

Child Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

ADHD IN CHILDREN

Attention deficit/hyperactivity disorder (ADHD) is a developmental disorder characterised by difficulties with concentration, attention and impulse control, which impact on the person's day-to-day life.

ADHD begins in childhood and around 6-7% of children are diagnosed with this disorder. Whilst symptoms typically improve as children get older, about 65% of children diagnosed with ADHD continue to have some symptoms of ADHD into adulthood, with about 15% continuing to meet full criteria for ADHD as adults.

Children with ADHD often have difficulty sitting still, following direction and settling into quiet tasks, and often act before thinking things through. Even when they try to focus on their work, children with ADHD are often easily distracted by things going on around them. Because of these difficulties, they can have problems keeping up in class, and making and keeping friends.

What causes ADHD?

There is no single cause of ADHD; rather, there are a range of factors relating to a person's genes, neurobiology (the structure and function of the brain) and environment that increase the chance of developing ADHD.

Genes

There appears to be a strong genetic component to ADHD, and ADHD often runs in families. Research suggests a number of genes might be involved, rather than one single gene.

Neurobiology

In children with ADHD, research has found some differences in areas of the brain and in brain activity that relate to movement, information processing, learning, memory, attention, and the regulation of emotions, thoughts and behaviour.

Environment

Certain environmental factors might also play a role in the development of symptoms of ADHD. These include:

- **Pregnancy and birth factors:** Maternal smoking, alcohol and substance misuse, and stress during pregnancy, as well as infant low birth weight and prematurity are all factors linked to ADHD.

- **Early life relationships and opportunities to learn:** Growing up in a family with high conflict, or without good opportunities to learn skills for self-regulation, attention and concentration can lead to difficulties in these areas.
- **Certain environmental toxins:** Toxins such as lead can affect brain development and behaviour.
- **Dietary factors:** For some people (even without ADHD) attention and concentration might be affected by nutritional deficiencies (e.g., zinc, magnesium, polyunsaturated fatty acids) and sensitivities to certain foods (e.g., sugar, artificial food colourings). There is no evidence however that these cause ADHD and a medical practitioner should be involved to evaluate these issues if they are considered of possible concern.

Does my child have ADHD?

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Signs and symptoms

The key signs and symptoms of ADHD cover two main areas of difficulty; inattention and hyperactivity/impulsivity.

Inattention

- Difficulty concentrating
- Difficulty staying focused
- Forgetfulness
- Trouble organising tasks and activities
- Tendency to lose things

Hyperactivity/impulsivity

- Fidgeting and restlessness
- Difficulty sitting for long periods of time
- Difficulty engaging in quiet activities
- Difficulty waiting turn
- Acting or speaking before thinking things through.

For a diagnosis of ADHD the child must have several symptoms of either inattention or hyperactivity/impulsivity, or both, across two or more settings such as at home and at school. Symptoms must also have been present before 12 years of age.

There are three types of ADHD, depending on the main difficulties the child is experiencing. These are:

- **Predominantly inattentive:** The child mostly has symptoms of inattention, rather than hyperactivity or impulsivity.
- **Predominantly hyperactive-impulsive:** The child mostly has symptoms of hyperactivity and impulsivity, rather than inattention.

- **Combined:** The child has symptoms of both inattention and hyperactivity-impulsivity.

Children with the combined type are more frequently referred to services, possibly because the range of behavioural and social difficulties might be more noticeable.

For very young children, it is important to remember that skills of attention, concentration and impulse control are still developing. A short attention span, being easily distracted or acting impulsively is quite common at this age and not necessarily a sign of ADHD. A careful assessment is therefore needed to figure out what is typical and not typical for a child at each age and stage of development.

What can I do?

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As with assessment, treatment is often provided by a team of professionals, usually a psychologist and a paediatrician, working together. They often work with parents and the child as well as provide support and advice to the child's educators. It is important for the psychologist, the parents and the educators to work together to provide the best care and support for the child's learning and for parents to feel part of the team.

