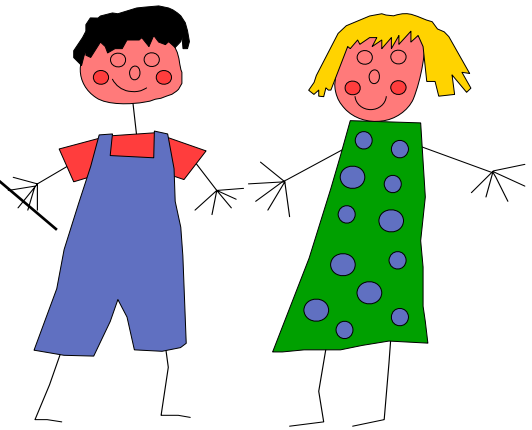




An OAASIS Publication
for Parents and Professionals

ADHD



AD / HD

(Attention Deficit/Hyperactivity Disorder)

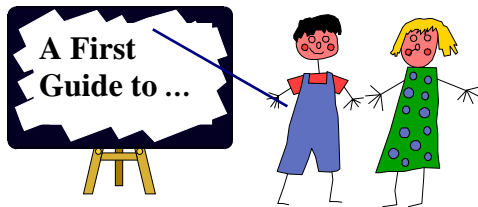
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*Office for Advice, Assistance,
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ADHD

A First Guide to ADHD: Price: £5.00

by Di Wilkinson, Caroline Lacey 1998

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OTHER TITLES IN THE SERIES:

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- *Attachment Disorder*
- *Autism (2nd edition)*
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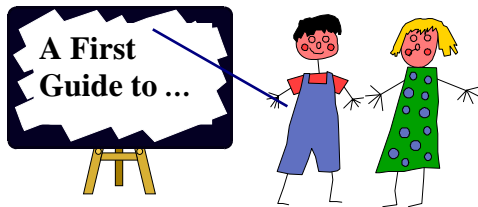
Email: oaasis@cambiangroup.com

Cambian Education Services

Website: www.cambianeducation.com

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Waterfront
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London W6 9RU

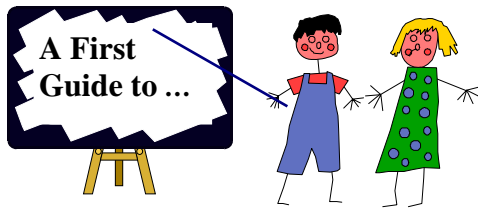
Freephone: 0800 288 9779



ADHD

About First Guides

- **This First Guide** was developed at Grateley House School as part of a range of guides being prepared for and distributed by OAASIS (Office for Advice, Assistance, Support and Information on Special Needs). They are designed to provide a quick and easy reference pack of information on various learning difficulties.
 - **OAASIS** offers:
 - a **telephone Helpline** for advice on matters to do with special education. Ring **0800 902 0732** usually manned between 10 and 4.30p.m., Monday – Friday.
 - various **publications** including
 - Free Information Sheets on various learning difficulties and other aspects of special education.
 - The *First Guide to ...* series. Other titles are listed on the opposite page.
 - *What is?* cards. Small cards describing briefly a disability. Useful for informing others. Cards are available on: ADHD, Asperger Syndrome, Attachment Disorder, Autism, Dyspraxia, Epilepsy, Obsessive Compulsive Disorder, Semantic Pragmatic Disorder and Tourette's Syndrome.
 - *Do You Know Someone with Autism?* booklet. Written by a former teacher at The Forum School for the brothers, sisters and classmates of a child with autism.
 - **OAASIS** can be contacted by writing to OAASIS at The Croft, Southlands School, Vicar's Hill, Boldre, Lymington, Hampshire SO41 5BQ; emailing oaasis@cambiangroup.com or ringing the Helpline.
 - **Grateley House School** offers residential education (with a waking day curriculum) for young people aged 9-19 years with Asperger Syndrome or other associated syndromes requiring similar care, education and therapeutic interventions for 38 weeks a year. There are some day spaces available for families who live close by. The school is sited in a large country house near Andover, in Hampshire, within its own grounds of several acres.
 - Grateley House School and OAASIS are a part of Cambian Education Services. For further information on the Cambian Education schools and colleges please phone 0800 288 9779.
 - OAASIS welcomes contributions from families, professionals, and individuals who would like to contribute ideas for inclusion in the pack.
 - There may be a small charge for the Guides to cover OAASIS printing and packing costs. See the OAASIS Publications List for a full range of literature available.
-



