Attention Deficit Hyperactivity Disorder

Diagnostic Criteria

Six or more of the following signs of inattention have been present for at least 6 months to a point that is disruptive and inappropriate for developmental level:

• Inattention:
  – Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
  – Often has trouble keeping attention on tasks or play activities.
  – Often does not seem to listen when spoken to directly.
  – Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
  – Often has trouble organizing activities.
  – Often avoids, dislikes, or doesn’t want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
  – Often loses things needed for tasks and activities (such as toys, school assignments, pencils, books, or tools).
  – Is often easily distracted.
  – Often forgetful in daily activities.
• **Hyperactivity:**
  - Often fidgets with hands or feet or squirms in seat.
  - Often gets up from seat when remaining in seat is expected.
  - Often runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
  - Often has trouble playing or enjoying leisure activities quietly.

  - Is often "on the go" or often acts as if "driven by a motor".
  - Often talks excessively.

• **Impulsiveness:**
  - Often blurts out answers before questions have been finished.
  - Often has trouble waiting one's turn.
  - Often interrupts or intrudes on others (example: butts into conversations or games).

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**Etiology**

• **Genetics**
  - Family studies suggest 75% of ADHD cases are probably genetic.
  - Research suggest several genes affect dopamine transporters including a2, D2, two SHT receptor genes and several other possible candidates.
  - Although families with the D2 allele show overwhelming propensities to several disorders, no single gene has been shown to be responsible for all ADD.
  - Research suggests genetic expression is tied to interaction with environmental factors.
• Environmental
  – Twin studies suggest as high as 20% of expression of genetic factors are environmental
  – Others studies implicate
    • Teratogenic etiology from tobacco, cocaine, alcohol, premature birth, birth complications
    • Childhood causes may include lead exposure, viruses, streptococcal bacteria, head injuries
  – Pollutants include phosphates, insecticides, and exotic chemicals including but not exclusively
    • Perchlorates (jet fuel in drinking water)
    • Industrial chemicals such as those used to tint sunglasses

  – Studies have also shown a significant increase in symptoms of ADHD correlated to early childhood exposure to television and videos for more than short durations per day and an increase in symptoms in children of all ages with more than a few hours per day of viewing time. There has been some suggestion with mid childhood and above that quality of onscreen material (pace of images) may be the deciding factor.
  – Lighting in rooms may be a factor in triggering existing ADHD

• Diet
  – Food additives including color dyes (particularly red and yellow), preservatives, taste enhancers
  – Exposure to mercury in diet (fish, dental fillings)
  – Recent study suggests high sodium, saturated fats
  – Sugar has been controversial (mostly because of bias, lobbying by food industries and single factor studies
    • But studies suggest that sugar is implicated indirectly, breaking the blood-brain barrier, introducing foreign substances into the brain tissue (17 minutes after ingestion)
  – Allergies
    • Congeners
    • Caffeine
    • Milk
    • Wheat
    • Other exotic and rare possibilities
Effects of Medications

<table>
<thead>
<tr>
<th>Without medication</th>
<th>Effect of Ritalin</th>
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<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
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Types of ADHD

<table>
<thead>
<tr>
<th>Overfocused ADHD</th>
<th>Limbic ADHD (depressed, unsocialized)</th>
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<tr>
<td><img src="image3.png" alt="Image" /></td>
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<thead>
<tr>
<th>Temporal lobe ADHD (aggressive, unstable mood, impulsive)</th>
<th>Ring of fire (oppositional, distractable, exacerbated by psychostimulants, candidate for anticonvulsants, antipsychotics)</th>
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<tr>
<td><img src="image5.png" alt="Image" /></td>
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Trauma Induced ADHD

Typical ADHD

Skills Deficits to Manage
- Scheduling
  - Advance warning
  - Reminders
- Instructions
  - Singular assignments
  - Written steps
- Alphabetizing/ordering/sequencing/organization
  - Takes longer, patience, encouragement
  - Piece by piece
  - Sometimes related to allergies (Rapp)
- Social skills
  - Learn empathic responses
- Slower to learn basic academic skills
  - rehearse

