

ADHD (Attention Deficit Hyperactive Disorder)

School-aged children who have behavior and learning problems may show signs of hyperactivity and/or inattention. If these problems are severe enough, they may be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). The disorder impairs social and academic functioning and is often noticed in children who are failing to learn at school.

ADHD has received a lot of attention; discussion and debate amongst parents, teachers and the wider community in Australia because of the apparent recent increase in the diagnosis of the condition. Controversy has arisen over the use of medication, such as Ritalin, to control symptoms and help manage behavioral and learning problems in children.

What are the key symptoms?

There are two main criteria used to make a diagnosis: attention symptoms and hyperactivity symptoms.

The key features associated with **symptoms of inattention** include:

- failing to give close attention to details and difficulty sustaining attention in tasks or play
- not listening when spoken to
- not following through on instructions and failure to finish tasks
- difficulty organizing tasks and activities
- avoiding, disliking or being reluctant to engage in tasks that require sustained mental effort
- losing things necessary for tasks or activities
- easily distracted

The key features associated with **symptoms of hyperactivity** (sometimes known as hyperactivity-impulsivity) include:

- fidgeting with hands or feet, squirming in seat
- leaving seat when remaining sitting is expected
- running about or climbing excessively
- difficulty playing or engaging in leisure activities and often 'on the go'
- talking excessively and blurting out answers before a question is completed
- interrupting others

To fulfill a diagnosis of ADHD, each symptom must persist for six months or more.

While ADHD is recognized as a disorder that is distinct from other childhood disorders, it frequently overlaps with other conditions such as Conduct Disorder. This can make diagnosis difficult. Also, many of the symptoms of ADHD are shared by other disorders.

How is ADHD assessed/diagnosed?

Usually a medical professional such as a pediatrician or child psychiatrist, conducts the initial assessment or diagnosis of ADHD. It is also common for psychologists to be involved. Psychologists focus mainly on how the disorder affects behavior and learning, and what can be done to improve this.

There are various ways to measure ADHD. Psychologists use rating scales, questionnaires and other tests for collecting information from the children themselves, their parents/caregivers and their teachers. Children are observed at home and school.

How is ADHD treated?

Treatments can include medication, training for parents/caregivers/teachers, and tailored behavior management programs for children. Medication is generally used in more severe cases to help focus the child's attention. Psychological treatments generally aim to develop skills for successful behavior at school.

Medication

Typically, the most commonly prescribed medication is a stimulant such as dexamphetamine and methylphenidate (Ritalin). The high level of prescribing of these medications has caused some community concern.

Psychological treatment

Psychologists commonly provide the following treatments:

- parent/caregiver education about the nature of the disorder and training in behavior management techniques
- teacher education about the nature of the disorder as well as training in behavior management techniques and appropriate learning interventions
- Counselling and psychological treatment of the child, including education and advice, and skills training to improve concentration. Addressing issues of self-esteem, anxiety and peer relationships is also a crucial element of counselling.

Medication should generally not be regarded as sufficient on its own for treatment of ADHD. Even children with severe ADHD should have access to long-term behavioral programs, as should their families and school. Close collaboration and consultation between professionals involved with children with ADHD can ensure medical and psychological interventions are coordinated, to maximize the benefits and outcomes for each child.

Who can help?

It is important that children who may have ADHD are able to access treatment promptly. The [APS Psychologist Referral Service](#) can help you find an APS Psychologist with experience in treating and managing ADHD.

Psychological intervention – an alternative to drugs in the fight against ADHD

As concerns arise regarding the increasing trend to prescribe drugs for children and adolescents who display evidence of ADHD, the Australian Psychological Society (APS) is urging General Practitioners and parents to consider the benefits of psychological assessment and intervention.

A US study has recently found the use of drugs to treat ADHD had more than tripled worldwide since 1993 and Australia was among the heaviest users of these drugs. It was reported that about 30 per cent of Australian children diagnosed with ADHD were misdiagnosed and one in 100 children were medicated for it. The reason ADHD was often misdiagnosed was through a misunderstanding of the disorder.

"There is little doubt that at times medication is prescribed over-zealously when a child presents with symptoms of concern. Psychological assessment is needed to support a diagnosis that may then benefit by psychological therapy - often without drugs, which may have significant side-effects.," says Amanda Gordon, APS President.

Significant progress has been made in developing reliable and accurate methods for assessing childhood mental illness. Furthermore, psychological programs have been shown to assist children and adolescents

to develop skills for managing and overcoming anxiety and depression. These incorporate parent education and training in behavior management principles to address behavioral problems in young children, and the addition of cognitive behavioral techniques for supporting older children and adolescents.