Treatment varies according to the needs of the child and their family. Children with mild ADHD without other developmental or behavioural issues generally do well with family support around behavioural management strategies. Children with more difficult to manage symptoms or a variety of different concerns often benefit from a combination of medication and psychological strategies, particularly behavioural management.

Effective treatments and interventions include:

Medication

A number of ADHD medications have been found to be effective in the short-term, although there appears to be no 'permanent' positive effect. In Australia, the medications available for the treatment of ADHD are

- Short-acting stimulants (e.g. Ritalin 10, Attenta, dexamphetamine).
- Long-acting stimulants (e.g. Ritalin LA and Concerta) and atomoxetine (Strattera).

Where medications are used, they are best used as part of a comprehensive treatment plan that includes age appropriate psychological, social and educational support.

Behavioural Parent Training

Behavioural parent training involves the parent(s) learning about ADHD, the use of a range of positive parenting and effective disciplinary strategies, and the use of problem-solving to address day-to-day issues.

Social skills training

Social skills training involves training a parent or educator to teach, model and encourage positive social behaviours, and to help the child use these behaviours to improve social skills and relationships with peers.

School-based interventions

School-based interventions involve supportive strategies such as changing the layout of the classroom to make it less distracting for the child, modifying work, or putting in place clear behavioural goals and applying fair, logical and immediate consequences for appropriate and inappropriate behaviours.

Addressing other learning difficulties

Children with ADHD often have other learning difficulties making life at school all the more difficult for them. It is important for the child's learning abilities to be fully assessed and any difficulties addressed and supported both at home and in the educational setting.

Tips for supporting children with ADHD

- Use praise. Praise should be specific and immediate to highlight and reward behaviours you would like to encourage.
- Pay attention. Make good eye contact with the child, listen attentively and respond in a caring manner.
- Spend focused time together. Choose an activity that your child is interested in and get involved, free of direction or negativity.
- Use effective commands. Use commands only when necessary and keep them simple and clear. It is important that the child is paying attention and it can be helpful to allow some

time for the child to comply. Praise for listening and following through can help to reinforce positive behaviours.

- Find a quiet space for the child to work in. At school, find a space that is free from distraction, away from the door (where people come and go), away from the window (and distractions outside) and near the front of the classroom, facing the teacher and the whiteboard. Sit them with a 'buddy' who is a good role model, who can help reinforce instructions and expectations. At home, find a quiet space to do homework and make sure it is free from clutter, toys, electronic media, and other distractions.
- Break tasks down into smaller chunks. Smaller tasks are easier to complete, easier to organise and are less overwhelming.
- Include breaks in activities and tasks. Breaks after work is completed can help a child to refocus on the next task.
- Help the child stay organised. Depending on the age of the child, use schedules and reminders to help your child develop skills to organise themselves. A list of routine activities on the fridge or bedroom door can be helpful.

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- Use incentive systems. Incentive systems are a way of providing concrete, immediate rewards for positive behaviours. Target behaviours should be clearly defined and the reward chosen should be meaningful to the child; younger children might receive a small treat such as a sticker or favourite activity, while older children may like to collect points for a larger reward.
- Use problem-solving. Effective problem-solving includes agreeing on what the problem is, brainstorming solutions, agreeing on a solution, trying it out, and checking on the outcome. Simplify this process for use with young children.
- Use planned ignoring. Ignoring mild problem-behaviours can help to decrease their frequency over time. Planned ignoring needs to be consistent and done in a calm manner. It is important not to ignore the child, only the behaviour, and to attend to your child's needs in a caring manner. Aggressive, harmful, or destructive behaviour should not be ignored, but addressed immediately.
- Use time-out consistently, but only occasionally. Time-outs should usually only be used if the above techniques have not been successful. They can allow the child to 'cool-down', and allow time away from reinforcement of problem behaviour (such as making other children laugh).

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