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Information Sheet 24

Coping with Attention Deficit Hyperactivity Disorder

By Danielle Tracey, Psychologist

A child's ability to concentrate and pay attention, like all other skills, develops over time and at an individual rate. As a child matures and gets a chance to practice, the level of skill increases.

Unfortunately for some children, the ability to inhibit or curb behaviour and pay attention is inconsistent with their development level. Some of these children have Attention Deficit Hyperactivity Disorder (AD/HD) and are neurobiologically different from average children. Because of this difference, AD/HD is classed as a neurological disorder.

This neurobiological difference interferes with their ability to inhibit, control and direct behaviour in response to the environment and situation. It is characterised by inappropriate levels of three behaviours: inattention, impulsiveness and sometimes hyperactivity. Many children and adults experience these symptoms, but for someone with AD/HD they are pervasive and debilitating.

What causes AD/HD?

Research indicates that AD/HD is likely to be caused by biological factors that influence neurotransmitter activity (or chemicals that transmit messages) in certain parts of the brain.

Slight imbalances in the brain's neurotransmitters affect the parts of the brain that control reflective thought and our ability to control poor or ill-considered behaviour.

Evidence also suggests AD/HD is hereditary, indicating a strong genetic basis. AD/HD ranks as the most common neurobiological disorder of children, affecting about five percent of school age children.

There is a lively debate on a possible gender bias found in children and adults. There are also indications of referral bias, with hyperactive boys being referred for diagnosis more than girls.

How is AD/HD diagnosed?

There is currently no single definitive medical or psychological test for AD/HD.

Diagnosing AD/HD requires a comprehensive assessment conducted by a paediatrician, psychiatrist or psychologist. The professional conducting the assessment uses multiple methods and instruments to gather the information needed. The most common diagnosis depends on observing and assessing behaviour, the by-product of brain function.

The most common assessment includes:

1. interviews with a child's carers and the child if appropriate to determine the nature and scope of a child's difficulties and rule out other causes such as medical, emotional or family problems;
2. direct observation of a child in various settings (for a diagnosis of AD/HD to be confirmed the symptoms need to be present across various settings such as the home and school);
3. achievement and psychometric tests; and
4. feedback from parents, teachers, carers and others about a child's behaviour in various situations (several behaviour rating scales have been developed specifically for the identification of AD/HD).

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Learning Links is a non-profit charity assisting children who have difficulty learning and their families.

We raise funds to help children from birth to 18 years by offering a range of services including the following.

Early Childhood Services for children from birth to six years.

- Early childhood intervention and support for very young children.
- An inclusive preschool for children with and without special needs.
- An assessment and consultancy service for families who are concerned about their young child's development.
- Specialist early childhood teaching and therapy.

School Age Services for children from Kindergarten to Year 12 who have low support needs.

- Comprehensive assessments.
- Small group tuition and therapy.
- Occupational and speech therapy programs combining specialist education services and therapy.
- Outreach programs.
- The Ronald McDonald Learning Program for seriously ill children and the Reading for Life Program for children falling behind in their reading.

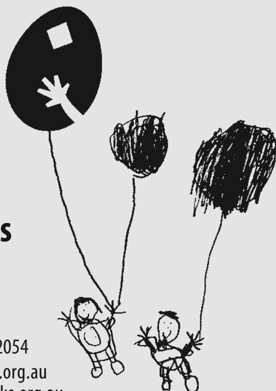
Family Services helping and supporting families and health professionals.

- Centre and home-based family counselling.
- Parenting Programs and groups for families.
- Case Management Services.

Professional Development for teachers and health professionals.

Presentations, workshops and advice on identifying and helping children with learning difficulties, learning disabilities and developmental delays.

Learning Links has branches in six Sydney locations at Peakhurst, Penshurst, Fairfield, Miller, Dee Why and Randwick. We also offer some services to children in country NSW, the ACT, Victoria and New Zealand. A complete list of branch locations and contact numbers is on the back cover.



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After collecting information from all sources, a professional analyses the results to determine if a child's behaviour meets the diagnostic criteria for AD/HD outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

To meet these criteria, behaviour must be problematic and inconsistent with a child's developmental level. The problematic behaviours must be evident in two or more settings, present for at least six months and appeared before seven years of age.

Because the formula for diagnosis is based upon subjective information, its validity has been questioned and there have also been claims of over-diagnosis. In an effort to produce a more objective measure of AD/HD, some researchers and practitioners are incorporating new techniques into their assessments.