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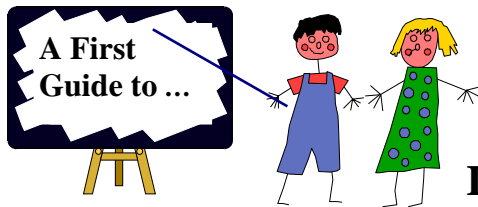
Complications

Getting Help

Treating and Managing

Recommended Reading

**And check out other OAASIS
publications**



This First Guide sets out to provide basic information describing Attention Deficit / Hyperactivity Disorder: its causes, symptoms and effects. In addition, it is intended to support parents who may be experiencing anxiety with regard to their child's behaviour.

Advice is offered on a variety of interventions that are proving helpful to sufferers and lists sources of further information.

Throughout the 1900s, the disorder was described in various ways, but Rutter's use of the description 'hyperkinesis' in 1960 is still used as a benchmark today.

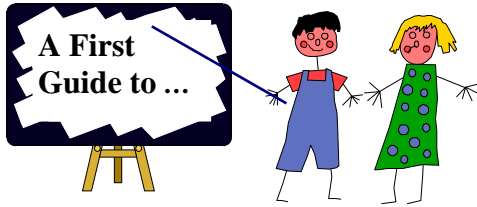
Hyperkinetic Syndrome is the term used by the World Health Organisation (the European Guidelines) when comparing extreme levels of motor activity in children with 'normal' peers. It is now recognised as a sub-category of AD/HD which applies to highly hyperactive children.

Attention Deficit Disorder is a medical diagnosis used by the American Psychiatric Association since the 1980s to describe a syndrome of emotional and behavioural difficulties exhibiting core features of extreme levels of impulsivity, inattentiveness and motor activity.

Three sub-types have been recognised:

- ADD with hyperactivity (the 'impulsive-hyperactive' type)
- ADD without hyperactivity (the 'inattentive-impulsive' type)
- ADD – residual type (found in adults whose childhood symptoms persist after adolescence).

It is estimated that in the USA between 2 and 5% of children may suffer from AD/HD. Because in the UK standards are organised in a different way, experts believe the rate to be between 1 and 2%. The condition is more common in boys who are more likely to be hyperactive.



ADHD

Description and Diagnosis

Attention Deficit Disorder with or without hyperactivity

has been described as a condition when, compared with

most children of the same age and sex,

a child is considerably less able to –

- maintain attention
- to think before saying or doing something thus controlling impulsivity

and, when hyperactivity is also present -

- to control the amount of physical activity which is appropriate to a situation.
-

The onset of ADHD has normally been signalled by the presence of a number of core symptoms before the age of seven.

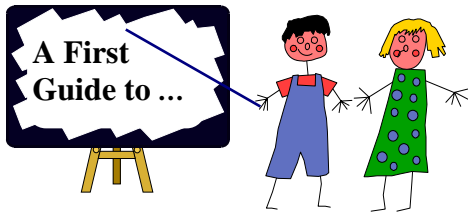
Set out below is the Diagnostic Criteria taken from the “Diagnostic and Statistical Manual of Mental Disorders” (DSM IV 1993) Washington DC American Psychiatric Disorders.

CRITERIA FOR ATTENTION DEFICIT / HYPERACTIVITY DISORDER

TABLE A1.1

A.1. Inattention: At least six of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level.

- a) Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- b) Often has difficulty sustaining attention in tasks or play activities.
- c) Often does not seem to listen to what is being said to him or her.
- d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions).
- e) Often has difficulty organising tasks and activities.
- f) Often avoids or expresses reluctance about, or has difficulties in engaging in tasks that require sustained effort (such as schoolwork or homework).



