

identifying disabilities

The Disorder Named AD/HD

Editor's Note:

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Occasionally, we may all have difficulty sitting still, paying attention or controlling impulsive behavior. For some people, the problem is so pervasive and persistent that it interferes with their daily life, including home, academic, social, and work settings.

Attention-Deficit/Hyperactivity Disorder (AD/HD) is characterized by developmentally inappropriate impulsivity, attention, and in some cases, hyperactivity. AD/HD is a neurological disorder that affects three-to-five percent of school-age children. Until recent years, it was believed that children outgrew AD/HD in adolescence. However, it is now known that many symptoms continue into adulthood. In fact, current research reflects rates of roughly two to four percent among adults.

Although individuals with this disorder can be very successful in life, without identification and proper treatment, AD/HD may have serious consequences, including school failure, depression, problems with relationships, conduct disorder, substance abuse, and job failure. Early identification and treatment are extremely important.

The Symptoms

Typically, AD/HD symptoms arise in early childhood, unless associated with some type of brain injury later in life. Some symptoms persist into adulthood and may pose life-long challenges. Although the official diagnostic criteria state that the onset of symptoms must occur before age seven, leading researchers in the field of AD/HD argue that this time frame should be broadened to include onset anytime during childhood. Criteria for the three primary subtypes are summarized as follows:

AD/HD predominately inattentive type: (AD/HD-I)

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring sustained mental effort
- Loses things
- Is easily distracted
- Is forgetful in daily activities

AD/HD predominately hyperactive-impulsive type: (AD/HD-HI)

- Fidgets with hands or feet or squirms in chair

- Has difficulty remaining seated
- Runs about or climbs excessively
- Difficulty engaging in activities quietly
- Acts as if driven by a motor
- Talks excessively
- Blurts out answers before questions have been completed
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others

AD/HD combined type: (AD/HD-C)5

- Individual meets both sets of inattention and hyperactive/impulsive criteria

Youngsters with AD/HD often experience a two- to four-year developmental delay that makes them seem less mature and responsible than their peers. In addition, AD/HD frequently co-occurs with other conditions, such as depression, anxiety, or learning disabilities. When coexisting conditions are present, academic and behavioral problems may be more complex.

Teens with AD/HD present a special challenge. During these years, academic and organizational demands increase. In addition, these impulsive youngsters are facing typical adolescent issues: discovering their identity, establishing independence, dealing with peer pressure, exposure to illegal drugs, emerging sexuality, and the challenges of teen driving.

The Diagnosis

Because everyone shows signs of these behaviors at one time or another, the guidelines for determining whether a person has AD/HD are very specific. To be diagnosed with AD/HD, individuals must exhibit six of the nine characteristics in either or both DSM-IV categories listed above. In children and teenagers, the symptoms must be more frequent or severe than in other children the same age. In addition, the behaviors must create significant difficulty in at least two areas of life, such as home, social settings, school, or work. Symptoms must be present for at least six months.

The Evaluation

Determining if a child has AD/HD is a multifaceted process. Many biological and psychological problems can contribute to symptoms similar to those exhibited by children with AD/HD. For example, anxiety, depression and certain types of learning disabilities may cause similar symptoms.

There is no single test to diagnose AD/HD. Consequently, a comprehensive evaluation is necessary to establish a diagnosis, rule out other causes and determine the presence or absence of co-existing conditions. Such an evaluation should include a clinical assessment of the individual's academic, social and emotional functioning and developmental level. A careful history should be taken from the parents, teachers and when appropriate, the child. Checklists for rating AD/HD symptoms and ruling out other disabilities are often used by clinicians.

There are several types of professionals who can diagnose AD/HD, including school psychologists, private psychologists, social workers, nurse practitioners, neurologists, psychiatrists and other medical doctors. Regardless of who does the evaluation, the use of the Diagnostic and Statistical Manual IV criteria is necessary. A medical exam by a physician is important and should include a thorough physical examination, including hearing and vision tests, to rule out other medical problems that may be causing symptoms similar to AD/HD. In rare cases, persons with AD/HD also may have a thyroid dysfunction. Only medical doctors can prescribe medication if it is needed.

Multimodal Treatment

There may be serious consequences for persons with AD/HD who do not receive treatment or receive inadequate treatment. These consequences may include low self-esteem, social and academic failure, career underachievement and a possible increase in the risk of later antisocial and criminal behavior. Treatment plans should be tailored to meet the specific needs of each individual and family. Treating AD/HD in children often requires medical, educational, behavioral, and psychological intervention. This comprehensive approach to treatment is called "multimodal" and often includes:

- Parent training
- Behavioral intervention strategies
- An appropriate educational program
- Education regarding AD/HD
- Individual and family counseling
- Medication, when required

Research from the landmark NIMH Multimodal Treatment Study of AD/HD is very encouraging. Children who received medication, alone or in combination with behavioral treatment showed significant improvement in their behavior and academic work plus better relationships with their classmates and family.

Psychostimulants are the most widely used class of medication for the management of AD/HD related symptoms. Approximately 70 to 80 percent of children with AD/HD respond positively to psychostimulant medications. Significant academic improvement is shown by students who take these medications: increased attention and concentration, compliance and effort on tasks, amount and accuracy of schoolwork produced and decreased activity levels, impulsivity, negative behaviors in social interactions and physical

and verbal hostility. Other medications that may decrease impulsivity, hyperactivity and aggression include some antidepressants and antihypertensives. However, each family must weigh the pros and cons of taking medication.

Behavioral interventions are also a major component of treatment for children who have AD/HD. Important strategies include being consistent and using positive reinforcement, and teaching problem-solving, communication, and self-advocacy skills. Children, especially teenagers, should be actively involved as respected members of the school planning and treatment teams.

School success may require a variety of classroom accommodations and behavioral interventions. Most children with AD/HD can be taught in the regular classroom with minor adjustments to the environment. Some children may require special education services if an educational need is indicated. These services may be provided within the regular education classroom or may require a special placement outside of the regular classroom that meets the child's unique learning needs.

The Prognosis

Children with AD/HD are "at-risk" for potentially serious problems: academic underachievement, school failure, difficulty getting along with peers, and problems dealing with authority. Furthermore, up to 67 percent of children will continue to experience symptoms of AD/HD in adulthood. However, with early identification and treatment, children and adults can be successful. Studies show that children who receive adequate treatment for AD/HD have fewer problems with school, peers and substance abuse, and show improved overall functioning, compared to those who do not receive treatment.

Celebrating Special Children would like to thank Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) for permission to adapt and reprint their CHADD Fact Sheet # 1. For more information about AD/HD or this national organization dedicated to helping children and adults with AD/HD, visit their website at www.chadd.org or call 800-233-4050.