Some researchers have observed neurological differences in individuals with AD/HD. They use electro physical indices of brain functions (such as EEG and ERP assessment) to assist diagnosis, while others use continuous performance tests.

The most common continuous performance test is the TOVA, a 22.5 minute computerised assessment that measures variables of AD/HD such as errors of omission (inattention) and errors of comission (impulsivity).

Early Diagnosis is essential. Early identification and intervention can help children with AD/HD avoid negative outcomes such as school failure, inappropriate social skills and deflated confidence.

How does AD/HD affect children?

AD/HD can cause mild to severe impairment in a child's life depending upon the severity of the behaviours and the effectiveness of intervention.

It is generally agreed that AD/HD does not have a significant effect on an individual's intelligence. Despite natural ability, a child's inattentiveness, impulsivity and hyperactivity unfortunately often result in failing grades.

The behaviours associated with AD/HD can fluctuate from hour to hour and day to day, causing an inconsistency in performance that is often mistaken for lack of effort. AD/HD symptoms become more obvious with tasks requiring sustained effort, inhibition, organisation and self-regulation.

An inability to control behaviour increases the risk of school failure for any child.

The structure of most schools requires that children sit still, remain on task, work independently, organise and keep track of materials, monitor their time and performance, and follow rules and directions. A child's ability to meet these demands in part determines school success.

AD/HD is not a learning disability but may co-exist with one.

Approximately 30% of individuals with AD/HD will also have some type of learning disability. A student diagnosed with AD/HD is highly likely to experience learning difficulties due to the influence of attention problems, their impulsivity and hyperactivity.

Untreated, AD/HD can lead to poor self-esteem and social adjustment. Children with AD/HD commonly experience interpersonal difficulties, peer rejection and difficult relations with family members.

AD/HD does not disappear and usually continues into adult life, sometimes with a slight variation or reduction in symptoms. Some children mature in ways that cause their AD/HD symptoms to diminish or disappear. For others, hyperactivity may abate but problems with impulsivity, inattention and organisation remain.

Treatment

AD/HD cannot be cured but education and treatment can help children cope and succeed at home and school.

Most experts believe that AD/HD is best treated through a multi-modal approach that involves parents, teachers, and medical and mental health professionals.

This approach involves educating parents, teachers and the child about AD/HD, training parents and teachers to use appropriate behavioural and academic interventions at school and at home, accommodating the child in the classroom and possibly providing medication, counselling and social skills training.

There is currently an array of medications available for the treatment of AD/HD.

The prescribed drugs act by normalising the imbalance in the brain's neurotransmitter chemicals. Stimulants such as ritalin and dexamphetamine are the most common forms of medical treatment.

Medication does not cure the disorder but can help to control the symptoms. In most children, it can provide a short-term decrease in the characteristic behaviours of inattention, impulsivity and hyperactivity, but does not increase knowledge, improve academic skill or social adjustment.

Medication combined with educational and/or psychological intervention such as organisational and skills development, time management and behaviour modification appear to produce improvements in behaviours and associated issues related to AD/HD.

AD/HD Parent Support Groups

LD Coalition of NSW	Ph: 9540 3300
Attention Deficit Hyperactivity Association (NSW)	Ph: 9411 2186
ADDult Association NSW Inc	Ph: 9540 3300

Stress Management Training

SHARE Ph: 9533 4422

Further Parent Library Resources Available from Learning Links

Books

Raising Difficult Children, Dr Peter Powell & Brenda Inglis Powell
Creating Kids Who Can Concentrate, Jean Robb & Hilary Letts
How to Reach and Teach ADD / ADHD Children, Sandra Rief
All About ADD, Mark Selikowitz

Videos

Understanding ADD, Dr Christopher Green
ADHD: What do we know? Russell Barkley
ADHD: What can we do? Russell Barkley
ADHD: In the Classroom Russell Barkley
F.A.T. City Video: Understanding Learning Disabilities: How Difficult can this be?

Useful Websites

www.adhdnews.com
www.ldonline.org
www.web-tv.co.uk

Parent Programs

- "Raising Difficult Children" workshops are run by Learning Links in conjunction with the Pastoral Counselling Institute.
- Individual Positive Parenting Programs and Child Management Workshops are available through Learning Links.
  Phone Sandra Samuel at Learning Links' Peakhurst branch on (02) 9534 1710 for more information.

