. Dr. Chang was working then and asked me if I wanted to be examined after being injured in the "take down."

The negative impacts on the false information spread around the hospital about myself are still felt. Agencies who I would normally turn towards for support, such as O.A.C. or O.I.T. and even the State Police, have been negatively influenced by the falsified information made public about me. This has led State official to question my validity and during interviews, asking questions pertaining to Bonita Tucker such as my sexual attraction towards Bonita and other unrelated questions, as well as the overall sabotaging of the O.I.T. investigation.

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Significant events in chronological order:

Saturday, May 10th 2008:

- Personal note stolen at about 7 or 8pm.
- I was harassed and threatened by David Anderson and Chris Walker.
- Placed on 1 to 1 behavior watch.

Sunday, May 11th 2008:

- Staff tracked down the note. Christina Hoganson found the note and gave it to David Anderson who then gave it to staff. Staff discussed the note. Jeff Hudson, while in the hallway on constant commented on how I didn't give permission to have the note passed around or read.

- Around dinner time, the nurse was telling the staff to let me do whatever I want to do, with the intent to, "we just want him to behave."

Monday, May 12th 2008:

- During the very early hours, staff were talking

about "protection."

- In the afternoon, a staff (Jennifer) working overtime (who usually works graveyard), said how "he shouldn't have done it, even if it was true. He is supposed to be our role model."

Occurred on either the 12th or 13th, around 3 or 4 pm:

- I asked Jeff Hudson for my note back and he acts as if he has no knowledge of the note and says, "What note?" Then he says, "Oh he's good." I make a phone call to Deborah Howard to ask how to get the note back. After my phone call, the nurse comes out of the office, and says "It's out of control." Then the phone rings, the staff refer to the person they are talking about as the "narcissistic one."

- Again, in the kitchen, at dinner time (5pm), a friend asks a staff named Eric about my note; Eric claims he doesn't know anything about the note, also in the kitchen around the same time, Jeff Hudson starts talking about how the staff have found something out about me, and how they "got me" and similar remarks.

Wednesday, May 14th 2008:

- About 9 pm, I go into the kitchen and read my chart with my case monitor, Jodie, and we talk about the recent events. After we are finished, Jodie leaves and quickly exchanges comments in private with the other staff. After wards, staff start commenting on the things that I had been discussing with Jodie; they make comments such as, "it's not good enough", or "It won't cut it." Soon after that, another staff comes down the stairs from 48C named Randi Davis; he is excited about how these "ADHDs are so incriminating with their impulsivativaties," he expressed pleasure in this.

- In the earlier half of the day, David Anderson asks the staff Shirley about my note, and Shirley replies, "Well, he was so badly manipulated, that he got into trouble."

- Outside doctor comes onto the unit around 7 or 8 pm. and I overhear staff talking to the doctor about "going off on a live microphone." as well as making comments about me.

Thursday, May 15th 2008:

- I did not sleep the night of the 14th because I was disturbed by the recent events. I was up all night trying to figure out what the staff were taking about as well as writing about it. I briefly left my room to get a tissue, which later was misconstrued as a

mastabatorial action by case monitor <see the 16th>.

- During breakfast, a staff named Brandon referred to me as a "smooth operator."

- Later this day, I came out of my room to talk with my case monitor out in the hallway. I noted the odd behavior displayed by Jodie when she removed herself from the line of site of anyone in my room.

- During the day, Jeff Burkoltz told a staff named Barbara that he thought she is "hot," a that he, "wants her" and that this makes him (Jeff), "Jealous;" All the staff in the immediate area began laughing about this.

- At 7pm, Jeff Hudson comes onto the unit and, apparently, after leaving a meeting pertaining to me, involving various doctors and hospital staff (discussing recordings they had obtained of me through eavesdropping as well as my sexual behavior) and is told by another staff on 48B named Mauri "No, Jeff Burkoltz was right... Oops! I shouldn't have said that."

Friday, May 16th 2008:

- My case monitor Jodie comes onto the unit and I notice she is in a very strange mood when I begin discussing my package.

- I called Molly Carter at the State Police, David Anderson was sitting next to me. I left a message concerning the stolen note.

