

# Working with children with Attention Deficit Hyperactivity Disorder (ADHD)

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A child's ability to sustain attention and moderate their activity develops over time and with practice. Such skills are essential ingredients for schooling and social success. For children with Attention Deficit Hyperactivity Disorder (ADHD), however, this ability is significantly diminished, and may result in behavioural and social difficulties within the early or middle childhood setting. ADHD is a behavioural difficulty where the central features include inattention, hyperactivity and impulsivity (American Psychiatric Association, 1994). Child care professionals are well placed to support these children and their families, and to provide early assistance in order to maximise future development.

It is estimated that approximately 5% of 4 to 11 year olds exhibit attentional problems (Zubrick, Silburn, Garton et al., 1995). More boys than girls are diagnosed with ADHD and it appears that when a child has ADHD it is likely that a close family member also experiences similar difficulties.

## What behaviours are associated with ADHD?

ADHD has the following symptoms, as summarised from the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) (American Psychiatric Association, 1994):

### Inattention

- failing to give close attention to details
- difficulty sustaining attention in tasks or play
- often not listening when spoken to
- often not following through on instructions and failure to finish activities
- difficulty organising tasks and activities
- easily distracted
- forgetful in everyday activities.

### Hyperactivity-Impulsivity

- fidgets with hands or feet, squirms in seat
- leaves seat when remaining seated is expected
- runs about or climbs excessively and inappropriately
- difficulty playing or engaging in leisure activities

This article relates to:

**FDCQA Principles:** 1.1 - 1.4, 2.2 and 3.1 - 3.4

**OSHCQA Principles:** 1.1 - 1.3, 2.2, 2.3, 3.1, 4.2, 4.3, 5.1 and 5.3

**QIAS Principles:** 1.1 - 1.5, 2.1, 3.3, 4.1 and 4.2

- often 'on the go'
- talks excessively
- blurts out answers before the question is completed
- difficulty waiting turn
- interrupts or intrudes on others.

For a diagnosis of ADHD to be made, children need to exhibit six or more behaviours in one of these categories; behaviours must persist for six months or more; and the behaviours must be present before the child is seven years of age. The behaviours must also occur across at least two settings (for example, home and school). If the behaviour only occurs at school and not at home, then we can assume that it is the environment that is the problem rather than something innate in the child.

The validity of ADHD as a condition has attracted much debate over the past decade. A primary reason for this is the fact that many children and adults experience these symptoms.

Yes, these are common behaviours, however, for children with ADHD these behaviours are pervasive and debilitating. They occur in a severity and frequency that is beyond what would be expected developmentally and they result in problems for the child.

Making a diagnosis at a young age is challenging. As Green and Chee (1994) explain, these behaviours may be developmentally appropriate for a preschooler. Therefore, a diagnosis is made only when the frequency and severity of the behaviours is out of step with their developmental stage.

Problems of hyperactivity-impulsivity occur first, in children aged 3-4 years, while inattention manifests later, when the child is aged 5-7 years. The appearance of inattention is most evident

when the child enters formal schooling and is required to focus their attention (Barkely, 1996). The peak time for a family to seek help is after the child starts school (Green & Chee, 1994). Although the behaviours may be present prior, it is usually the demands of the school environment that highlight the difficulties experienced by the child.

## How does ADHD affect children and their families?

ADHD can cause mild to severe impairment in a child's life, depending upon the severity of the behaviours and the effectiveness of intervention.

Children with ADHD typically experience challenges with many tasks due to their inattention, impulsiveness, overactivity, insatiability, social clumsiness, poor coordination and disorganisation. Within a child care setting, these skills are required to complete daily tasks such as turn taking or sitting to listen to a book being read. Therefore, the implications are far reaching.

If the child develops without receiving the appropriate assistance to modify their behaviour, the secondary effects can be debilitating. Quite often these children experience social isolation or rejection as their difficulties translate to poor social skills and they may have difficulty forming friendships. Likewise, their self-esteem can plummet as they experience failure within the academic and social arenas.

ADHD is not defined as a learning difficulty. However, there is a high rate of association between ADHD and learning difficulties. About 50% of children with ADHD also have a learning difficulty (Silver, 2001).

It is important to consider the impact on the families of children with ADHD. A primary issue affecting families is the myth that ADHD is the result of poor parenting and a lack of discipline. This attitude can be very upsetting for families as they are often judged and unfairly criticised. As a result, they may feel a sense of shame and receive little support.

