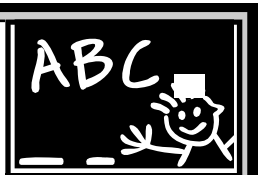
Attention-Deficit / Hyperactivity Disorder

EDUCATIONAL SERIES



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What is AD/HD?

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a diagnosis given to an individual exhibiting certain behaviors more often than the general population. AD/HD makes it hard for a person to sit still, control behavior, and pay attention. The behaviors can be problematic to a child creating problems fitting in at home, school, and with friends.

What causes AD/HD?

The cause of AD/HD is not known, although researchers continue to unlock the mysteries of the brain. They find that people with AD/HD do not have enough of certain chemicals, called neurotransmitters, in their brains. The studies show that certain brain areas have less activity and blood flow and certain brain structures are slightly smaller. These areas of the brain are know to inhibit behavior, sustain attention, and control mood.

Russell A. Barkley, Ph.D. is an internationally recognized authority on AD/HD, reports the causes for AD/HD have not been identified. A very strong biological connection exists in 80% of the individuals with AD/HD. When heredity was not a factor researchers found “difficulties during pregnancy, prenatal exposure to alcohol and tobacco smoke, prematurity of delivery and significantly low birth weight, excessively high body lead levels, as well as post-natal injury to the prefrontal regions of the brain have all been found to contribute to the risk for the disorder in varying degrees” (Barkley, 2000). Research has not supported the view that AD/HD comes from sugar intake, food additives, excessive viewing of television, or poor child management by parents.

Children with AD/HD are often blamed for their behavior. However, it’s not a matter of their choosing to misbehave. It’s a matter of not being able to “behave without the right help.” AD/HD interferes with a person’s ability to behave appropriately. Although, parents and teachers do not cause AD/HD, they can help a child manage his or her AD/HD-related difficulties.

How common is AD/HD?

As many as 5 out of every 100 children in school may have AD/HD. Boys are three times more likely than girls to have AD/HD.

How is AD/HD diagnosed?

AD/HD is considered a mental health disorder. Only a licensed professional, such as a pediatrician, psychologist, neurologist, psychiatrist, or clinical social worker, can make the diagnosis that a child, teen, or adult has AD/HD. In order to be diagnosed with AD/HD, an individual must meet specific diagnostic criteria. The professionals use criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, Text Revised (DSM-IV-TR) as a guide (APA, 2000). There are three types of AD/HD based on the three main symptoms of inattention, hyperactivity, and impulsivity.

Inattentive type. Many children with AD/HD have problems paying attention. Children with the inattentive type of AD/HD often:

- do not pay close attention to details;
- can’t stay focused on play or school work;
- don’t follow through on instructions or finish school work or chores;
- can’t seem to organize tasks and activities;
- get distracted easily; and
- lose things such as toys, school work, and books.

(APA, 2000, pp. 85-86)

Hyperactive-impulsive type. Being too active is probably the most visible sign of AD/HD. The hyperactive child is "always on the go." (As he or she gets older, the level of activity may decrease). These children also act before thinking (called impulsivity). For example, they may run across the road without looking or climb to the top of very tall trees. They may be surprised to find themselves in a dangerous situation. They may have no idea of how to get out of the situation. Hyperactivity and impulsivity tend to go together.

Children with the hyperactive-impulsive type of AD/HD may often:

- fidget and squirm;
- get out of their chairs when they're not supposed to;
- run around or climb constantly;
- have trouble playing quietly;
- talk too much;
- blurt out answers before questions have been completed;
- have trouble waiting their turn;
- interrupt others when they're talking; and
- butt in on the games others are playing (APA, 2000).

Combined type. Children with the combined type of AD/HD have symptoms of both of the types described above. They have problems with paying attention, with hyperactivity, and with controlling their impulses. Of course, from time to time, all children are inattentive, impulsive, and too active. With children who have AD/HD, these behaviors are the rule, not the exception.

These behaviors can cause a child to have real problems at home, at school, and with friends. As a result, many children with AD/HD will feel anxious, unsure of themselves, and depressed. These feelings are not symptoms of AD/HD. They come from having problems again and again at home and in school.

How do you know if a child has AD/HD?