- Around 10am, Jodie begins a discussion about masturbation. She makes the assumption that I was masturbating to Jodie while in my room, Thursday at around 10pm. This is very upsetting. I begin discussing the possibility of sexual harassment and how none of these accusations are true, and Jodie denies all of it. Jodie leaves and begins discussing this with staff, staff begin making remarks. Jeff Hudson tells Jodie that she should have yelled upon seeing my "exposed balls."

- David Anderson informs the staff Shirley of my phone calls to the State Police this morning. She replies, "We'll fix it."

Saturday, May 17th 2008:

- The staff make several comments about my knowledge of their eavesdropping in my room, during my phone calls, and overall - spying on me.

- I verbalize frustration at my situation while in my room and a staff named Melissa comes out of the office

and says, "He knows."

- I call my family and express my displeasure in my recent experiences here at the hospital, I said how we should "fuck em' up." The staff later receive a call about this and began collectively joking about it, and making fun of me.

- Jodie tells me that I only have two pleasant phone calls that day out of nine.

- Later today, I make another comment to staff about how they are spying on me. A staff named David Hampton (the nurse) comes out of the office and begins talking about how "We had to violate his rights just to say he does/doesn't have ADHD."

Sunday, May 18th:

- Two nurses: Dave Hampton and an overtime nurse were listening to my phone calls and after doing so began to comment about my actions and conversation on the phone, intentionally speaking in such a way as to make me feel as if I had done something wrong or incorrect. I then called my family to discuss what I had just experienced and the nurse, Dave Hampton said "We'll have to wait for a doctor to make a diagnosis." thus insinuating that I an suffering from paranoia.

Monday, May 19th 2008:

- N/A

Tuesday, May 20th 2008:

- I got records from my childhood about previous ADHD diagnosises. I also received information pertaining to practical treatment of ADHD as well as some information about ADHD-i. After taking this new information to my room, a staff named Crisco said in an upbeat, sarcastic way, "Have what you need?"

Wednesday, May 21st 2008:

- I spoke with Attorney David Daniels.

- The staff talked about me and some of the matters I had talked about with the law clerk as well as my meeting with David Daniels; Jodie commented, "You don't know? He was talking to David Daniels that day." The staff were also discussing the possibility that there are microphones (for eavesdropping) in the law library and evaluation rooms.

Thursday, May 22nd 2008:

- I called Molly Carter (at the State Police) a second time. Staff commented on my phone call, hinting

that I hadn't "revealed" anything significant.

Friday, May 23rd 2008:

- I chatted with O.A.C. Once again they commented that they didn't think that they were going to do anything, However they did comment on my credibility pertaining to my move to 50H.

Monday, May 26th 2008:

- I was moved away from the staff/constant area.

Wednesday, May 28th 2008:

- Staff were discussing amongst themselves why I was moved away from the staff/constant area and the reply was that I was too "intrusive," and that they didn't like me hearing what they were saying.

Thursday, May 29th 2008:

- I made a comment to my father over the phone about the F.B.I. and my civil rights.

- Around 8pm (snack time), Melissa answers the phone and discusses to another person on the other end of the line how I am not supposed to contact the F.B.I. Suggesting that the staff are now making an active effort to keep my from contacting the authorities.

Friday, May 30th 2008:

- The staff begin scattering and panicking. My family and I had called the F.B.I. on the 29th only to be told to call back the 30th. Although we made a report, the F.B.I. has not done anything. I have also called several other bodies about these events including Deborah Howard, other attorneys and the governor.

Friday, June 6th, 2008:

- I have received no support from any of the attorneys I have contacted, or any of the support groups.

Saturday, June 7th 2008:

- Around 5:45 to 6:10pm by the 48B laundry room, a staff named Lisa was talking about manipulating the surveillance gear and intentionally disabling the audio to implicate different situations, instead of what really happens. Lisa also made a comment related to this, "The eye see's." implying that without audio, the staff would be able to mold event caught on surveillance to their liking.

Misc. Comments made by staff during this period:

- The overall mood and attitude of the staff surrounding the use of restraint devices has significantly changed in the recent months. Whereas before, staff where making an effort to refrain from using restraints, now, they are making an effort to use restraints without barely a reason.

- David Anderson had said that Jeff Burkoltz had made claim that my note (taken from me May 10th) contained incriminating information against himself and Oregon State Hospital and that this was the original reason why it had been taken from them in the first place.