## How is ADHD diagnosed?

The task of establishing a clear diagnosis of ADHD is difficult as many of the behaviours overlap with other conditions (for example, Conduct Disorder). And unfortunately, there is no single objective assessment of ADHD, such as a blood test.

Diagnosing ADHD requires a comprehensive assessment conducted by a paediatrician, psychiatrist or psychologist. The professional conducting the assessment will gain information about the child in a variety of ways, and from the perspective of a variety of people in the child's life. The most common assessment includes:

- investigation into the history of the child and family (this will usually be gathered in an interview and will attempt to profile the child's development and discount other conditions)
- direct observation of the child's behaviour across various settings, such as the preschool and home
- achievement and psychometric tests
- feedback from parents, teachers, carers and others about a child's behaviour (several behaviour rating scales have been developed specifically for identifying ADHD and older children may be asked to provide direct feedback about their behaviour as well)
- the administration of a more objective measure of behaviour. For example, attention through tests such as an electroencephalogram (EEG) or continuous performance test.

Once all of this information is gathered, the professional will decide if there is a match with the diagnostic criteria as outlined in the DSM-IV.

The important thing to remember about the diagnostic process is that it is just the beginning. The focus should be on constructing effective intervention for the exhibited behaviours. Early identification facilitates early intervention which is proven to enhance longer term outcomes.

## What treatments are available?

ADHD cannot be cured. However, education and treatment can assist children to cope and succeed both at home and within other environments. Outcomes for the child will be their best when all of the key players in the child's life, across all contexts, gather an understanding of ADHD and the impact on the child as well as participate in implementing strategies in a consistent manner. Some of the more traditional approaches include the following:

- Teachers, families and others involved in supporting the child should educate themselves about the nature of ADHD and,

most importantly, receive training in behaviour management techniques. Specific programs such as "Stop Think Do" and "Triple P – Positive Parenting Program" are relevant.

- Medication is generally used in more severe cases to focus the child's attention and to reduce the consequences of reduced inhibitions. The most common types are Ritalin and Dexamphetamine. The prescription and dosage of medication needs to be closely monitored. Medication seems to help improve behaviour and attention, which in turn assists learning, and peer and family relationships (Green and Chee, 1994).
- The secondary effects, or comorbidities, of ADHD need to be managed. That is, children need to be provided with assistance to address their learning difficulties; poor social skills; and/or associated anxiety or depression.

### How can child care professionals best support children with ADHD and their families?

Each child is different and each needs a specifically designed program. There is no one program or set accommodations for children with ADHD. However, the following general principles can typically be applied:

- Adopt a supportive non-judgemental approach to both the children with ADHD and their families. Establish yourself as an ally and demonstrate your understanding that ADHD is a real condition.
- Embrace teamwork. Work in a collaborative way with the family and other involved professionals.

- Actively work towards the inclusion of the child with ADHD along side their peers.
- Provide routines and structure, and communicate these using visual aids.
- Rather than trying to dampen hyperactivity, provide the child with acceptable ways to channel this need for activity.
- Keep instructions simple, short and clear.
- Always get the child's attention first before giving an instruction.
- Be consistent with expectations and rules. Provide visuals to display the expected behaviours and the consequences if these are not followed.
- Minimise visual distractions and noise.
- Shorten the task, or break one task into smaller parts to be completed at different times.
- Provide closer supervision and support. For example, use hand signals to remind the child that he or she is distracted and needs to refocus; place the child in close physical proximity to a teacher or peer model.

ADHD can have far reaching implications for children, families, and child care professionals. Much can be achieved, however, by adopting a positive attitude and working collaboratively with families to support the child's development. It is vital that this occurs early in the child's development, because, as Green and Chee (1994) affirm, the seeds that produce the best and worst results in ADHD are sown at a very early stage ■

### References and further reading

- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington: Author.
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- Silver, L. (2001). Attention-Deficit/Hyperactivity Disorder. In F. Kline, L. Silver, S. Russell (Eds.), *The educators guide to medical issues in the classroom*, 143-158. Maryland: Paul H. Brookes Publishing.
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### Useful websites

- AdhdNews.com: [www.adhdnews.com](http://www.adhdnews.com)
- LD OnLine: [www.ldonline.org](http://www.ldonline.org)
- Learning Links: [www.learninglinks.org.au](http://www.learninglinks.org.au)