

Attention-Deficit/Hyperactivity Disorder (AD/HD)

◇ Mario's Story ◇

Mario is 10 years old. When he was 7, his family learned he had AD/HD. At the time, he was driving everyone crazy. At school, he couldn't stay in his seat or keep quiet. At home, he didn't finish his homework or his chores. He did scary things, too, like climb out of his window onto the roof and run across the street without looking.

Things are much better now. Mario was tested by a trained professional to find out what he does well and what gives him trouble. His parents and teachers came up with ways to help him at school. Mario has trouble sitting still, so now he does some of his work standing up. He's also the student who tidies up the room and washes the chalkboard. His teachers break down his lessons into several parts. Then they have him do each part one at a time. This helps Mario keep his attention on his work.

At home, things have changed, too. Now his parents know why he's so active. They are careful to praise him when he does something well. They even have a reward program to encourage good behavior. He earns "good job points" that they post on a wall chart. After earning 10 points he gets to choose something fun he'd like to do. Having a child with AD/HD is still a challenge, but things are looking better.

◇ What is AD/HD? ◇

Attention-Deficit/Hyperactivity Disorder (AD/HD) is a condition that can make it hard for a person to sit still, control behavior, and pay attention. These difficulties usually begin before the person is 7 years old. However, these behaviors may not be noticed until the child is older.

Doctors do not know just what causes AD/HD. However, researchers who study the brain are coming closer to understanding what may cause AD/HD. They believe that some people with AD/HD do not have enough of certain chemicals (called *neurotransmitters*) in their brain. These chemicals help the brain control behavior.

Parents and teachers do **not** cause AD/HD. Still, there are many things that both parents and teachers can do to help a child with AD/HD.



NICHCY is the
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◇ How Common is AD/HD? ◇

As many as 5 out of every 100 children in school may have AD/HD. Boys are three times more likely than girls to have AD/HD.

◇ What Are the Signs of AD/HD? ◇

There are three main signs, or symptoms, of AD/HD. These are:

- ◆ problems with paying attention,
- ◆ being very active (called *hyperactivity*), and
- ◆ acting before thinking (called *impulsivity*).

More information about these symptoms is listed in a book called the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), which is published by the American Psychiatric Association (2000). Based on these symptoms, three types of AD/HD have been found:

- ◆ *inattentive* type, where the person can't seem to get focused or stay focused on a task or activity;
- ◆ *hyperactive-impulsive* type, where the person is very active and often acts without thinking; and
- ◆ *combined* type, where the person is inattentive, impulsive, and too active.

Inattentive type. Many children with AD/HD have problems paying attention. Children with the inattentive type of AD/HD often:

- ◆ do not pay close attention to details;
- ◆ can't stay focused on play or school work;
- ◆ don't follow through on instructions or finish school work or chores;
- ◆ can't seem to organize tasks and activities;
- ◆ get distracted easily; and
- ◆ lose things such as toys, school work, and books. (APA, 2000, pp. 85-86)

Hyperactive-impulsive type. Being too active is probably the most visible sign of AD/HD. The hyperactive child is "always on the go." (As he or she gets older, the level of activity may go down.) These children also act before thinking (called *impulsivity*). For example, they may run across the road without looking or climb to the top of very tall trees. They may be surprised to find themselves in a dangerous situation. They may have no idea of how to get out of the situation.

Hyperactivity and impulsivity tend to go together. Children with the hyperactive-impulsive type of AD/HD often may:

- ◆ fidget and squirm;
- ◆ get out of their chairs when they're not supposed to;
- ◆ run around or climb constantly;
- ◆ have trouble playing quietly;
- ◆ talk too much;
- ◆ blurt out answers before questions have been completed;
- ◆ have trouble waiting their turn;
- ◆ interrupt others when they're talking; and
- ◆ butt in on the games others are playing. (APA, 2000, p. 86)

Combined type. Children with the combined type of AD/HD have symptoms of both of the types described above. They have problems with paying attention, with hyperactivity, and with controlling their impulses.

Of course, from time to time, all children are inattentive, impulsive, and too active. With children who have AD/HD, *these behaviors are the rule, not the exception.*

These behaviors can cause a child to have real problems at home, at school, and with friends. As a result, many children with AD/HD will feel anxious, unsure of themselves, and depressed. These feelings are not symptoms of AD/HD. They come from having problems again and again at home and in school.

◇ How Do You Know if a Child Has AD/HD? ◇

When a child shows signs of AD/HD, he or she needs to be evaluated by a trained professional. This person may work for the school system or may be a professional in private practice. A complete evaluation is the only way to know for sure if the child has AD/HD. It is also important to:

- ◆ rule out other reasons for the child's behavior, and
- ◆ find out if the child has other disabilities along with AD/HD.

