

Attention Deficit Disorder (ADD)

Attention Deficit Hyperactivity Disorder (ADHD)

What is ADD/ADHD?

ADHD is a neurological disorder which makes it very difficult for a child to concentrate, control impulses, or limit activity levels. It is not naughtiness – it is built into the brain and nervous system. ADHD children have great difficulty in blocking out unimportant stimuli. All sounds or movements attract their attention. The effect is similar to trying to work while listening to several conversations at the same time.

Most ADHD children are male (80%) and there is often a family history of similar problems. The disorder does not usually go away, but it may change in its effect as the child grows and learns control. For some it will always remain a debilitating disorder.

ADHD is characterised by a pattern of behaviour. Symptoms will be divided into two categories of inattention and hyperactivity and impulsivity that include behaviours' like failure to pay close attention to details, difficulty in organising tasks and activities, excessive talking, fidgeting, or an inability to remain seated in appropriate situations.

What are the Characteristics of an ADHD Child?

DISTRACTABILITY

- Poor concentration
- Doesn't complete activities
- Forgets belongings
- Loses things
- Disorganised
- Doesn't seem to listen

IMPULSIVITY

- Acts before thinking
- Rushes through work
- Doesn't wait for instructions
- Doesn't know "when to stop"
- Changes mood quickly
- Interrupts, calls out

OVERACTIVITY

- Hyperactive
- Restless, fidgety
- Always on the move
- Hates to be confined to a seat or room
- Touches anything within reach, fiddles

UNDERSOCIALISATION

- Difficulty making or keeping friends
- Takes over games
- Can't take turns
- A poor loser
- Easily provoked
- Sometimes aggressive

LEARNING DISABILITIES

- 50%-80% of ADHD students
- Disparity between ability and achievement (called a specific learning disability)
- Most usual in reading and writing
- Difficulty with logical expression of thoughts (expressive language disorder)
- Often untidy handwriting, with ideas compressed into a few lines
- Scant regard for the conventions of punctuation or grammar
- Often active avoidance of work

Children with ADD, non-hyperactive, usually seem distractible and have learning disabilities, but do not show the more obvious symptoms of the hyperactive child. For this reason they may be perceived as "slow" and perhaps overlooked in the regular classroom.

Many children show some of these symptoms. As with most disorders, the degree of disability will vary. About 2% of children will be seriously affected.

How Is ADHD Diagnosed?

No one test has been devised for this. Psychologists may use a variety of measures and checklists to assist in the diagnosis of ADHD. A full cognitive and behavioural assessment will help to eliminate other possible causes of difficult behaviour.

Information from this assessment is usually forwarded (with parental permission) to a paediatrician, psychiatrists or neurologist when ADD/ADHD is suspected. These doctors may make the medical diagnosis and, if appropriate, prescribe medication.

Children must have at least six symptoms from either (or both) the inattention group of criteria and the hyperactivity and impulsivity criteria, while older adolescents and adults (over age of 17 years) must be present with five symptoms.

Can the Class Teacher Diagnose and Refer?

This may be unwise. The symptoms of ADD/ADHD can also be caused by other disorders such as emotional disturbance, intellectual disability, epilepsy, autism, or even deafness. It is not expected that teachers should have the ability to distinguish among these accurately. Nor are the teachers always aware of reputable practitioners who could best help the family. Seek the assistance of your Guidance Officer.

Implications for Schooling

As students, ADHD children appear disruptive, naughty and lazy. They are frequently in trouble for day dreaming, fidgeting, disrupting, interrupting, not completing work and not responding to instructions. Teachers, understandably, feel frustrated. Nothing they do seems to work. These children, often quite bright, seem mentally and physically disorganised, and may have learning problems as well.

The children themselves feel anxious and useless. They try to avoid work because they did not “hear” the instructions and so are bound to fail. They will use competing behaviours (clowning, talking, going to the toilet) rather than appear incompetent, and are fearful of new learning activities. They expect failure and criticism. Learning can be most unpleasant.

How Can A School Help?

- Inservice staff appropriately
- Identify your ADD/ADHD students
- Provide calm, experienced teachers
- Provide support for the teachers
- Ensure remedial assistance for students with an associated learning disability
- Provide a quiet classroom with as few visual and auditory distractions as possible

- Consult with a Guidance Officer about classroom management
- Encourage home/school co-operation in behaviour management

How Can A Teacher Help?

