

Understanding ADHD

SPRING BRANCH ISD: PARENT TRAINING
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How Common is ADHD?

- ▶ Attention-Deficit/Hyperactivity Disorder (ADHD) is the most common neurodevelopmental disorder of childhood.
- ▶ The Center for Disease Control and Prevention (CDC) reports that about 9.4% of children in the United States between 2 and 17 years of age have been diagnosed with ADHD. Numbers vary (5-11%).
- ▶ ADHD in childhood is more prevalent in boys than it is in girls by a 3:1 ratio. The difference attenuates by adulthood, when prevalence is about the same.
- ▶ Average age of diagnosis is 7 years old. Symptoms typically first appear between the ages of 3 and 6 years old.
- ▶ Even though it is fairly common condition, many misconceptions still persist. (e.g., ADHD is simply a lack of motivation or willpower or ADHD is the result of bad parenting).

The Core Symptoms

The core symptoms of ADHD are **inattention** (not being able to keep focus), **hyperactivity** (excessive movement that is not fitting to the setting), and **impulsivity** (hasty acts that occur in the moment without thought).

ADHD is a developmental impairment of the brain's self-management system (executive functioning). These functions have not come "on-line" as expected for the child's age.

Executive Functioning = the skills involving mental control and self-regulation. Like the conductor of a symphony orchestra.

Inattention:

- ▶ Overlook or miss details, make careless mistakes in schoolwork or during other activities
- ▶ Have problems sustaining attention in tasks or play, including conversations, lectures or lengthy reading
- ▶ Not seem to listen when spoken to directly
- ▶ Not follow through on instructions and fail to finish schoolwork, chores, or other tasks but usually lose focus and get easily sidetracked
- ▶ Have problems organizing tasks and activities, such as what to do in sequence, keeping materials and belongings in order, making time, and prioritizing responsibilities and taking too much time
- ▶ Avoid or dislike tasks that require sustained mental effort such as schoolwork or homework, or for leisure, preparing reports, completing forms, or reviewing lengthy papers
- ▶ Lose things necessary for tasks or activities, such as school supplies, pencils, books, tools, wallets, keys, paperwork, eyeglasses, and cell phones
- ▶ Be easily distracted by unrelated thoughts or stimuli
- ▶ Fail to finish in daily activities, such as chores, errands, returning calls, and keeping appointments

Hyperactivity-Impulsivity:

- ▶ Fidget and squirm in their seats
- ▶ Leave their seats in situations when staying seated is expected, such as in the classroom
- ▶ Run or climb around or climb in situations where it is inappropriate or, in teens and adults, often feel restless
- ▶ Be unable to play or engage in hobbies quietly
- ▶ Be constantly in motion or "on the go" or act as if "driven by a motor"
- ▶ Talk nonstop
- ▶ Blur out an answer before a question has been completed, finish other people's sentences, or speak without waiting for it to be completed
- ▶ Have trouble waiting for his or her turn
- ▶ Interrupt or intrude on others, for example in conversations, games, or activities

Types of ADHD

- There are different types of ADHD:
- ▶ Predominately hyperactive/impulsive presentation
 - ▶ Predominately inattentive presentation
 - ▶ Combined presentation

Most children with ADHD have a combination of inattention, hyperactivity, and impulsivity.

Some struggle mostly with hyperactivity-impulsivity.

Some struggle mostly with attention. While you may hear these children described as ADD (Attention Deficit Disorder), the correct term is ADHD, predominately inattentive presentation.

Girls tend to have inattentive symptoms more than boys.

Neurodevelopmental Disorder

- ▶ ADHD is a complex brain based disorder.
- ▶ Children cannot overcome symptoms of ADHD by "trying to concentrate harder" or by willing themselves to "pay attention".
- ▶ Brain imaging studies have shown that people with ADHD have structurally different brains than people without ADHD.
- ▶ The exact cause of ADHD is still unknown, but experts agree there is a genetic component (runs in families).
- ▶ Children who's parents have ADHD have a 40-60% chance of also having ADHD

Impact

- ▶ The symptoms of ADHD can make school, family, and social relationships difficult.

School:

- ▶ There can be problems with academics because of insufficient attention, working too fast and inaccurate, and/or disruptive behavior. This is usually a problem with academic performance, not the ability to learn.
- ▶ School requires attention and organizational skills. Children with ADHD may lose their homework, have difficulty organizing their thoughts, and have problems thinking ahead, prioritizing, and planning. They may procrastinate and wait until there is pressure to get the task done (i.e., last minute).

