

Attention Deficit Hyperactivity Disorder

ABSTRACT: *The author is a counsellor and a teacher in a school of ADHD. She has given in detail, the description of the disease, definition, how to diagnose, what to look for, how to train parents to deal with their children etc,enough reading, to make you almost an expert in ADHD at the end of the article!*



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Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) refer to a range of problem behaviours associated with poor attention span. These may include impulsiveness, restlessness and hyperactivity, as well as inattentiveness, and often prevent children from learning and socialising well. ADHD is sometimes referred to as hyperkinetic disorder.

Approximately 3-5% of the student population has ADHD. It is diagnosed 3 to 9 times more frequently in boys than girls. It is believed that many more girls actually have ADHD and are not diagnosed because they exhibit fewer of the disruptive behaviours associated with hyperactivity and impulsivity.

One can classify the symptoms on the basis of three variables namely inattention, hyperactivity and impulsivity. One can classify the symptoms based on the three areas of difficulty, which are inattention, hyperactivity and impulsivity.

FOR ATTENTION ONE WOULD SEE

- Fails to pay close attention to detail or makes careless errors during work or play.
- Fails to finish tasks or sustain attention in play activities.

- Seems not to listen to what is said to him or her.
- Fails to follow through instructions or to finish homework or chores (not because of confrontational behaviour or failure to understand instructions).
- Disorganised about tasks and activities Avoids tasks like homework that require sustained mental effort. Loses things necessary for certain tasks or activities, such as pencils, books or toys.
- Easily distracted.
- Forgetful in the course of daily activities.

IN HYPERACTIVITY ONE WOULD PREDOMINANTLY SEE

- Runs around excessively, climbs over things. (In adolescents or adults -only a feelings of restlessness may occur.)
- Unduly noisy in playing or has difficulty in engaging in quiet leisure activities. Leaves seat in classroom or in other situations where remaining seated is expected.
- Fidgets with hands or feet or squirms on the seat.

IMPULSIVITY SHOWS THE FOLLOWING

- Blurts out answers before questions have been completed.
- Fails to wait in queues or await turns in games or group situations.



- Interrupts or intrudes on others, eg butts into others conversations or games.
- Talks excessively without appropriate response to social restraint.

One can use the DSM IV criteria for diagnosis. But the diagnosis is made only if the behaviour is seen in 2 or more settings, which means at home, in school or work place or in social settings. Another point that one should keep in mind is that the onset should be before 7 yrs of age.

One also needs to keep in mind the other conditions which can be mistaken for ADHD.

Grand mal or Petit mal epileptic seizures can cause a child to become drowsy, impairing their attention. Epilepsy can also cause unusual behaviour and lead to abnormal perceptions.

Hearing problems such as deafness or glue ear can make it hard for a child to follow instructions making them appear inattentive.

Reading problems: makes it hard to complete tasks or follow instructions.

Obsessive compulsive disorder leads to people following strange rituals that preoccupy their thoughts and distract their attention.

Tourette's syndrome involves repetitive, involuntary jerking movements of the body and sudden outbursts of noise or swearing.

Autism and Asperger's syndrome often lead to difficulties in understanding and using language.

One can't ignore the role of prolonged periods of insufficient sleep causing poor concentration.

DIAGNOSIS

ADHD requires a medical diagnosis by a doctor. The child or adolescent is seen by a psychiatrist, a paediatrician or paediatric neurologist or a General practitioner. It will often be appropriate for other professionals such as psy-

chologists, speech therapists, teachers and health visitors to contribute their observations to the assessment of a child with possible ADHD. There is no single diagnostic test for ADHD, so different sets of information needs to be gathered, such as the following:

HISTORY OF SYMPTOMS

This includes noting down the precise nature of difficulties, when they were first noticed, in what situations they occur, factors that exacerbate or relieve them. This will give one a clearer picture of the nature of the concerned behaviours.