Clinical practice guidelines recommend parent education and training in behavior management and Cognitive Behavioral Therapy (CBT) as treatments of choice for children and adolescents because they are supported by evidence from rigorous research. "Treatment for anxiety and depressive disorders in children and adolescents should involve short-term psychological and targeted interventions involving the child, parent and school environment," says Gordon.

"Because of the risk of side effects and misuse, the administration of medication to treat childhood disorders should be rated less favorably than psychological treatments which have been shown to be as effective, and in some instances more effective than drug treatment," according to Gordon.

"Psychologists are trained practitioners in this area and their potential contribution needs to be recognized," Gordon says.

School-aged children who have behavioral and learning problems may have symptoms of hyperactivity and/or inattention. If these problems are severe enough, a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) may be made. The behavioral syndrome known as ADHD causes impairment in social and academic functioning and is often noticed in school-aged children who are failing to learn at school.

ADHD has received a lot of attention, discussion and debate amongst parents, teachers and the wider community in Australia in recent years because of the apparent increase in the diagnosis of the condition. Further, the use of stimulant medication (such as Ritalin) to control the symptoms and to aid the management of behavioral and learning problems in children is controversial.

Measurement of ADHD

There is much debate over the most appropriate ways to measure ADHD. Psychologists use rating scales, questionnaires and other tests that have different versions for collecting information from the child, their parents/caregivers and their teachers (both in the home and in the classroom). Observation of the child's behavior is usually undertaken to supplement the tests. Cognitive tests of attention and its impact on memory and learning can be helpful in establishing and analyzing the attention disorder. Other measures used by psychologists include IQ tests; tests of learning, reading and mathematics; scales that assess behavior and social interactions; as well as information about the child's birth and early developmental milestones, including any significant life events such as injuries and hospitalization.

Diagnosis

The formal diagnosis of ADHD is complex. There are two main criteria, or symptom groups, that are currently used to make a diagnosis - attentional symptoms and hyperactivity symptoms.

Most ADHD children display characteristics of both hyperactivity and inattention. In the first instance, many cases of ADHD come to the attention of parents/caregivers, teachers and psychologists when children are excessively active, impulsive, inattentive and act in a non-compliant, defiant way.

Key Symptoms

Each symptom (inattention and hyperactivity) must persist for six months or more and be exhibited across various settings.

The key features associated with symptoms of **inattention** include:

- Failing to give close attention to details and difficulty sustaining attention in tasks or play;
- Not listening when spoken to;
- Not following through on instructions and failure to finish tasks;
- Difficulty organising tasks and activities;
- Avoiding, disliking or being reluctant to engage in tasks that require sustained mental effort;
- Losing things necessary for tasks or activities; and
- Being easily distracted.

The key features associated with symptoms of **hyperactivity** (sometimes known as hyperactivity-impulsivity) include:

- Fidgeting with hands or feet and squirming while seated;
- Getting up when remaining seated is expected;
- Running about or climbing excessively;
- Difficulty playing or engaging in leisure activities and always 'on the go';
- Talking excessively and blurting out answers before a question is completed; and
- Interrupting others.

While ADHD is recognised as a disorder that is distinct from some of the other childhood disorders, it frequently overlaps with other conditions such as Conduct Disorder. This can make diagnosis difficult. Further, many ADHD symptoms are not unique to the disorder. This means that symptoms of ADHD can be non-specific indicators of other childhood disorders, including behavioural difficulties or learning disorders.

Assessment or diagnosis of ADHD is often undertaken in the first instance by a medical professional such as a pediatrician or child psychiatrist. It is also common for child clinical psychologists, clinical neuropsychologists and educational and developmental psychologists to be involved in the diagnosis of ADHD. Clinical neuropsychologists are more likely to be involved where brain or cognitive deficits are implicated. Educational and developmental psychologists are involved when there are educational and learning difficulties and behavioral problems at school, and clinical psychologists where behavioral or emotional disturbances are the obvious outcomes of the disorder and should be included in the treatment/intervention.

Psychologists involved in the treatment and management of the disorder focus primarily on how the disorder affects behavior and learning and what can be done to improve them. They assess the impact on the family and assist the parents/caregivers to manage the child.

Assessment of the child's behavior at home and in school must also be undertaken.

These are the places where treatment will take place and where behavioral improvements will be noticed. Accurate diagnosis is essential for successful treatment/intervention.