- I have heard staff discussing my "incredible sexual stamina."

- Various amounts of laughter about how I am "sick", "gross" and "weird"

- Staff generally terrorizing me by saying strange things, looking at me odd, and behaving differently after I have made certain phone calls; the staff get nicer and act like they have changed their behavior because of my phone call.

- Security video tapes are overwritten and reused every 30 days.

Misc. Information contained in the note:

- Mainly pertaining to cruelty from the hospital staff.

- Staff's gestures, jokes and verbal attacks such as calling me a "freak" and a "faggot."

- Individuals who could be possible witnesses to these events such as my grandmother and another patient who witnessed my spending a lot of time with Bonita Tucker.

- Detail about staff's continued protective behavior concerning David Anderson and Bonita Tucker.

- Gus's knowledge of Bonita Tucker's actions and when I was sent to 50G and the overall irresponsibility of staff in officially reporting the issue.

- Misc. comments made by Jennifer, "Now you listen to us, and we'll listen to you." As well as Jeff Burkoltz calling me a "Borderline bitch."

- The incorrect diagnosis and medical prescriptions maintained by the hospital staff in an attempt to keep themselves from looking bad, or invalidating themselves while simultaneously degrading my communication skills and reducing my credibility. This

supports the on-going behavior of the hospital staff of "keeping things under wrap" so that they do not appear negatively in the media or risk knowledge of this infrastructures vulnerabilities, such as the lack of liability insurance.

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Both my family and I have tried to contact Deborah Howard around the 10th, 11th and 12th. She has never returned any of those phone calls, I believe this is because I have requested that my grandmother ask certain questions to get information. I have also written a formal complaint to the Seclusion And Restraint Committee, however the 48B staff did not send it until one week later when I was questioned about it. Instead of being sent to the Seclusion And Restraint Committee, the staff sent it to Deborah Howard, but I was not informed of this. Following up, I called Deborah Howard and upon asking about the complaint, I was told by her that it was sitting on her desk and that she had done nothing about it.

Further more, my family has contacted the Governor's Office at D.H.S. about the inability to reach Deborah Howard, who then were told that they were lying and that Deborah Howard had indeed made contact. I have also tried to seek support from within the hospital, including support from other various staff members, but the intimidating nature of the hospital's infrastructure has had a suppressing effect on my potential supporters. To emphasize, I arrived the the hospital on November of 2005, and by December I had already received conditional release planning. By February of 2006, I had achieved on of the final privileges from the risk review board needed to be released from the hospital: Conditional Release Pending Approval. However due to the nature of the events and the way the hospital operates, no action was ever taken.

Sincerely,

Mr. Todd Giffen
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(503) 378-9889
Oregon State Hospital, Ward 48B
2600 Center St. N.E.
Salem, OR, 97301

Please do not respond to this e-mail address as I do not currently have access to e-mail, instead, please use the above address and/or phone number. Thank you.

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Direct link:
http://www.healing-arts.org/children/ADHD/#ADD/Addition

***Additional Reflections on ADHD, Prominently Inattentive Type

Lahey & Carlson (1991) reviewed the research literature and concluded that was then called formerly called ADD (Attention-Deficit Disorder) was found in two independent dimensions:
one consisting of motor hyperactivity and impulsive behavior
the other consisting of inattention disorganization, and difficulty completing tasks
They concluded "it no longer seems doubtful that Attention-Deficit Disorder without Hyperactivity (ADD/WO) "exists," and that ADD without hyperactivity differs from ADD with hyperactivity (ADD/H) in clinically important ways."
Brown & Gammon (1992, 1993) at Yale suggest that more is involved in ADHD without hyperactivity than just inattention. Such is not just a mild case of ADHD, but can be a debilitating disorder in which even bright and talented people are unable to activate themselves and sustain their efforts for productive work. What is called apathy or lack of motivation is a chronic problem with activation, which may be central to understanding this type of ADHD.