When a child shows signs of AD/HD, he or she needs to be evaluated by a trained professional. This person may work for the school system or may be a professional in private practice. A complete evaluation is the only way to know for sure if the child has AD/ HD. It is also important to:

- rule out other reasons for the child's behavior, and
- find out if the child has other disabilities along with AD/HD.

What are other signs of AD/HD?

Executive functioning of the brain allows an individual to concentrate, track and monitor thoughts and activities, plan, organize, direct attention, regulate actions and feelings, and monitor self-control. When this area of the brain is not functioning properly, as is often found in those with AD/HD, the following problems may be present:

- weak problem solving,
- poor sense of time and timing,
- inconsistency,
- difficulty resisting distraction,
- difficulty delaying gratification,
- problems working toward long-term goals,
- low "boiling point" for frustration,
- emotional over-reactivity,
- changeable mood, and
- poor judgment.

What other problems may occur?

Most children with AD/HD have difficulty in school, but only about 25-35% actually have a learning disability. Besides the problems that inattentive, impulsive and hyperactive behaviors pose in a school setting, another reason schoolwork can be difficult is that approximately 30-65% of children with AD/HD have problems with defiant and oppositional behavior. Many of these same children also have trouble with obeying parents, as well as with fighting, stealing and other more serious behaviors.

A significant number of children with AD/HD (up to 30%) have difficulties with feelings of anxiety or depression. These feelings may arise from repeated failures in the home or school setting, as well as repeated failures with peers. Many (up to 50%) have major difficulties in social situations and are viewed as either socially immature or socially inept. Approximately 30-60% of children with AD/HD have immature motor coordination abilities and thus successful engagement with same age peers in some of the common activities of childhood such as sports may be difficult and frustrating.

How is AD/HD treated?

There is no “quick fix” for AD/HD. However, the symptoms of AD/HD can be managed to avoid problems which may arise out of untreated AD/HD. The recommended multi-modal treatment approach consists of four core interventions:

1. patient, parent, and teacher education about the disorder;
2. medication (usually stimulants);
3. behavioral therapy; and
4. other environmental supports, including an appropriate school program.

Medication

Medication is most often used to treat AD/HD due to its effectiveness reducing AD/HD symptoms. AD/HD is a neuro-biochemically-based problem and stimulant medication is most often used. The most common medications for AD/HD include Ritalin, Concerta, Metadate, Adderall, Strattera, Dexedrine, and Cylert. These medications are believed to work by stimulating the action of the brain’s neurotransmitters, especially dopamine. With the brain’s systems working more efficiently, attention, memory, and executive functions, including inhibition, is improved. The result is better concentration, increased working memory capacity, greater recall, less hyperactivity, and more impulse control.

Like most medications, the stimulants may cause undesired effects in some children. The most common of these are difficulty sleeping, decreased appetite, headaches, and stomachaches. If one of the stimulants is not helpful or if there are complicating factors, antidepressant medications, such as Welbutrin or Prozac or antihypertensive medications, such as Clonidine, may be helpful instead of a stimulant.

Behavioral Therapy

1. Provide structure, routines, assistive devices, external supports, and guides.
2. Develop behavior management strategies using positive attention, rules and consequences, and formal system such as contracts and charts.
3. Use problem solving skills to develop skills in the art of negotiation, give and take, and conflict peaceful resolution.
4. Play therapy can build social skills, express thoughts, experiences and gain understanding in a non-threatening way.
5. Use good communication skills to say what you mean in a firm, loving way.
   - Practice listening without judgment and discuss without attack.
   - Recognize that your child with AD/HD has trouble listening.
   - Be brief and to the point.

Could a child have trouble with inattention, impulsivity, and hyperactivity and not have AD/HD?

Yes, a variety of conditions, situations, and events are related to children behaving as if they have AD/HD. For example, many preschoolers and teenagers can appear to have AD/HD, but in reality they are going through a normal stage of development.

There are a variety of specific problems that do mimic AD/HD. Children who have gone through a traumatic situation such as a major accident or injury, the loss of a parent, or spending a period of time in an abusive home may exhibit symptoms of AD/HD. Children who have certain physical problems, such as chronic middle ear infections, may seem like they have AD/HD. Children who are different from their same age peers in terms of academic skills may also behave as if they have AD/HD. While some children in these various circumstances may legitimately have AD/HD, many probably do not, but are simply responding to adversity in a way that looks like AD/HD.

