

ADHD in CHILDREN & ADOLESCENTS (a lecture outline)

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I. Recognition of ADHD & Other Conditions That Can Look Like ADHD

- There are 3 types of ADHD: Inattentive, hyperactive, and combined.
- There are many theories of its origin, but there appears to be a genetic component and low dopamine levels in the frontal lobes of the brain, but other neurotransmitters are probably involved as well. Neurotransmitters are chemicals that move information around in the brain working together with electricity from nerve tracts.
- It is the most common mental health condition that we see in children.
- Some conditions that can look like ADHD include: medical conditions such as trauma to the head and hyperthyroidism; substance abuse; and mental health conditions such as anxiety disorders and mood disorders. These conditions may also be seen with ADHD, which complicates the clinical picture.

A. INATTENTION

- We have found that inattention is usually selective. Just because a child can't attend to twenty minutes of math doesn't mean they can't play four hours straight or more of a video game. There also seems to be tendency in children with ADHD to gravitate towards the more violent long-term games such as "Halo". It important for all of us to preview video games before renting or purchasing them for our children.

Generally speaking the "first person shooter games" tend to be the most destructive and addictive.

Many times children with ADHD can attend fairly well in a class if it is a class they are interested in, but it is not common for this to be a core class like math. If a child gets behind in a class, they tend to get bored, are more likely to find other things to do in class, which can get them in trouble or alienate children who are trying to follow along with the teacher.

Inattention can be a factor even when children have studied well for an exam; they often say that pressure of a test causes them to forget "everything." Some of these students can improve performance on tests by doing 1:1 oral testing with a teacher in a quiet environment with an untimed format and occasional breaks.

B. INCREASED ACTIVITY LEVEL

Breaks not only work for testing, they work for regular classroom work particularly in children with an increased activity level. Gym breaks are particularly helpful where a child can do something more strenuous than walking around such as shooting hoop. Occasionally a teacher will allow a student to leave their seat quietly and move around the back of the room without asking if this can be done without disturbing the classroom.

Second teachers or aides in the classroom can be a big help in keeping children on task.

C. PROBLEMS WITH ORGANIZATION AND TASK COMPLETION

Learning how to use an assignment book or day-minder is a critical skill to learn for anyone with ADHD. The small ones are more portable and can be used to record "need to do things" on the spot regardless of the nature of the need. This could include

chores or social obligations as well as school assignments. You could also use a PDA or an IPAD if available.

Colleges are providing more assistance for students these days. NWTTC has provided note-takers for some students in the past and UW Oshkosh has offered a summer program in the past for students to live on campus for two weeks and instructors show them how to organize their study areas and do hands on teaching of how to organize papers as well as showing them how to study and prepare for exams.

Most children get better at organization and taking responsibility for their behavior as they get older. If they end up in jobs where they aren't required to learn significant amounts of new material each day, many of them who have required medicine earlier can reduce or go off of it.

D. SOCIAL SKILLS PROBLEMS:

- **ANGER**

Anger is not always a problem for children with ADHD, but when it is, it can cause many problems for families especially brothers and sisters; and it can jeopardize friendships with classmates. Once a child gets a reputation for being a "hothead" with teachers, it can take a long time for this to change.

Irritability and impatience can be an issue when children with ADHD don't feel the need to take turns or wait in lines. This can lead to problems with peers and teachers alike.

- **BOSSINESS**

When I was a child, I had a close friend who I now realize had ADHD, who insisted during a sandlot baseball game that we all run the bases in a clockwise manner. About half an hour into the game, his grandfather walked by the vacant lot, and informed him that he had us all running the bases backwards!

- **CUE READING ERRORS**

Some children with ADHD are so “busy” that they miss facial cues or body language by other people. If a child misses these things, they can make serious errors in correctly responding. This can lead in turn to unnecessary conflicts with other people. This can also occur with verbal information e.g. If a pilot asks a copilot for “takeoff power,” this usually means full power for takeoff. If the copilot understands this to mean “reduce power,” there could be a a very short flight with a bad ending.

- **IMPULSIVITY**

Parents of children with ADHD have frequently used the expression with us: “his mouth is running before his brain is engaged.” This frequently means that a child will impulsively blurt out a response to a question or a statement by another person without thinking about it or the social implications of the answer. For example, a family member might ask such a child what they think about a new dress they have just gotten and the child might say, “It’s the ugliest thing I ever saw,” and not think about the pain such an answer could cause.

Children with ADHD are at more risk for legal involvement because of impulsivity. Sometimes they shoplift or steal things they have no use for because of an impulse or impulsively taking a dare from another child to do it. Worse yet, some families try assisting the child by covering this up which teaches the child that it is only wrong if you get caught. We have worked with some such children who have gone on to end up in serious trouble later in life because they were taught that you can buy your way out of things if you have the right lawyer.

II. TREATMENT

- **A. THE KEY ISSUE IS SELF ESTEEM & SOCIAL FUNCTION**

If a child is repeatedly criticized for bothering other students, not having their work done, or having “ants in their pants,” it can cause other children to avoid them and/or cause them to have negative feelings about themselves. They in turn learn to expect a negative response from other children (and adults for that matter), and they start withdrawing socially, or they can end up with adolescents who are using drugs because

they have less stringent criteria for joining their group. Often times the only criteria is that you use drugs. These children are more likely to do illegal things to get money to support their habit so there is increased likelihood of legal involvement for the child.