MEDICAL HISTORY

Medical history will be important to understand the risk factors that could predispose the child to ADHD, including difficulties and risks in pregnancy and during birth. For example, whether the mother was in poor health, very young or drank alcohol or smoked or had an extended or complicated labour. One should also look at several medical conditions, which are known to be associated with ADHD. These include fragile-X syndrome, foetal alcohol syndrome, G6PD deficiency, phenylketonuria and generalised resistance to thyroid hormone.

Accidents, operations and chronic medical conditions such as epilepsy, asthma and heart, liver and kidney disorders all need to be taken in to account. Also of possible relevance is any medication the child is taking, as well as any adverse reactions they have had to medication in the past.

Enquire about any mental health problems the child has had which can help rule out depression or anxiety being behind the symptoms.

EDUCATIONAL HISTORY

This if possible, also needs to be counter checked with the teacher in charge along

with getting it from parents. One needs to focus on the skills they show or areas they manage well, along with specific difficulties they have. Their functioning within their peer group and teachers, behaviour difficulties such as suspensions or exclusions can also be checked for. A more detailed evaluation of the child's learning patterns may be necessary (working style, handwriting, task completion, subjects of preference etc can be looked into).

EVALUATION OF THE CHILD'S TEMPERAMENT

ALONG WITH EMOTIONALITY OF FAMILY MEMBERS

The child's temperament and personality, those of other family members and the nature of relationships within the family may need to be assessed. This will include discussion of the methods used by the parents to manage the child's behaviour (discipline strategies) and how successful they have been. How parents respond when rules are broken, will give a valuable insight for treatment plans.

A point to be noted here is that the assessor will remain neutral and parents should not be made to feel the disorder is 'their fault'.

FAMILY HISTORY

The mental and physical health of the child's parents and other family members can be relevant, particularly regarding the incidence of ADHD or depression.

Social assessment also can be included wherever necessary to understand its impact on the child's behaviour.

TESTING

Psychological testing for IQ and screening for a Learning Disability can be done wherever necessary. Remember, testing is done to support the diagnosis and not for diagnosis per se. Hence history taking, observing the child in different settings, rating scales to understand

behaviour of concern and informal tests, all play a major role in diagnosis.

The need for physical and/or neurological examinations, can be looked at if necessary.

TREATMENT FOR ADHD

Treatment depends on a child's exact diagnosis. Take into account any specific difficulties and those strengths that may aid their improvement. Treatment starts with understanding the child well about both his /her strengths and limitations which will aid in making an individualized plan that will fit for the needs of the child in front of you. The strengths can be used to enhance the difficult areas which means I need to know him /her well.

It is not easy to live or cope with a child with ADHD. Both parents and teachers can follow general guidelines to manage a child's problematic behaviour. Along with this they may need specialist support and advice, eg from a psychologist. Medications can be resorted to wherever necessary.

PSYCHOLOGICAL TREATMENTS

Behavioral therapy (BT) helps people develop more effective ways to work on immediate issues. The support might be practical assistance, like help in organizing tasks or schoolwork or dealing with emotionally charged events. The support might also be in self-monitoring one's own behaviour and giving self-praise or rewards for acting in a desired way such as controlling anger or thinking before acting. Behavioural management techniques are always important, and for mild attention deficit problems they are the treatment of choice.

USE REWARDS (eg stickers, tokens or even money) consistently and frequently to reinforce appropriate behaviour such as listening to adults and concentrating. This requires very consistent monitoring avoiding generalizations, for



behaviours for which the tokens are once set for. The child's consent and approval for behaviours for which tokens are given will be necessary. Using sanctions (eg loss of privileges: being sent to their room) for unacceptable behaviour or 'overstepping' of boundaries are also a part of this therapy.

The aim is basically to help the child learn appropriate behaviours and also to make him understand the benefits of these behaviours other than the tokens he receives. Eg: the child receives a star for completing the work sheet but also gets to avoid punishment for incomplete work, less pending work, time to play in recess instead of staying back and complete, positive attention from teacher etc.