- Organisation and structure
- Training to complete tasks
- Clear rules and consequences
- Positive reinforcement and encouragement
- Social skills training
- Outlets for energy

ORGANISATION

- Try to have a regular, predictable, structured day
- If the routine will be changed, notify the student in advance
- Publish the class timetable on a noticeboard
- Encourage the use of a diary for homework
- Use it to remind parents of excursions, necessary equipment and activities
- Use it as home/school liaison, to record things that went well; not to complain
- Keep the immediate environment uncluttered
- Keep books and equipment accessible and neatly stacked. Colour code if necessary
- Keep spares of everything, ADHD students “lose” everything
- Supervise packing of homework books, notes etc. or delegate to a buddy

TASK TRAINING

- Set small tasks, insist on completion, and praise the effort involved
- Use written or diagrammatic instructions for tasks, so the student has a plan to follow
- Check that the student knows what to do. If necessary, stay with a child until a process is learned, or appoint a peer tutor. This avoids learning incorrect methods. Do change the tutor regularly
- Play games with timing. “See how many you can do in two minutes”; “See how quickly you can begin.” Aim for more or faster each day. Chart successes. Praise
- Use preferred activities (computer, Lego) as rewards for satisfactory task completion. Eg “When you have finished your maths you may work on the computer”

RULES AND CONSEQUENCES

- Have no more than four positive classroom rules, prominently displayed
- Display appropriate consequences for broken rules
- Revise rules and consequences frequently
- Be kindly firm about applying the consequences to all pupils
- Never argue with a student about the fairness of your decision. Never confront

POSITIVE REINFORCEMENT AND ENCOURAGEMENT

- ADHD students receive mostly negative comments because they are frustrating and annoying children. Counter these negatives with as many positives as possible
- Use star charts for daily activities and good behaviour. Aim to better yesterday's score
- Notice and praise ordinary, everyday, good behaviour. Your student is not always running, tripping, or yelling
- Praise even one or two minutes of quiet or in seat behaviour. Gradually extend the time
- Keep score of your positive comments; they should outnumber the negative

SOCIAL SKILLS TRAINING

- ADHD students in particular can have social difficulties because they do not respond well to normal body language and voice cues. Impulsivity and not knowing "when to stop" cause problems too
- Actively teach basic body language and facial expressions
- Teach all students verbal and physical courtesies
- Teach "I" messages as a way of responding to the behaviour of others
- Use self-esteem programs regularly
- Do not tolerate discourtesy, racism, prejudice or sexism to or from any student

OUTLETS FOR ENERGY

- Hyperactive students cannot be indefinitely contained in a classroom. Outlets for energy might include:
- Allowing a stretch after completing a task
- Out of seat activities
- Running the occasional message to other teachers or to the office

- Using up excess energy by running, dancing, aerobics, trampolining etc
- Involvement with school sports. Advise the trainer of the attention difficulty
- Gross motor programs for lack of coordination

Implications for Parenting

These children are perceived as different almost from birth. They are restless, have different sleep patterns, are into everything, have boundless energy, don't seem to pay attention to requests or commands, and may endanger themselves through impulsive actions. Other people notice them. They are thought of as naughty, undisciplined children, and the parents are frequently blamed.

Parents feel frustrated, guilty and angry. They doubt their ability as parents. These children do not respond like others to the usual methods of discipline or organisation, nor do they seem to get on as well with other children or adults.

The children themselves may develop low self concept, anxiety, depression and frustration as they try to conform to the expectations of others, but cannot.

ADHD is not caused by poor parenting, but parents need to become very skilled to deal with it effectively

What Can Parents Do?

- Seek out expert help
- Learn strong management and organisational skills
- Have clear rules and fair consequences
- Use positive reinforcement and encouragement
- Provide outlets for energy and feeling
- Seek remedial education for learning disabilities

EXPERT HELP

- Cognitive and behavioural assessment through an educational psychologist is usually a helpful first step
- Find a paediatrician or paediatric psychiatrist who is skilled in this area. Choose one with whom you feel comfortable; who is willing to take time to listen to your concerns, and who will involve other professionals such as teachers and psychologists
- Enlist the aid of your child's teacher and principal. This is a co-operative venture

- Seek support for yourselves through parent groups, family therapy, or good friends