◇ What About Treatment? ◇

There is no quick treatment for AD/HD. However, the symptoms of AD/HD can be managed. It's important that the child's family and teachers:

- ◆ find out more about AD/HD;
- ◆ learn how to help the child manage his or her behavior;

◆ Tips for Parents ◆



- ❑ Learn about AD/HD. The more you know, the more you can help yourself and your child. See the list of resources and organizations at the end of this publication.
- ❑ Praise your child when he or she does well. Build your child's abilities. Talk about and encourage his or her strengths and talents.
- ❑ Be clear, be consistent, be positive. Set clear rules for your child. Tell your child what he or she *should* do, not just what he shouldn't do. Be clear about what will happen if your child does not follow the rules. Have a reward program for good behavior. Praise your child when he or she shows the behaviors you like.
- ❑ Learn about strategies for managing your child's behavior. These include valuable techniques such as: charting, having a reward program, ignoring behaviors, natural consequences, logical consequences, and time-out. Using these strategies will lead to more positive behaviors and cut down on problem behaviors. You can read about these techniques in many books. See "Resources" on page 4 of this publication.
- ❑ Talk with your doctor about whether medication will help your child.
- ❑ Pay attention to your child's mental health (and your own!). Be open to counseling. It can help you deal with the challenges of raising a child with AD/HD. It can help your child deal with frustration, feel better about himself or herself, and learn more about social skills.
- ❑ Talk to other parents whose children have AD/HD. Parents can share practical advice and emotional support. Call NICHCY to find out how to find parent groups near you.
- ❑ Meet with the school and develop an educational plan to address your child's needs. Both you and your child's teachers should get a written copy of this plan.
- ❑ Keep in touch with your child's teacher. Tell the teacher how your child is doing at home. Ask how your child is doing in school. Offer support.

◆ Tips for Teachers ◆

- ❑ Learn more about AD/HD. The resources and organizations at the end of this publication will help you identify behavior support strategies and effective ways to support the student educationally. We've listed some strategies below.
- ❑ Figure out what specific things are hard for the student. For example, one student with AD/HD may have trouble starting a task, while another may have trouble ending one task and starting the next. Each student needs different help.
- ❑ Post rules, schedules, and assignments. Clear rules and routines will help a student with AD/HD. Have set times for specific tasks. Call attention to changes in the schedule.
- ❑ Show the student how to use an assignment book and a daily schedule. Also teach study skills and learning strategies, and reinforce these regularly.
- ❑ Help the student channel his or her physical activity (e.g., let the student do some work standing up or at the board). Provide regularly scheduled breaks.
- ❑ Make sure directions are given step by step, and that the student is following the directions. Give directions both verbally and in writing. Many students with AD/HD also benefit from doing the steps as separate tasks.
- ❑ Let the student do work on a computer.
- ❑ Work together with the student's parents to create and implement an educational plan tailored to meet the student's needs. Regularly share information about how the student is doing at home and at school.
- ❑ Have high expectations for the student, but be willing to try new ways of doing things. Be patient. Maximize the student's chances for success.



- ◆ create an educational program that fits the child's individual needs; and
- ◆ provide medication, if parents and the doctor feel this would help the child.

◇ What About School? ◇

School can be hard for children with AD/HD. Success in school often means being able to pay attention and control behavior and impulse. These are the areas where children with AD/HD have trouble.

There are many ways the school can help students with AD/HD. Some students may be eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA). Under the newest amendments to IDEA, passed in 1997, AD/HD is specifically mentioned under the category of "Other Health Impairment" (OHI). We've included the IDEA's definition of OHI in the box on this page. Other students will not be eligible for services under IDEA. However, they may be eligible for services under a different law, Section 504 of the Rehabilitation Act of 1973. In both cases, the school and the child's parents need to meet and talk about what special help the student needs.

Most students with AD/HD are helped by supports or changes in the classroom (called *adaptations*). Some common changes that help students with AD/HD are listed in the "Tips for Teachers" box on page 3. More information about helpful strategies can be found in NICHCY's briefing paper called *Attention-Deficit/Hyperactivity Disorder*. The resources listed below will also help families and teachers learn more about ways to help children with AD/HD.

◇ Resources ◇

American Academy of Pediatrics. (2001, October). Clinical practice guideline: Treatment of the school-aged child with attention-deficit/hyperactivity disorder. *Pediatrics*, 108(4), 1033-1044. (Available online at: www.aap.org/policy/s0120.html)

Barkley, R. (2000). *A new look at ADHD: Inhibition, time, and self-control* [video]. New York: Guilford. (Phone: 800.365.7006. Web: www.guilford.com)

Barkley, R. (2000). *Taking charge of AD/HD: The complete authoritative guide for parents* (Rev. ed.). New York: Guilford. (See contact information above.)

Many students with AD/HD may qualify for special education services under the "Other Health Impairment" category within the Individuals with Disabilities Education Act (IDEA). IDEA defines "other health impairment" as...

"...having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and adversely affects a child's educational performance."

34 Code of Federal Regulations §300.7(c)(9)

Dendy, C.A.Z. (1999). *Teaching teens with ADD and ADHD: A quick reference guide for teachers and parents*. Bethesda, MD: Woodbine. (Phone: 800.843.7323. Web: www.woodbinehouse.com.)

Fowler, M. (1999). *Maybe you know my kid: A parent's guide to helping your child with attention deficit hyperactivity disorder* (3rd ed.). Kensington, NY: Citadel. (Phone: 877.422.3665. Web: www.kensingtonbooks.com)

Fowler, M. (2002). Attention-deficit/hyperactivity disorder. *NICHCY Briefing Paper*, 1-24. (Phone: 800.695.0285. Also available on the Web site: www.nichcy.org)

National Institutes of Health. (1998). Diagnosis and treatment of attention deficit hyperactivity disorder. *NIH Consensus Statement*, 16(2), 1-37 [On-line]. Available: odp.od.nih.gov/consensus/cons/110/110_statement.htm

◇ Organizations ◇

Attention Deficit Disorder Association
P.O. Box 543
Pottstown, PA 19464
484.945.2101
E-mail: mail@add.org
Web: www.add.org

CH.A.D.D. (Children and Adults with Attention-Deficit/Hyperactivity Disorder)
8181 Professional Place, Suite 150
Landover, MD 20785
301.306.7070
800.233.4050
Web: www.chadd.org

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