Behaviours Associated with AD/HD

Inattention

This may mean that a child often:

- fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities;
- has difficulty concentrating on a task or game for a reasonable length of time;
- does not seem to listen when spoken to directly;
- does not follow through on instructions and fails to finish tasks;
- has difficulty organising tasks and activities;
- avoids or dislikes tasks that require concentration and attention;
- loses things necessary for tasks or activities (e.g. pencils, books, toys);
- is easily distracted by what is around them (e.g. other children, loud music); and
- is forgetful in daily activities.

Impulsivity

This may mean that a child often:

- blurts out answers before the questions have been completed;
- has difficulty waiting his/her turn; and
- interrupts others (e.g. butts into conversations and games).

Hyperactivity

This may mean that a child often:

- fidgets with their hands or feet or squirms in their seat;
- leaves their seat in situations in which remaining seated is expected (e.g. classroom);
- runs about or climbs excessively in situations in which this is inappropriate;
- has difficulty playing games quietly;
- is "on the go" or acts as if "driven by a motor"; and
- talks excessively.

Parenting Children with Attention Deficit Hyperactivity Disorder (AD/HD)

By Sandra Samuel, Family Counsellor

Children with AD/HD experience difficulties in many aspects of their lives – at home, school, in peer relationships and social activities. The difficulties often result in low self-esteem, anxiety, depression and behavioural problems.

While parenting any child is hard work and an ongoing learning process, parents whose children have AD/HD often feel frustrated, guilty and angry as they struggle with children who do not learn quickly from their experiences and who are often impulsive, moody and don't adapt well to changes.

Parents generally aim to raise their children to become competent, productive and happy adults. How can parents help children with AD/HD to achieve this, maintain a fair balance with their other children, and at the same time protect their own sanity and relationships?

What can parents do?

1. Recognise that the child's difficulties are not the parents' fault – they are not due to what parents have or have not done. Parents need to develop strategies that will be effective with difficult temperaments and unacceptable behaviours. They need to be firm, consistent and set clear, explicit limits and guidelines for their children. At the same time they need to remain calm when dealing with their children so as not to escalate an issue and the child's behaviour.
2. Have a realistic expectation of a child's behaviour that is based on both the child's age and developmental stage. At the same time, parents need to find strategies to increase their tolerance of what is often a normal chaos and noise level in families with children. It is important not to fight battles that do not need to be fought.
3. "Set Limits" for a child to set clear expectations for their behaviour and enable a child to develop competence, self-control, autonomy and an ability to relate effectively with those in his/her environment.
4. As much as possible institute routine in a child's day, allowing them to learn the sequence of day-to-day activities and predict what is happening in his or her environment.

Important Strategies in Managing Behaviour

1. Eye Contact – use a child's name.
2. Use "I" messages – this invites the child to participate in problem solving.
3. Maintain detachment - don't get involved in a child's chaos. Be firm but respond in terms of a child's behaviour rather than the parent's feelings – this is particularly important if a child is continuing to be defiant. Maintaining control is important to maintaining a positive relationship with a child. It is especially important not to enter into arguments or negotiations.
4. Punish less but more effectively. Have fewer power struggles and say "no" less often. Parents should target the most important behaviours that enable the child to improve their self-esteem and social relationships.
5. Focus on behaviour rather than a child as the problem. This allows a parent to join with their child to find a solution to problem behaviour and increases the chances that a child will change and eventually learn to set his or her own boundaries.
6. Differentiate between behaviours that result from the child's difficult temperament and those which are manipulative or within the child's control. Parents can often intervene to prevent unacceptable behaviour that would require punishment by identifying instances where the child's difficult temperament contributes to the situation and developing a strategy to diffuse the situation earlier.

   This involves identifying a difficult temperamental trait such as energy level, impulsiveness, inattentiveness, poor adaptability, sensitivity or extreme intensity and developing strategies for the child to learn to deal with the difficulty. Examples include "I know you like playing outside and its hard for you to change, but right now we need to ..." and "I know you have a loud voice; what do we do when you start to yell?"

   If any behaviour could be controlled by a child or is the result of a manipulative tantrum, parents can either ignore it or institute a previously negotiated punishment and remain disengaged from the child.
7. Build children's self esteem and competence by encouraging them to develop skills in areas they enjoy and do things for themselves. Don't expect perfection, but rather praise for having a go.
8. Above all parents need to look after themselves. They need to have time to recharge their batteries and to nurture their own adult relationships. Parenting programs are excellent, not only for developing effective parenting strategies but also for developing mutual support and sharing of experiences. Understanding that a child's problems result from a disorder rather than from purposeful non-compliance is important and allows the parent to join the child in learning new solutions to their difficulties.

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School Age Services
– contact your local branch

Family Services
– contact your local branch

All other enquiries
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