SOCIAL ISSUES ARE BEST ADDRESSED IN SMALL GROUP & FAMILY THERAPY.

- **1. READING OTHER'S SOCIAL CUES and MAKING APPROPRIATE RESPONSES.**
- - Working in small group therapy with children of the same developmental age allows therapists to work on most of the social responses that a child makes during a group setting. This allows a child to follow a string of social interactions and see how correct responses are woven together. This allows a child to make mistakes in a safe environment and learn from them.

Family therapy involves teaching everyone in the family how to work better together and how to help the children in the family with ADHD deal with issues like impulsivity and anger. It is not uncommon for one or more parent in this situation to identify their own ADHD and learn some coping skills for themselves. The worst scenario is when a family who wants the therapist to "fix" the child with no acknowledgement that everyone in a family has issues brings a child to therapy. They may or may not involve ADHD, but most people have issues and most families have issues as well. Why not use a therapist to assist everyone in the family?

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3. REDUCING IMPULSIVE PHYSICAL MOVEMENT & VOCAL OUTBURSTS.

There are many techniques for teaching children to think about what they are going to do before they do it. Most of us have been told by a parent to “count to ten” before making a hasty response.

Family therapy also focuses on situations that trigger impulsive responses and how learn better responses to these.

○ 4. REDUCING AGGRESSION AND ANGER.

Anger management is a common problem for therapists to deal with and techniques can involve recognizing anger early on and teaching a child ahead of time what they can do to deal with it. Self-talk and planning ahead for alternatives to escalating anger such as distractions are helpful. Rewarding a child for successful attempts to manage anger is very important. The best rewards are time spent with a parent doing something they both enjoy. This could be anything from board games to basketball.

○ 5. REDUCING IMPULSIVE LYING AND STEALING.

“Catching a child being good” (intermittent reinforcement) is a good place to start with this one. While consequences should be in place for serious problems, they are less powerful at changing behavior and some children enjoy, in a negative way, the confrontation that they bring. Frequently we hear, “why should I have to reward my child for doing the right thing?” You certainly don’t have to, it’s a matter of how badly do you want to change the behavior, and whether you’re willing to put in the extra time to do it. Children with ADHD require much more frequent rewarding than other children, and there can be an initial period of increased problems because we all resist changing our behavior, particularly if we lose power in the family by doing so.

6. REDUCE BOSSINESS AND IMPATIENCE IN SOCIAL SITUATIONS SUCH AS WAITING IN LINE.

Small group therapy and family therapy are good places to work out these issues because actual problem situations arise during the sessions and others can be simulated. Many children believe that if a thought comes into their head, it is true and some feel they have to act on this thought. Part of the therapy is to get them to give up this way of thinking. Just because you think you should be first in line does not mean you have to force your way up there. The child also needs to learn to think about what will the impact be on others (and themselves) if they do a certain act.

TREATING FUCTIONAL PROBLEMS:

- A. BEST ADDRESSED IN INDIVIDUAL THERAPY.
 - 1. IMPROVING ORGANIZATION.

Physically organizing a child's study area and backpack is an important part of school survival. This task needs to be repeated frequently, and if possible, the child's locker and desk should be periodically checked for good organization. Schoolwork should be organized into folders . . . color-coding subjects can be helpful. Having a single red folder, which contains all the work that a child must turn in on that day, can be helpful as well. Fixed study times early in the afternoon Sunday through Thursday can be helpful too. Frequent short breaks can help some children.

- a. COORDINATE WITH SCHOOL TO PROVIDE ASSIGNMENT TRACKING AND GRACE PERIOD FOR LATE WORK.

Many schools have an internet site that lists past academic performance for children and sometimes, but infrequently these are up to date and include future work needed. Since this is rare, often times a weekly email to/from each of a child's teachers is the best way to track work. There can also be a five to seven day grace period (no academic consequences) for late work starting with the day a parent is notified by email.

- b. FREQUENT COMMUNICATION WITH TEACHERS AND COUNSELORS.
- c. ADDITIONAL HELP FOR PROBLEM SUBJECTS.
 - 1. IDEALLY THIS WOULD BE TEACHER TIME BUT OUTSIDE TUTORS INCLUDING PEER TUTORS ARE HELPFUL.
 1. Brain training.
 2. Biofeedback.

MEDICATION

A. STIMULANTS

1. Dexedrine & Ritalin.

a. Uses.

1. School days vs. every day.

Patch.

b. Duration.

1. 4, 8, & 12 hour

c. Side effects in part.

1. Decreased sleep and appetite, headache, upset stomach, urinary & bowel problems, allergic reaction, motor tics, heart problems, and for pregnant women, potential damage to fetuses.

d. Generics vs. Name Brands. We have not seen any significant advantage to name brands other than increased availability.

B. NON- STIMULANTS

1. Tenex & Clonidine.

a. Use is 24/7 for the school year.

b. Side effects in part.

1. Increased sleep, increased drowsiness, and appetite, headache, upset stomach, urinary and bowel problems, decreased blood pressure, allergic reaction, and for pregnant women, damage to developing fetuses.

2. Strattera.

a. Use is 24/7 for the school year.

b. Side effects in part.

1. Headache and upset stomach, urinary and bowel changes, allergic reaction, possible increase in suicidal thinking, and for pregnant

women, damage to developing
fetuses.

*This paper is dedicated to Mr. Al Benedix,
a great teacher and a person who
actually allowed ethics and charity to
guide his life.*