

Understanding Attention Deficit/ Hyperactivity Disorder



ADHD is one of the most common neurobehavioral disorders of childhood (cdc.gov). It is most often diagnosed in childhood and may last into adulthood. In general, children with ADHD may have difficulty paying attention and/or controlling their impulses. They may also have a high activity level. While it is normal for children to have trouble focusing and behaving at some times in their lives, with ADHD children it is not just “a phase”. The symptoms may cause problems at home, school, and with playmates. There are three subtypes of ADHD:

- Predominantly Inattentive Type: difficulty organizing/finishing tasks, difficulty paying attention to details, difficulty following instructions. Easily distracted. May make lots of mistakes in schoolwork or other efforts. Loses things. Forgetful.
- Predominantly Hyperactive-Impulsive Type: Fidgety/talkative. Difficulty sitting still. Restless. Impulsive.
- Combined Type: Symptoms of the two above types are both present in equal amounts.

ADHD can make life difficult for children. They may struggle in the classroom, leading to academic failure and judgment by parents, teachers, and peers. They tend to have more accidents and injuries than non-ADHD children. They have difficulty interacting with both peers and adults. And they are at increased risk of alcohol/drug abuse and other delinquent behaviors.

Causes of ADHD



Scientists are still trying to determine what causes ADHD. Research shows that genetics may play a large part. Studies show a possible link between environmental exposures (cigarette smoking and drinking alcohol during pregnancy, and exposure to lead during the preschool years). Some children who have suffered a brain injury show symptoms similar to those of ADHD. However, most children with ADHD have not had a brain injury. Premature delivery or low birth weight may play a part. Recent research in Great Britain shows a possible link between food additives (artificial colors or preservatives) and ADHD. A popular belief is that refined sugar is connected to symptoms of ADHD—research tends to discount this theory.

Diagnosing ADHD

It takes several steps to diagnose ADHD. There is no single test to make the diagnosis, and many other problems can have symptoms similar to ADHD (such as anxiety or

depression). Additionally, children mature at different rates and have different personalities.

Children often first show symptoms between the ages of 3 and 6. Parents may notice a shorter attention span than their child's friends; teachers may notice trouble following rules or paying attention.

Part of the process of diagnosis is to rule out any other diagnoses. Your doctor will probably recommend hearing and vision tests. You may be given a checklist for rating ADHD symptoms. Parents, teachers, and sometimes the child may be given a questionnaire to answer regarding the child. Your doctor may ask about the presence of recent emotional stressors or health issues that affect the child.

Treating ADHD

In most cases, ADHD is treated with a combination of medication and behavioral therapy, which will teach the child how to monitor his or her own behavior. This therapy may also involve the teaching of social skills. Following behavioral therapy, play therapy or talk therapy (depending on the child's age) can help with self-esteem issues that may result from being "different." Family therapy can help family members find better ways to handle disruptive behaviors and encourage behavior changes. Parenting skills training can help parents learn to set a structure to help the ADHD child function more easily.

ADHD children are more likely than other children to have other conditions, such as Oppositional Defiant Disorder, Conduct Disorder, Depression, Anxiety Disorder, or Learning Disabilities. If your child has any of these additional conditions, they will need to be treated along with the ADHD.

So What Do I Do?



Every child is different, and ADHD is a complex disorder. Not every recommendation is right for every child. Please work with your child's doctor or therapist to determine the right course of action for your child. Some ideas that might be appropriate are: keeping a regular schedule for meals, naps, and bedtime; making sure your child gets plenty of rest and sleep; assisting your child with organization; being clear and consistent with your rules for the child; giving praise or reward when rules are followed; and using timeouts or loss of a privilege when rules are not followed. You can also find out what special assistance your child's school can provide.

Adolescents and ADHD

Most children with ADHD continue to have symptoms as adolescents. Some children are not diagnosed until they are adolescents. The teenage years may be especially difficult for children with ADHD. In general, hyperactivity tends to decrease as children mature; however, some teens may continue to feel restless and over-multitask. They may choose the quickest, simplest way to do things. In adolescence, teens are expected to become more self-reliant; teens with ADHD may struggle with this.

Parents have less control over adolescents than small children, so it may be difficult for parents to ensure that their teens continue with treatment. Teens may refuse medication or be uninterested in therapy.

The ways of helping younger children with ADHD will also help with adolescents. Provide structure by giving rules that are clear and easy to understand. When teens break the rules, stay calm maintain the structure. Focus on consequences rather than punishment. Helping your teen find ways to stay organized (lists, charts, calendars, storage/filing) may be beneficial. When your child asks for more privileges or freedoms, listen to the request and share opinions about the issue. Negotiation and compromise are helpful as you draw up rules for a growing child's behavior.

Driving can be especially challenging for teens with ADHD. The natural tendency for adolescents to engage in risky behavior, combined with the impulsivity of ADHD, leads to an increased rate of driving incidents. In fact, teens with ADHD are involved in nearly four times as many automobile accidents as non-ADHD teens. They are more likely to cause injury in accidents. They get three times as many speeding tickets as their peers (nimih.nih.gov).

Adults and ADHD

ADHD may continue into adulthood. Oftentimes adults do not know that they have ADHD; often find it difficult to get organized, stick to a job, or keep appointments. They may have a history of failures at school, work, or in relationships. They may multitask, often unsuccessfully. They may prefer "quick fixes" to problems.

So, if ADHD is a part of your life, it is important to care for yourself as well as your loved ones. If you share your life with someone with this diagnosis, you may find yourself hurt by your loved one's behaviors, and by other people's judgments regarding the behavior. Others in the family may be affected by the person with the diagnosis because of possible aggression as well as the fact that a child with ADHD often gets more attention—more time is required of the parents in helping the child succeed. Family therapy and support groups can help. You are not alone—connect with others, and give yourself a break!



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Sources

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