ADHD Diagnosis

- g) Often loses things necessary for tasks or activities (eg. school assignments, pencils, books, tools or toys).
- h) Is often easily distracted by extraneous stimuli.

A.2. Hyperactivity-Impulsivity: At least five of the following symptoms of hyperactivity-Impulsivity have persisted for at least five months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity:

- a) Often fidgets with hands or feet or squirms in seat.
- b) Leaves seat in classroom or in other situations in which remaining seated is expected.
- c) Often runs about or climbs excessively in situations where it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- d) Often has difficulty playing or engaging in leisure activities quietly.
- e) Is always 'on the go' and acts as if driven by a motor.
- f) Often talks excessively.

Impulsivity:

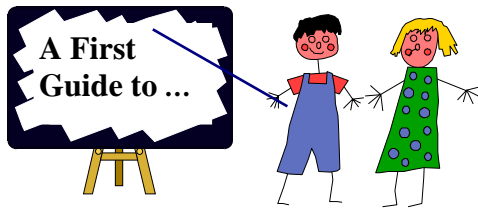
- g) Often blurts out answers to questions before they have been completed.
- h) Often has difficulty waiting in lines or waiting in games or group situations.

B. Some symptoms that cause impairment were present before age 7.

C. Some symptoms that cause impairment must be present in two or more settings (eg. at school, work, and at home).

D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

E. Does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia or other Psychotic Disorder, or a Personality Disorder.

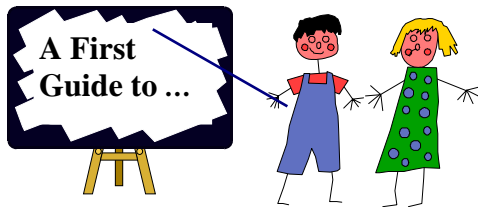


ADHD Causes

Much research has been carried out but there is no claim that the disorder is, as yet, completely understood. Most experts now believe that the basis of ADHD is brain dysfunction. Some children appear to suffer from a neuro-developmental disorder where there is a problem with chemistry in those parts of the brain which are involved in **concentration**, an **awareness of time** and in **impulse control**.

It is agreed that ADHD has an early onset in childhood making it a chronic condition. It has not been found to be due to other more serious physical and / or psychological problems present in some infants and young children. However, the biological basis to ADHD is influenced by the child's environment giving significance to social and biological factors. Parents do have an impact on the condition but they do NOT cause ADHD.

There are strong indications that there are genetic determinants. Parents and other siblings are frequently found also to have ADHD or to have had it as a child.



ADHD Complications

It has been demonstrated that there are different types of ADHD. Some children are just inattentive and have difficulty in concentrating and focusing whilst others also have problems with over-activity or physical, verbal and emotional impulsiveness.

A number of complications are likely to be associated with ADHD. Children are more likely to suffer from **anxiety** and **depression**. They could be **obsessive** or have **speech and language** difficulties, or **coordination** problems: they may be **dyslexic** or **dyspraxic**.

Other complications include **oppositional behaviour** where young people are argumentative and defiant. This condition can escalate into a more serious **Conduct Disorder** whereby major anti-social behaviours are exhibited.

Motor and **verbal tics** are common although if these symptoms persist for more than one year, **Tourette's Syndrome** could be diagnosed.

Hyperactive children can display disruptive and destructive behaviours causing adults dealing with them great difficulties. Attention Deficit Disorder children are less likely to prove to be a management problem, causing little trouble but they will fail to learn effectively or achieve their potential at school.

In any event, children suffer **low self-esteem** and their social skills become damaged. Most research literature stresses the need to 'tease' out complications of ADHD in order to treat them separately from the condition itself.

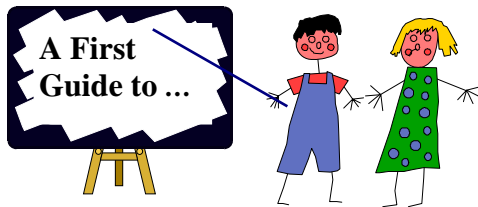
Associated Difficulties

Poor self-esteem, as cited above, is an associated difficulty faced by children with ADHD.