Many of those with non-hyperactive ADHD report chronic problems with "getting cranked up" to do tasks, even tasks they recognize as urgent and important for their own welfare. Often this activation problem in ADHD extends to sustaining energy for tasks. Many patients report great difficulty keeping up their energy to read or write or do a task. They speak of feeling drowsy even after a good night's sleep. Some almost meet the diagnostic category for narcolepsy, reporting problems with dozing at long stoplights and difficulty fighting off drowsiness while studying, listening to lectures, or attending meetings. There appears to be chronic difficulty not only in activating to work, but in sustaining energy for tasks.

Chronic problems in activating and sustaining arousal make life difficult for high-IQ people, who are seen by themselves, parents, teachers, and employers as extremely bright, with great promise for successful achievement. The symptoms of chronic inattention, lethargy, failure to follow through, brings oscillating achievement, poor grades and frequent reminders that "you could do much better if only you'd be more consistent." The wide gap between their potential and actual achievement can make these patients vulnerable to demoralization and resignation to failure.

About 30% of children meet diagnostic criteria for both inattention and hyperactivity 2. Depending upon the study, 30-70% of children with ADHD continue to

exhibit symptoms of ADHD in adulthood. ADHD crosses all socioeconomic, cultural, and racial backgrounds.

Some current researchers believe that the inattention seen in children with ADHD, predominantly inattentive (PI) type - also known as ADD without hyperactivity or ADD/WO - may actually be a qualitatively different problem than the type of inattention seen in ADHD, HI or combined types: a problem with focused/selective attention versus one of poor goal-directed persistence and interference control or inhibiting distraction. (Barkley, in press; Barkley and colleagues; Goodyear and Hynd; Lahey and Carlson).

All of this leads to interesting implications for the nature of ADHD, chief among which is that we have possibly two separate and qualitatively distinct disorders on our hands. The PI type may be the true attention disorder while the other two types are simply different developmental stages of the same disorder, one that involves behavioral disinhibition that ultimately results in poor goal-directed persistence and defective resistance to distraction (Barkley, in press).

For additional information, please see:

Attention Deficit Disorder Without Hyperactivity: ADHD, Predominantly Inattentive Type, by Jennifer Wheeler, M.A., and Caryn L. Carlson, Ph.D.
Research Developments and Their Implications for Clinical Care of the ADHD Child, by Russell A. Barkley, Ph.D.

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Formal Diagnosis of ADHD (DSM-IV and International Classification of Diseases)

The formal diagnostic criteria for ADHD/ADD used in most North and South America is the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-IV), 4th Edition 5. Europe, Asia, and Africa use the International Classification of Diseases, 10th edition (or the International Statistical Classification of Diseases and Health Related Problems (The) ICD-10, Second Edition). Each of these tools organizes the diagnosis slightly differently, but in both, the three major categories of symptoms are:
Hyperactivity
Problems with attention
Problems with conduct
The Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder (ADHD) from the DSM-IV are:

Criteria A - either (1) or (2):

(1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with the child's developmental level:

often fails to give close attention to details or makes careless mistakes in
school
work
other activities.
often has difficulty sustaining attention in tasks or play activities.
often does not seem to listen when spoken to directly.

often does not follow through on instructions and fails to
finish schoolwork
chores
duties in the workplace (not due to oppositional behavior)
failure to understand instructions
often has difficulty organizing tasks and activities
often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
is often easily distracted by extraneous stimuli
is often forgetful in daily activities
(2) six (or more) of the following symptoms of hyperactivity/impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with the child's developmental level:

Hyperactivity

often fidgets with hands or feet or squirms in seat
often leaves seat in classroom or in other situations in which remaining seated is expected
often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness).
often has difficulty playing or engaging in leisure activities quietly
is often "on the go" or often acts as if "driven by a motor."
often talks excessively
Impulsivity
often blurts out answers before questions have been completed
often has difficulty awaiting turn
often interrupts or intrudes on others (e.g., butts into conversations or games).
Criterion B: Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before

age 7 years.

Criterion C: Some impairment from the symptoms is present in at least two or more settings (e.g., at school [or work] and at home).

Criterion D: There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

Criterion E: The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

The diagnosis is coded as:

314.01 (Attention-Deficit/Hyperactivity Disorder, Combined Type) if both Criteria A1 and A2 are met for the past 6 months

314.00 (Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type): if Criterion A1 is met but not Criterion A2 is not met for during the past 6 months

314.01 (Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type): if Criterion A2 is met but not Criterion A1 is not met for during the past 6 months