Fact Sheet 15

DIFFICULT BEHAVIOUR AND ADHD/ ADD

PRACTICAL MANAGEMENT SEMINAR –

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ADHD - ADD

PREVALENCE

- Research Studies 3-5% of population affected
- Australia – less than 3% but varies between states
- USA – up to 20% affected * Britain – 2% but more labeled Conduct Disorder

Ratios of Male to Female

- 3:1 male to female in Community Worldwide
- USA – 6:1 to 9:1 in Clinic Referrals
- Australia – up to 12:1 in Clinics early in 1990's
- Australia – now closer to 6:1, more quiet, inattentive girls noted of late
- Adults closer to 1:1 ratio

Medication Rates

- Varies from state to state
- NSW is highest prescriber rate, but well below expected numbers

AETIOLOGY (causes)

GENETIC

- Familial or hereditary research up to 90%
- Earlier studies rated as low as 40%
- Rarely seen in chromosomal-genetic anomalies, considered to be a symptom rather than a cause

NEUROLOGICAL

- Neurochemical Abnormalities (most accepted cause)
- Neurological Immaturity (only early studies, e.g. size of a corpus callosum)
- Brain Trauma (less than 5%)

ENVIRONMENTAL

- Drugs – Prescribed – (e.g. Hydantoin effects, sedatives) Illegal – Barbiturates, Cocaine, Crack
- Lead – Only very occasionally seen
- Chemical Exposure / Trauma

NEVER PROVEN CAUSES (but may affect symptoms to varying degrees)

- Poor parent management (more likely Disruptive Disorders)
- Abuse
- Dysfunctional Family
- Allergies or Food Sensitivity

CORE SYMPTOMS

1. Poor Sustained Attention

Not all ADHD children have the same attention problems and under certain conditions they may be able to pay attention. Typically ADHD children lose interest faster, have higher distractibility, receive fewer impulses to stay on track and actively search for stimulation in boring environments. ADHD children often fail to complete tasks, fail to pay close attention, do not seem to listen, fail to follow through with instructions, seem forgetful and disorganised.

2. Lack of Impulse Control

Not so much impulsive or not thinking before acting, rather a lack of inhibition of urges to act. ADHD kids have a difficulty in inhibiting any motor activity. They lack the feedback mechanism to inhibit inappropriate behaviour. Thus ADHD children blurt out answers, break social rules, repeat recently corrected behaviour, steal, lie, talk incessantly.

A critical feature is that behaviour is not so much malicious or pre planned, but constant.

3. Hyperactive

Often fidget and wriggle, rarely still, but not necessarily gross motor movement, wanders from set positions, (e.g. lines, class seat), seems to climb, run, crawl excessively where settled behaviour is expected, over active in play and not stay within boundaries.

Multi Modal Treatment

* Drug Therapy
* Behaviour Management
* Individual Counseling
* Support Networks
* Self Esteem Enhancement
* Parental Management
* School Management Strategies
* Remedial Work
* Social Skill Training
* Specific Therapy (Speech – O/T etc.)

ADHD PARENT / CARER MANAGEMENT

* Don't Blame but Train Parents
* Act Quickly – Don't Ignore
* Be Consistent and Follow Routines
* Use a Monotone Voice
* Only Immediate Rewards,not Delayed
* Separate Love and Behaviour
* Reinforce Child's Choice Behaviour
* Don't Fight What is Not Important
* Don't Reason – Be Brief & Direct
* Be Firm and Strict
* Rely on a Set of Rules
* Only Use Rewards that Count for Child
* Discipline with Time Out or Removal
* Get Focus or Attention Directly
* Be Repetitive but Don't Argue
* Build Strengths
* Understand ADHD – ADHD kids are capable, the same as asthmatics can run

SOCIAL BEHAVIOUR

* Monitor social interaction
* Be aware of social isolation
* Role-play difficult situations
* Reward good social behaviour immediately
* Set short term goals at play
* Prepare for difficult social interactions
* Encourage other children to help child
* Don't Just Warn, Teach Behaviour