They may be insatiable and need to go 'on and on and on ...'.

They may find it hard to make and maintain appropriate social relationships and may experience difficulty in demonstrating other social skills. A tendency to perceive situations as 'black and white' leads to further confusion and there may be considerable variability in their performance or behaviour to the extent that, if a child is seen on a 'good' day, they will be adjudged as being within the normal criteria of child development.

Another resulting difficulty associated with ADHD is the possibility of delayed academic development. Young people with ADHD are likely to have learning difficulties which must be addressed.



ADHD Getting Help

Parents concerned that their child may be displaying core symptoms of ADHD should, in the first instance, approach their GP. Parents have reported difficulties at this stage when a GP has been reluctant to refer a child on to a consultant, feeling that the behaviours being described fit into normal patterns of child development.

This indeed may be the case, but worried parents may wish to consider trying to see another doctor in the practice or even changing their family GP practice if they are unable to persuade their doctors that further advice is needed.

The other route is via the school's educational psychologist: unlike some disorders, such as Asperger Syndrome (sometimes called 'The Hidden Disorder') a child with ADHD will *not* be able to control him or herself during a long school day, and then only 'let it all out' at home. The school will *know* there is a problem, and should be more than cooperative in helping parents obtain a proper diagnosis.

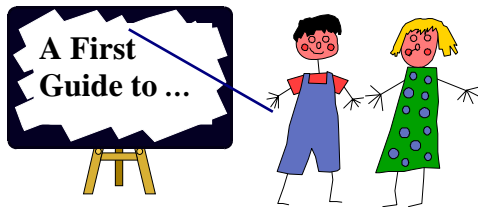
The child with ADD might not be so easy for the school teacher to detect, as generally it is the hyperactivity which is so noticeable in those with ADHD. Talking through your own concerns with the teacher should help conclude that a problem does exist, however, even if actually pinpointing what it is proves more difficult. But then that is why you want to consult the expert!

Specialists

There are a number of specialists who could be involved in diagnosing ADHD, but generally a referral will be made to either a consultant paediatrician or child psychiatrist. These consultants may be based at a local Child and Family Guidance Centre, a Hospital Assessment Unit, or have set up in practice themselves.

From detailed tests (which include standardised tests measuring ability and attentiveness) observations and reports from parents, teachers and psychologists, it is hoped that problems can be identified.

As other associated disorders can make the diagnosis of ADHD difficult, it is essential to gain as clear a picture as possible.



Most experts favour a multi-modal approach toward treating and managing the disorder, recognising the co-existing conditions and the importance of treating all symptoms. Usually, the most effective form of therapy is in conjunction with other treatments.

The aim of giving medical, educational and / or psychological help is to create opportunities and the right environment whereby the affected young person can develop and make up to lost learning.

MEDICATION

A doctor or consultant are the ONLY people who should prescribe drugs given to help young people with ADD or HD.

They should be given and taken only as and when directed.

Each individual reacts uniquely to medication: if one causes unwanted side effects (such as weight loss, headaches or insomnia) then consult your GP again: the amount given, the time it is given, or the drug itself may need changing.

There are several well-known and tried drug treatments for addressing the problems posed to young people with ADHD. There are **stimulants** (Ritalin, Dexedrine), **anti-depressants** (Tofranil, Norpram) and **anti-hypertensives** (Clonidine). All of these drugs can increase attention, reduce hyperactivity and impulsivity.

See the attached chart for information on these five most commonly used drug treatments in the UK

EDUCATION

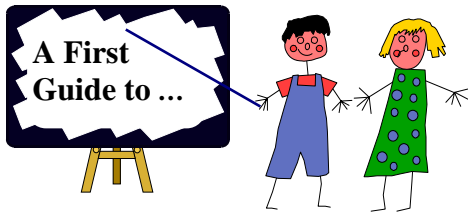
Help create a structured environment so that these children have less problems with starting and completing tasks, making transitions, working with others following directions, organising multi-faceted projects and maintaining attention:

They need predictability, structure, short work periods, more individual instruction, positive reinforcement and an interesting curriculum.