Difficulties associated with the assessment of children with ADHD include:

- The changing definition of diagnostic criteria over time;
- Changes in the disorder as the child grows older;
- Differences in expectations regarding children's behaviour; and
- The focus of research predominantly on young, white, middle class boys.

Diagnosis is also influenced by consideration of the causal factors believed to be involved in ADHD. In the past research concentrated on finding an underlying brain dysfunction that could account for ADHD, but more recently research has begun to examine how cognitive impairments such as learning difficulties and memory problems are linked with the disorder.

Treatment/intervention

Treatments range from medication through to training for parents/caregivers and/or teachers, as well as cognitive and/or behavioral management programs for the child.

Pharmacological treatment is generally used in more severe cases to help focus the child's attention. Psychological treatments are primarily oriented towards developing skills for adaptive behavior at school, at home and with peers. These treatments are appropriate for nearly all cases as they are focused on the management of behavior and learning and are directed at the individual child, the parents/caregivers and school personnel.

The most commonly prescribed medication is typically a stimulant such as dexamphetamine and methylphenidate (Ritalin). The high level of prescription of these medications has caused community concern, and has been associated with an overemphasis on the biological aspects of ADHD.

What psychologists offer

One treatment intervention aimed at improving behavior in children diagnosed with ADHD is parent/caregiver training about the nature of the disorder, and in behavior management techniques. Psychologists develop programs aimed at assisting parents/caregivers in managing their child's behavior. These have been shown to have both short and long-term beneficial effects. Such programs train parents/caregivers to set limits for their child, to provide structured routines, to deal with non-compliance, temper outbursts and other disruptive behaviors, and to find other appropriate services.

Education for teachers

Teachers can benefit from programs aimed at assisting them to manage children whose behavior is disruptive in the classroom. Like parent/caregiver training, teachers are trained to deal with the learning and behavioral problems frequently associated with ADHD. Behavioral problems are frequently noticed at school and it has been found that

ADHD children perform best in a highly structured classroom environment. Educational interventions include the use of praise and reward for on-task behavior, using behavioral management techniques such as monitoring via score cards, ways of improving self-regulation (both at home and at school), and enhanced encouragement and support from the teacher. Educational and developmental psychologists can assist by devising suitable programs for the teacher and by monitoring the child's behavior. Many schools have access to educational and developmental psychologists (sometimes referred to as a school psychologist or a guidance officer).

Tailored support and psychological treatment for children with ADHD

Psychologists also offer individual counselling and specific psychological treatments for children with ADHD. Counselling includes educating them about their behavior, discussing issues related to medication, expectations about acceptable behavior and helping the child to achieve insight and self-regulation, as well as skills training to improve concentration and decrease impulsivity. Cognitive-behavioral techniques assist children to improve their behavior and social skills, both at school and at home. These techniques work by enabling children to think about their behavior, develop more effective self-control strategies and to act appropriately. Addressing issues of self-esteem, anxiety and peer relationships is also a crucial element of counselling.

Treatment and intervention should be based on accurate diagnosis. Indeed, any behavioral problem that affects a child's social relations, academic skills or learning, can benefit from a carefully designed program. That program may or may not include medication. The immediate impact of medication makes it an attractive short-term solution for behavioral problems associated with ADHD. This can help the psychologist who then works with a more compliant and focused child. However, programs must also address issues of behavior management or problems that may return when medication ceases or is withdrawn.

Medication should generally not be regarded as sufficient in itself for treatment of ADHD. Even children with severe ADHD should have access to long-term behavioral programs, as should their families and teachers. Close collaboration and consultation between professionals involved with children with ADHD can ensure medical and psychological interventions are coordinated to maximize the benefits and outcomes for each child.

Seeking professional assistance

It is very important that children who have symptoms of inattention or hyperactivity are properly diagnosed so that appropriate treatment and management can commence. A clinical psychologist who works with children, an educational and developmental psychologist, or a clinical neuropsychologist who specializes in the diagnosis of childhood brain disorders, can make the diagnosis. Psychological assessment is usually undertaken in conjunction with a medical assessment in order to provide an accurate and comprehensive diagnosis. A clinical or educational and developmental psychologist can provide the necessary programs for the management of ADHD in the school and at home, working with teachers and parents to assist the child's social and academic development.

Your APS psychologist has at least six years of education and training to equip them to provide a professional and efficient service. You can access an APS psychologist for professional assistance in understanding and managing ADHD in children.

To talk to an APS psychologist today, ask your GP for a referral to PBP Consultancy or simply write to prabu1@pbpconsultancy.com or visit www.pbpconsultancy.com or T/+61 41639056