Do children outgrow AD/HD?

In the past, many people believed that children with AD/HD symptoms would eventually grow out of their problems. However, various studies now indicate that most children with AD/HD (70-80%) continue to exhibit significant AD/HD symptoms during adolescence. Many (50-65%) continue to have AD/HD during adulthood. Some children with AD/HD (20-30%) have very serious problems in later life, including substance abuse and criminal behavior. Some of the common misconceptions about AD/HD are:

- People will eventually outgrow it.
- It stems from a lack of will or effort at self-control.
- It is the result of a moral failing or the way parents are raising their children.
- It is the result of too much television or too many video games.
- It is related to diet.
- It is a result of our fast paced, stressful culture.

Tips for Teachers

- Learn more about AD/HD. Identify resources and organizations to help you identify behavior support strategies and effective ways to support the student educationally.
- Figure out what specific things are hard for the student. For example, one student with AD/HD may have trouble starting a task, while another may have trouble ending one task and starting the next. Each student's needs are individual.
- Post rules, schedules, and assignments. Clear rules and routines will help a student with AD/HD. Have set times for specific tasks. Call attention to changes in the schedule.
- Show the student how to use an assignment book and a daily schedule. Also teach study skills and learning strategies, and reinforce these regularly.
- Help the student channel his or her physical activity (e.g., let the student do some work standing up or at the board). Provide regularly scheduled breaks.
- Make sure directions are given one step at a time and that the student is following the directions. Give directions both verbally and in writing. Many students with AD/HD also benefit from doing the steps as separate tasks.
- Let the student do work on a computer.
- Work together with parents to create and implement an educational plan tailored to meet the student's needs that can be reinforced at home. Maintain communication between school and home.
- Have high expectations for the student, but be willing to try new ways of doing things. Be patient. Increase the chances for success.

Tips for Parents

- Learn about AD/HD. The more you know, the more you can help yourself and your child. See the list of resources and organizations at the end of this publication.
- Praise your child when he/she does well. Talk about and encourage his/her strengths and talents.
- Be clear, be consistent, be positive. Set clear rules for your child. Tell your child what he or she should do, rather than what he shouldn't do. Be clear about what will happen if your child does not follow the rules. Have a reward program for good behavior. Be consistent. Praise your child when he or she shows the behaviors you like.
- Learn about strategies for managing your child's behavior. These may include: charting, reward programs, ignoring behaviors, natural consequences, logical consequences, and/or time-out. Using these strategies will lead to more positive behaviors and cut down on problem behaviors. Information on these techniques is available in books on parenting kids with AD/HD.
- Talk with your doctor about whether medication will help.
- Pay attention to your child's mental health (and your own!). Be open to counseling. It can help you deal with the challenges of raising a child with AD/HD. It can help your child deal with frustration, feel better about himself or herself, and learn more about social skills.
- Talk to other parents whose children have AD/HD. Parents can share practical advice and emotional support.
- Meet with the school and develop an educational plan to address your child's needs. Both you and your child's teachers should get a written copy of this plan.
- Keep in touch with your child's teacher. Tell the teacher how your child is doing at home. Ask how your child is doing in school. Offer support.

How can I find a good mental health professional?

Before you look for a mental health professional to assist you, *find out more* about the current best practices for treating AD/HD. Read one of the books listed at the end of this publication or contact a local parent advocacy group in your area such as Ch.A.D.D. (Child and Adults with Attention Deficit Disorder or UPLIFT (a non-profit organization offering help for families with challenging children) for more information.

Once you know something about what you are looking for, seek out licensed mental health professionals who have specific training in the diagnosis and treatment of children with AD/HD. Choosing a professional licensed by your state provides you with some degree of protection against improper or ineffective treatments. You can obtain the names of licensed professionals in your community by calling your state licensing boards.

Alternatively, you could ask a health professional that you respect (for example, your family physician), a parent of a child with AD/HD who has been doing their homework longer than you or a member of a local advocacy organization for their ideas. Since AD/HD is such a common problem, it is likely that the individual you talk with has made referrals for AD/HD before and they may have already checked into resources in your community and available mental health professionals for certain kinds of problems.