Teachers should have positive expectations, monitor progress regularly throughout the lesson, give directions clearly and frequently, be consistent, firm, fair and patient and give constant feedback.

The following may help:

- Appreciate and accept that the child cannot help him or herself: it is not naughtiness.
- Seat the child close to you so he is less easily distracted.
- Display a large, clear, timetable, easily visible which the child can understand.
- Display 'classroom rules' which are unambiguous and written in a positive way.
- Make clear lists - these children need reminders they can access themselves.

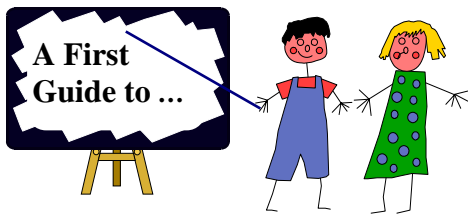


- Repeat directions: write them down, say them out loud more than once. Check that the child understands.
- Make lots of eye contact.
- Make sure the ADD child knows the boundaries: avoid long discussions about what is right and wrong in their behaviour: tell them what you want - give them the positives.
- Avoid timed tests; they will not tell you what the child with ADD knows.
- Do not set lengthy homework tasks: go for quality.
- Monitor frequently.
- Break down each task into its smaller component parts.
- Allow 'time out' if required (ie if the student feels he or she is about to blow - or indeed if you are about to!). Make sure the 'time out' place is within your view (ie the reading corner of the classroom) or is somewhere close by and safe.
- Don't expect the child to return of his own accord: you may have to go and enquire if all is well now, and shall we go back?
- Make learning FUN - they hate being bored.
- Announce things before you say them: in other words: say things twice. "In a minute I am going to tell you all about the trip this afternoon to the dairy farm" then a few minutes later "Now, let's talk about our trip this afternoon. Put your pencils down. Where are we going this afternoon?" etc.
- Introduce a behavioural points system, or star chart for staying on task, staying at the desk, finishing two pages of reading, etc.
- Help with social and conversational clues; make eye contact during a conversation, guide their eyes to yours when they are speaking to you.
- Encourage use of computers, word processors etc if handwriting is a problem.
- Praise, praise, praise!
- Include parents in all that you do. Start a Homebook which travels to and from home with the student, and through which you and the parents can exchange information.
- Give extra support when change occurs, eg changing lessons, going to lunch, etc.
- These pupils need a highly structured environment where the teacher is there each day.
- Be firm but encouraging and know when to 'back off'.

AND AT HOME ...

To help your child improve their own behaviour and expectations, he/she will need

- | | | |
|---------------|------------------------------|-------------------|
| ➤ structure | ➤ clearly defined boundaries | ➤ your love - and |
| ➤ consistency | | ➤ your patience. |

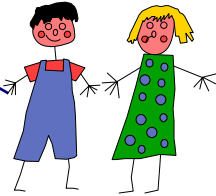


Your child was born like this; appreciate this. Do not try to use confrontation to change him or her: make your expectations realistic and give them your patience and your time, but most of all make them feel valued and loved.

- Remember that an ADHD child does not think of consequences before he or she acts: a standard behaviour management programme for the child is not likely to be successful.
- Learn to accept all but the most important / serious misdemeanours. You need to act on these.
- Good behaviours should be rewarded. These rewards should be as frequent as possible.
- Avoid 'head-on' confrontation. This will escalate into negative behaviours in your child and lead to damaged relationships.
- Remain calm and in control; try not to get emotional. Give yourself 'time out' if this helps.
- Catch him or her being good and give lots of praise when you do.
- Encourage your child to try a variety of activities that he or she may enjoy. This may lead to success and thus raise self-esteem.
- Try not to use negative words. Listen and appreciate what your child says.
- Encourage friendships when possible and include those friends in some of your family activities.
- Spend 1:1 time with your child as often as you can. This will make them feel more valued and understood.
- Encourage brothers and sisters to be calm and tolerant whenever possible, but this will not be easy when they are much younger than the ADHD sibling.
- Do not despair when - or if - your child behaves in a negative way. Remember **you are not a poor parent** whatever anyone else might think.