Impact

Family:

- ▶ Problems with organization, planning, and attending to directions can make home life difficult. Don't "hear" instructions, disorganized – keeping others waiting.
- ▶ When they feel things, emotions take over and impact them greatly. "Easily wounded", "Easily irritated", "Have to have it now".
- ▶ Relationships with parents and siblings can be stressed and sometimes take more work and patience.

Social Relationships:

- ▶ Difficulties with emotional regulation and impulsivity can interfere with personal relationships, making it hard to keep and maintain friendships. It can be hard to follow social rules, control their emotions, or say the appropriate thing. They can be socially intrusive.

Evaluation

An appropriate ADHD evaluation should include multiple methods and multiple sources.

- R – Review of records
- I – Interviews with parents/guardians & school personnel
- O – Observations (structured/unstructured, large/small group)
- T – Testing

Treatment

There are effective treatments for ADHD



▶ Medication:

Stimulant medication are the most commonly prescribed medication.

These drugs stimulate the parts of the brain that are under-stimulated (the parts of the brain related to thinking and attention).

The goals of these medications are to reduce hyperactivity/impulsivity and increase focus/attention.

Treatment

▶ Behavioral and social intervention:

- 1). Functional Behavioral Assessment (FBA). Start by determining why the behavior occurs. What is its purpose or function?
- 2). Develop a behavior management plan.
Symptoms and areas of impairment vary. Behavior management plans must be based on the unique needs of the child.
Behavior plans should increase positive desirable behavior and reduce problematic/disruptive behavior through consistent feedback and predetermined rewards and consequences.
Daily Behavior Report Cards (DBRC)
- 3). Add social skills training and coaching, when necessary.

Remember...

When children misbehave, it is often because the demands of the situation exceed what they are developmentally able to handle.

Treatment

► Academic intervention:

Proactive instructional supports can be helpful.

Examples such as...

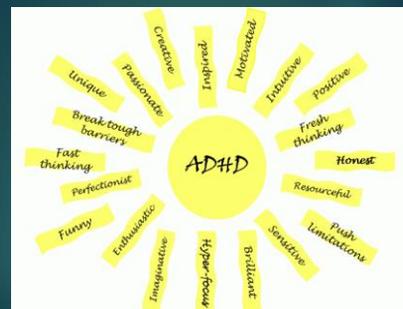
Preferential seating to reduce distractions, Organizational supports, Seat near responsible peers, Reducing or chunking assignments, Using nonverbal cues to redirect attention, Home-school communication, and High levels of positive feedback.

At Home...

- Create a consistent, daily routine to provide structure at home
- Establish rules and expectations for important times of the day. For example, homework, bedtime, and getting ready for school in the morning.
- Always give specific instructions ("Put your clean clothes in your dresser") rather than general directions ("Clean your room").
- Establish age-appropriate rewards for positive behavior and consequences for misbehavior. Look for opportunities to "catch your child being good".
- When you predetermine rewards and consequences there are no surprises

At Home...

- Try to minimize distractions in the home
- Create an organized home (i.e., everything has a place)
- Some children are overwhelmed by too many options, so minimize choices when appropriate
- Use transition statements and timers to help move from one activity to another
- Break down large tasks into smaller more manageable steps
- Teach and practice common social rules (e.g., taking turns in conversations, maintaining personal space, handling peer conflict)
- Organize structured play opportunities to practice skills and "coach" your child as needed



Handouts to Reference

- National Association of School Psychologists (NASP) – ADHD: A Primer for Parents and Educators
- National Association of School Psychologists (NASP) – Temper Tantrums: Guidelines for Parents and Teachers
- National Association of School Psychologists (NASP) – Homework: A Guide for Parents
- Help Guide – ADHD Parenting Tips

Books Written for Parents

- Taking Charge of ADHD, Revised Edition: The Complete, Authoritative Guide for Parents, by Russell A. Barkley, PhD
- Your Defiant Child: Eight Steps to Better Behavior, Second Edition, by Russell A. Barkley, PhD and Christine M. Benton
- A New Understanding of ADHD in Children and Adults, by Thomas E. Brown, PhD
- Smart but Scattered: The Revolutionary "Executive Skills" Approach to Helping Kids Reach Their Potential, by Peg Dawson, PhD and Richard Guare, PhD