Social skills training can help children learn new behaviours. In social skills training, the therapist discusses and models appropriate behaviours important in developing and maintaining social relationships, like waiting for a turn, sharing toys, asking for help, or responding to teasing, then gives children a chance to practice. For example, a child might learn to "read" other people's facial expression and tone of voice in order to respond appropriately.

Psychotherapy works to help people with ADHD, to like and accept themselves despite their disorder. It does not address the symptoms or underlying causes of the disorder. In psychotherapy, patients talk with the therapist about upsetting thoughts and feelings, explore self-defeating patterns of behaviour, and learn alternative ways to handle their emotions. As they talk, the therapist tries to help them understand how they can change or better cope with their disorder.

In addition to the management techniques described, other forms of psychological treatment might include anxiety management, cognitive

therapy and anger management techniques etc.

PARENTING SKILLS TRAINING offered by therapists or in special classes, gives parents tools and techniques for managing their child's behaviour. One such technique is the use of token or point systems for immediately rewarding good behaviour or work (extension of behaviour therapy), using of "time-out" or isolation to a chair or bedroom when the child becomes too unruly or out of control can also be suggested. During time-outs, the child is removed from the agitating situation and sits alone quietly for a short time to calm down. Parents may also be taught to give the child "quality time" each day, in which they share a pleasurable or relaxing activity. During this time together, the parent looks for opportunities to notice and point out what the child does well, and praise his or her strengths and abilities.

Making an effort to find your child being good can be a goal given to parents. The goal, over time, helps children to learn to control their own behaviour and to choose the more desired behaviour. The technique works well with all children, although children with ADHD may need more frequent rewards.

In addition, parents may learn to structure situations in ways that will allow their child to succeed. This may include allowing only one or two playmates at a time, so that their child doesn't get over stimulated. Or if their child has trouble completing tasks, they may learn to help the child divide a large task into small steps, then praise the child as each step is completed. Regardless of the specific technique parents may use to modify their child's behaviour, some general principles appear to be useful for most children with ADHD. These include providing more frequent and immediate feedback

(including rewards and punishment), setting up more structure in advance of potential problem situations, and providing greater supervision and encouragement to children with ADHD in relatively unrewarding or tedious situations.

Parents may also learn to use stress management methods, such as meditation, relaxation techniques, and exercise, to increase their own tolerance for frustration so that they can respond more calmly to their child's behaviour. Some Simple Behavioural Interventions for adults to help their child can be introduced

Children with ADHD may need help in organizing. Create a daily routine for the child, eg homework schedules, bedtime and mealtime routines.

Being specific in instructions to the child and making clear and reasonable requests, eg: in-

stead of telling the child to 'behave' suggest 'play quietly with your dog for 10 minutes'.

Setting clear and easily understood boundaries, eg how much TV they may watch, and that rudeness is unacceptable.

Being consistent in the handling and managing of the child. Removing disturbing or disruptive elements from their daily routine. For example, removing siblings from the room when they are doing homework or turning off the TV. Planning structured programmes aimed at gradually lengthening the child's concentration span and ability to focus on tasks. Communicating with the child on a one-to-one basis and avoid addressing other children at the same time. A cohesive and sensitive team including parents, teacher, professionals can take the child towards well being and happiness. Let us all work towards that.

Attention Deficit Hyperactive Disorder -A Clinical Overview

ABSTRACT: An apt overview needed, when one gets lost in the maze of different perspective available for ADHD. This article deals with the difficulties, the components, the significance of ADHD in today's world. Also presented are five cases which definitely can give us foothold in taking up more such cases for treatment



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Historically, we are able to view different perspective of ADHD. The behavioural perspective which looks at the hyperkinesis as an important component. The neurophysiologic perspective which emphasizes the underlying damage to the brain functioning and the psycho-educational viewpoint which speaks of

the attendant learning difficulties in various sub-areas as the more important presentation.

WHAT IS ADHD?

The modern way of viewing it is through the holistic lens where the disorder is seen as a systemic one affecting several faculties which prevent the exercise of attention over a sustained