To sum up you will be most successful if you can:

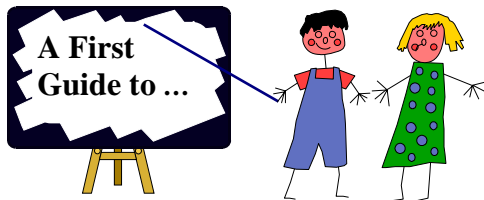
- Anticipate a problem which may be about to manifest itself and act accordingly.
- Recognise the **unimportant** and ignore it.
- Make good eye contact and give direct, unambiguous communication.
- Try to divert and diffuse whenever you recognise a problematic situation arising.
- Try to avoid over-use of the word 'no'.
- Give *yourself* space and 'time out'.
- Remember your child is different and make allowances for this. When you find something that works, use it to the full.
- Never be afraid to admit you may need some help – there are numerous organisations to give support.



The Five Most Commonly used ADHD Medications in the UK

DRUG <i>Brand and Chemical name</i>	RITALIN (Methylphenidate)	DEXEDRINE (Dextroamphetamine)	TOFRANIL (Imipramine) NORPRAM (Desipramine)	CLONIDINE (Catapres)
FORM	Tablet 5mg, 10mg, 20mg	Short-acting tablets 5mg	Tablets administered by mouth 10mg, 25mg, 50mg, 100mg	Patches TTS-1, TTS-2, TTS-3, Tablets
DOSAGE	Very individual. The average dose is 5-20 mg every 4 hours. Start with a morning dose of 5mg/day and increase by 5mg every 4-5 days. Close observation must be made until correct dose is reached.	Very individual. Average dose 1-3 tablets per dose	Very individual. Start with a low dosage and monitor closely. Increase slowly as needed.	Very much an individual thing.
DURATION OF ACTION	Rapid acting. Ritalin will begin to work in 15-20 minutes and will last about 4-5 hours. The effective dosage will need to be repeated every 3-4 hours to keep the positive effect constant.	Rapid action of dose in 20-30 minutes. Lasts up to 4 hours.	This can vary in individuals. It often has a 24 hour effect. Some people prefer to split the dose.	Patches will last 5-6 days. Tablets are short-lasting, 4-6 hours. Patches may not yet be available in the UK.
EFFECTS	Ritalin is one of the most effective drugs used with ADHD. It improves concentration, memory and will help the person concerned control frustration and anger more effectively.	Same as Ritalin.	Helpful for ADHD individuals with comorbid depression or anxiety. It will last throughout the day. Higher doses may help with mood swings.	Will improve ADHD symptoms but not as effective as Ritalin. Decreases facial and vocal tics in Tourette's Syndrome. Often has a positive effect on Oppositional Defiance Disorder. Helps with anger control and management.

DRUG	RITALIN	DEXEDRINE	TOFRANIL, NORPRAM	CLONIDINE
POSSIBLE SIDE EFFECTS	Insomnia. Decreased appetite. Weight loss. Headache. Irritability. Stomach ache.	Same as Ritalin.	May affect the conduction time of the heart. This can lead to irregular heartbeat. It has been know to affect blood count, but this is rare.	Tiredness. To avoid this in the daytime, the first dose should be given at bedtime and increased slowly. Some individuals will experience dizziness and/or dry mouth. Some will notice that they are becoming irritable and there may be some form of conduct disorder. In this case the medication should be discontinued.
PROS	Good safety record. Very easy to use, monitor and evaluate. Dramatic improvement for many individuals. Safe to use with most commonly used medications.	Good safety record. Works quickly.	Often works when stimulants such as Ritalin and Dexedrine are not effective. As there is a 24 hour effect, it is often preferred for young people at school (necessity for a school dose eliminated). Often helps with comorbid behaviour and mood swings.	Often positive effect on ODD (Oppositional Defiance Disorder) and also on OCD (Obsessive Compulsive Behaviour). Does not affect sleep patterns or appetite. Has a positive effect on tics.
CONS	Must be administered frequently during the school day. May result in anger, frustration and/or temper tantrums when wears off. Levels of positive behaviour may fluctuate, as do those of the medication. Not recommended for people with marked anxiety, motor tics or a family history of Tourette's.	Same as Ritalin.	Can affect heart conduction rate. An ECG needs to be carried out prior to medication trial. This should be repeated once a treatment level is established. As it can affect the blood count, this should be monitored at regularly. This medication should not start or stop abruptly.	Does not usually work as well as Ritalin for ADHD symptoms. Clonidine MUST NEVER BE STOPPED ABRUPTLY: it must be reduced gradually.