MANAGEMENT AND ORGANISATION

- Enrol in a parenting course to learn management skills. This is essential. You have difficult years ahead
- Try to have routine and order in your day
- Assist your child to organise time and belongings. ADD children forget what to do next and where belongings are kept
- Supervise packing of school bags and equipment
- Use a diary to liaise with the class teacher

RULES AND CONSEQUENCES

- Have about four family rules that everyone must obey
- Discuss the consequences of breaking the rules
- Be quietly firm and fair about applying the consequences to all the children
- Keep the consequences within reasonable limits
- Don't let anger make you impose severe punishments
- Never argue with your child about the fairness of your decision

POSITIVE REINFORCEMENT

- Use star charts to reinforce completion of daily activities
- Notice and praise everyday good behaviour
- Keep score of your positive comments; they should outnumber the negatives
- Set small tasks, within the capabilities of your child, and praise completion

OUTLETS FOR ENERGY AND FEELINGS

- Programmed sports activities. These children can be uncoordinated and will benefit from sensitive training. However, beware of putting them in another situation where they have to conform and compete. Private help might be necessary at first
- "De bouncing" – using excess energy by running, aerobics etc
- Activity groups, scouts, hiking, and social clubs may be helpful. Enlist the support of the leader from the start
- Take time to listen to your child's worries and concerns. Allow expression of feelings, including anger, but teach appropriate ways to express

them, eg no violence, no breakages, no hurtful words.

- Arrange individual counselling if necessary

REMEDIAL EDUCATION

If your child has learning disabilities, defined as a large difference between ability and performance, then:

- Have set homework times when you are free to supervise. Remove all distractions during this time
- Liaise with the teachers. Request their support and help
- Request assistance from the special education teacher or remedial teacher
- Enquire about tutoring; it is usually most appropriate for these children
- Don't overload your child with study commitments. Short, intensive bursts of activity are best

Should Medication Be Considered?

Be aware that this is a controversial issue and that some professionals disagree about its use. The usual drugs prescribed are Ritalin and Dexamphetamine. They have been prescribed for ADD for many years, and are safe if used as directed. The effect on a correctly diagnosed child can be immediate and dramatic. Positive changes include the ability to focus attention, complete tasks and think before acting. About 80% of ADD/ADHD children respond well to stimulant medication.

Medication should not make a child appear spaced out, over controlled, depressed or agitated. If this happens, the prescribing specialist should be notified, as the dosage may need to be altered or the medication changed.

Ideally, doctors should trial medication, and ask parents and teachers to observe the effects of learning and behaviour. Medication will not make a child into a reader, nor will it ensure good behaviour. It will allow concentration and control of impulsivity, paving the way for effective teaching of academic and behavioural skills. There are several other types of medication that are used in certain circumstances. The doctor will have reasons for this, and is the best source of information if you have queries or concerns.

What Else Might Help?

DIET

In general, control of hyperactivity by diet alone is not well supported by research. However, a controlled elimination diet under the supervision of reputable medical staff may be effective for some children. It requires dedication and determination on the part of the parents, and good professional support. Royal Prince Alfred Hospital has some excellent publications.

Anecdotal evidence supports the idea of a natural, balanced diet from all the food groups, with avoidance of artificial colours and excess sugars. This can do no harm, and may be of benefit. Avoid any food to which your child shows a particular intolerance.

SPEECH PATHOLOGY

These children may have expressive language disorders. Assessment by a speech pathologist, therapy, and recommendations for programming within the classroom, will assist.

FAMILY THERAPY

This has already been mentioned, but needs stressing. All the research supports the use of a multi-modal approach as having the greatest effect in limiting the impact of attention disorders on the child and on the family.

OTHER THERAPIES

There are competent therapists in other disciplines such as physiotherapy and occupational therapy who may be of assistance in individual cases. However, there are also quasi-medical "entrepreneurs" who are quite happy to prey on the anxiety of parents, and who charge large fees for doubtful treatment. If in doubt, ask a professional whom you trust to investigate for you.

In conclusion, much research is continuing into these disorders. There is certainly hope for greater awareness among teachers, professionals, and the general public, and thus far more understanding of, and respect, justice and support for, these children and their families.

Care Beyond Childhood.

Almost two decades of research conclusively show that a significant number of individuals diagnosed with ADHD as children continue to experience the disorder as adults. However adults may present with a lower threshold of symptoms (five instead of six), which is sufficient for a reliable diagnosis.

ADHD does not fade with age.

Based on information provided by -

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