Once you have several names of licensed professionals within your community, ask each for an interview. Often such interviews are free. Find out how they diagnose and treat children with AD/HD and ask for written materials about their practice and clinic. After meeting with at least 2 or 3 professionals, choose the person that seems to be the most up to date in terms of treatment techniques for AD/HD and with whom you feel the most comfortable.

Where can I get more information?

Organizations

UPLIFT (Advocacy Support Across Wyoming)
Area office information on the front of this publication.
Phone: 1-888-UPLIFT 3 (875-4383)
E-mail: uplift@upliftwy.org
Website: www.upliftwy.org

CH.A.D.D. (Children and Adults with AD/HD)
8181 Professional Place, Suite 150, Landover, MD 20785
Phone: 301-306-7070 or 800-233-4050
Website: www.chadd.org

Attention Deficit Information Network, Inc. (AD-IN)
475 Hillside Avenue, Needham, MA 02194
Phone: 617-455-9895
Website: www.addinfonetwork.com

The Federation of Families For Children's Mental Health (The nation's mental health advocate for children, youth, and families)
Phone: 240-403-1901
http://www.ffcmh.org/

Websites

A good place to find up-to-date and scientifically, research-based is the UPLIFT website the site contains the *UPLIFT Educational Series*, quarterly newsletters, upcoming events and links to other trusted informational sites.

UPLIFT - www.upliftwy.org

Learning Disabilities Association - http://www.ldanatl.org

National Attention Deficit Disorder Association - http://www.add.org

Association for Play Therapy - http://www.a4pt.org

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American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Barkley, R.A. (2000). *Taking charge of ADHD: The complete, authoritative guide for parents* (Rev. ed.). New York: Guilford.

Barkley, R.A., DuPaul, G., & O'Connor, D. (1999). Stimulants. In J.S. Werry & M.G. Aman (Eds.), *Practitioner's guide to psychoactive drugs for children and adolescents* (2nd ed.). New York: Plenum.

Fowler, M. (2004). *Briefing Paper: Attention-Deficit/Hyperactivity Disorder* (3rd ed.). Washington, DC: NICHCY.

National Institute of Mental Health. (2000). *NIMH research on treatment for attention deficit hyperactivity disorder: The Multimodal Treatment Study—Questions and answers* [On-line]. Available: www.nimh.nih.gov/childhp/mtaqa.cfm

Children's Books

The Survival Guide for Kids with ADD or ADHD. (2006) John Taylor. Minneapolis, MN: Free Spirit Publishing.

Otto Learns About His Medicine. (2001) Matthew Galvin. Washington DC: Magination Press

Taking A.D.D. to School. (1999) Kim Gosselin. St. Louis, MO: Jayjo Books.

Putting on the Brakes for Young People with ADHD. (1993) Patricia Quinn and Judith Stern. Washington DC: Magination Press.

Jumpin' Johnny Get Back to Work!: A Child's Guide to ADHD/Hyperactivity. (1991) Michael Gordon. DeWitt, NY: GSI Publications, Inc.

Adult Books

For more information contact UPLIFT, contact information on front cover. UPLIFT has a lending library available with more information.

ADHD: Living without Brakes. (2008) By Martin L. Kutschner. Philadelphia, PA: Jessica Kingley Publishers.

Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment. (2006) Russell A. Barkley. New York, NY: Guilford Press.

Delivered from Distraction: Getting the Most out of Life with Attention Deficit Disorder. (2005) Edward M. Hallowell and John J. Ratey. New York, NY: Random House.

Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adult-hood. (1995). Edward M. Hallowell and John J. Ratey. New York, NY: Rockefeller.

Parenting Handbook: Practical Advice for Parents from Parents. (2006) Colleen Alexander-Roberts. Dallas, TX: Taylor Trade Publishing.

Taking Charge of ADHD: The Complete, Authoritative Guide for Parents. (2000) Russell A. Barkley. New York, NY: Guilford Press.

The Pocket Guide to Understanding ADHD: Practical tips for parents. (2004) Christopher Green and Kit Chee. New York, NY: Random House, Inc.

NOTES

This brochure is intended for informational purposes only and not to replace professional evaluation and treatment.

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