ADHD

Recommended Reading

1-2-3 MAGIC: Effective Discipline for Children 2-12 Author Thomas W Phelan, PhD. 1995, Child Management Inc. ISBN 0 9633861 9 0.

Attention Deficit / Hyperactivity Disorder: A Practical Guide for Teachers Authors Paul Cooper and Katherine Ideus. 1996, Reprinted 1997. David Fulton Publishers. ISBN 1 85346 431 7

ADHD: How to deal with Very Difficult Children Author Alan Train. 1996, Souvenir Press Ltd. ISBN 0-285-63311-2

How to Teach and Manager Children with ADHD Author Fintan O'Regan. 2002. LDA. Tel: 01945 463441. ISBN 18 5503 348 8.

My Brother's a World-Class Pain : A sibling's guide to ADHD. Author: Michael Gordon, PhD. GSI Publications Inc. ISBN 0 9627701 2 4.

The Ritalin Fact Book. Author Peter R Breggin, MD. Perseus Publishing, 2003. Available from www.amazon.co.uk for £8.07 = p&p.

Taking Charge of ADHD: The Complete Authoritative Guide for Parents Author: Russell Barkley, PhD. 1995 The Guildford Press. ISBN 0-89862-099-6

Understanding ADHD: A parent's guide to ADHD in Children Authors Dr Christopher Green and Dr Kit Chee. Vermillion, London. ISBN 0 09 181700 5.

Contact also:

ADDISS: 0208 906 9068 for their own publications list (many of their titles come from America)
Website www.addiss.co.uk Email info@addiss.co.uk

The ADHD UK Alliance is a group aiming to coordinate, promote and develop new work and work already being done across the country by various local ADHD support groups. It is supported by the Contact a Family charity. Membership is open to parents, professionals and support groups. Tel: 020 7608 8760

Dore Achievement Centres help children, teenagers and adults affected by learning difficulties, including ADHD, to achieve their full potential through exercises to improve the performance of the cerebellum, enabling the brain to use its full power. Tel: 0870 880 6060 Web: www.dorecentres.co.uk Email: info@dore.co.uk

Hyperactive Children's Support Group helps children, their families, teachers etc and runs workshops. Lots of information on foods and substances that affect children and teenagers with ADHD/hyperactivity. 71 Whyke Lane, Chichester, W Sussex PO19 7PD. Web: www.hacsg.org.uk Tel: 01243 539966

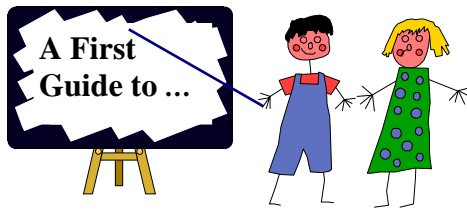
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SEN Marketing - Website: www.sen.uk.com Email: info@sen.uk.com Tel/Fax: 01924 871697
The internet book shop www.amazon.co.uk.

These publishing houses produce a wide range of literature on different special educational needs and autism spectrum difficulties.



ADHD

And check out ...

... the OAASIS Information Sheets –

- ADHD
- Exams and Access Arrangements for Students with Special Needs
- Finding a Special Needs School
- Independent Special Schools – what to look for
- Books – where to find them
- Forthcoming Conferences and Seminars from other organisations
- Useful Contacts and Websites

Visit the OAASIS website for the full list of free downloadable information sheets and other publications: www.oaasis.co.uk.