**The comorbidity of attention deficit hyperactivity disorder: co-occurrence with disorders of conduct, oppositional defiance, anxiety, somatization and learning disabilities.**

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This article focuses on the comorbid nature of Attention Deficit Hyperactivity Disorder (ADHD), the behavioral/ psychiatric, learning and/or physical disorders which frequently co-occur with it, the extent of that co-occurrence, and implications for intervention by clinicians, parents and teachers. Among the disorders typically comorbid with ADHD are: Conduct disorder (CD), Oppositional defiant disorder (ODD), Learning disabilities (LD), Anxiety disorders and Somatization disorders. The term «COLAS» is an excellent acronym to represent this host of disorders. According to Barkley (1998), a noted expert in the field, up to 87% of children with ADHD are likely to have at least one behavioral, psychiatric, somatic or learning disorder. Approximately 54% to 67% of children and adolescents diagnosed with ADHD meet the criteria for ODD; 20% to 56% of children and adolescents diagnosed with ADHD meet the diagnostic criteria for CD; 25%-33% of children and adolescents diagnosed with ADHD meet the diagnostic criteria for somatization disorders, and 40% of children and adolescents with ADHD have some form of a learning disability.

Given the high degree of comorbidity with ADHD, teachers, parents and clinicians must always be on the alert for other condition(s) beyond the ADHD which may be comorbid. The more severe the symptoms of ADHD, the more likely that other conditions may be impinging as well. Clearly the co-occurrence of more severe behavioral and psychiatric conditions and the percentage of children and adolescents with ADHD who are at-risk for these conditions mandates that home and school environments become less failure ladened, less disapproving and more reinforcing. Teachers, parents, and clinicians need to understand the importance of creating opportunities for reinforcement and success in order to limit escalation of behavior disorders along the «ADHD-ODD-CD continuum»(Polirstok, in press).

Moreover, by lessening the failure and rejection in the environment, anxiety disorders and somatization of stressors may be less apt to develop. Teaching children and adolescents who have ADHD to be «emotionally intelligent» (Goleman, 1995; Polirstok, 1998), to better understand how their behaviors impact on others in the environment and how to manage their behaviors more effectively, will help to limit the emergence and/or severity of comorbid behavioral and psychiatric disorders.

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