Unusual Skills and Odd Learning Traits
- Observation (seen as distractibility)
- Creativity (play to strengths – encourage)
- Skills exist in one area of learning but are learning disabilities elsewhere affect results.
  Specific deficit areas must be pinpointed.
  Assignments broken into component parts to identify problem areas.
Counseling ADHD

Teaching Attention Deficit Disordered Students to Cope and Be Successful

Encouragement

- Invite the student to participate because of the wisdom of the approach
- Get the child to want to use it
- Use lose-lose, win-win logic
- Use catchy, memorable nemonics and other learning gimmicks that allow the child to take something away that makes sense to her or him

Arrange activities to make a “MINT”

- M: Involve vigorous or rapid MOVEMENT
- I: Involve high INTEREST
- N: Be NON-COMPETITIVE and allow comparison with the child’s own performance
- T: Capitalize on native TALENT
<table>
<thead>
<tr>
<th>Use powerful self-esteem uplift methods</th>
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<tbody>
<tr>
<td>• Avoid being judgmental</td>
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<tr>
<td>• Avoid emphasis solely on quality of</td>
</tr>
<tr>
<td>performance</td>
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<tr>
<td>• Praise is too judgmental and</td>
</tr>
<tr>
<td>overemphasizes quality of performance</td>
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<tr>
<td>• +Employ “super strokes” and other</td>
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<tr>
<td>encouragements</td>
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</tbody>
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<table>
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<tr>
<th>Superstrokes</th>
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<tbody>
<tr>
<td>• Gratitude</td>
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<tr>
<td>• Sharing a skill</td>
</tr>
<tr>
<td>• Empathy</td>
</tr>
<tr>
<td>• Social Impact</td>
</tr>
<tr>
<td>• Reciprocal favor</td>
</tr>
<tr>
<td>• Uniqueness</td>
</tr>
<tr>
<td>• Self-Determination</td>
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<tr>
<td>• Self-Impact</td>
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<tr>
<td>• Material Impact</td>
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<tr>
<td>• Acknowledge effort</td>
</tr>
<tr>
<td>• Label the Act</td>
</tr>
<tr>
<td>• Emphasize Strength</td>
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<tr>
<td>• Tell Me About It</td>
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<tr>
<th>Preventing Perfection</th>
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<tbody>
<tr>
<td>• Once you’ve stopped praise, and</td>
</tr>
<tr>
<td>begun to encourage</td>
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<tr>
<td>• Then it is time to build and</td>
</tr>
<tr>
<td>healthy attitude about mistakes</td>
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“Your mistakes are…”

- Decreasing
- Expected
- Learning tools
- Incompletions
- Caused
- Accidental
- Temporary
- Effort proofs

Social Skills Training

- Social Perspective
- Body talk training
- Small group discussions
- Pictures of animals & people with discussion questions

Social Skills Training Topics

- Decision Making
  - ADHD decision making is rash and impulsive
    - Careless
    - Insufficient considering data
      - Correlated with depression
      - Perfectionistic
  - Key: Help them take in and comb through the data
Fly the think and do KITE

• Think
  —K: Know the problem
  —I: Identify the choices

• Do
  —T: Try the best one
  —E: Evaluate for the next time

• What did you learn?

• Resilience Against Teasing
  —Strengthen internal locus of control
    (strengthen free agency)
  —Captain of your own soul
  —Translate taunts into nonsense

• Personal Assertion to Prevent Conflict

• Quality of peer relationships is the best predictor of adjustment
  —ADHD start conflicts
  —ADD victimized

• Role play confrontation situations

• Use Three Part Way to get others to stop bugging you
  —Please stop
  —Please do
  —If you do, I’ll do

• Use biochemical treatment
• Use your ACE
  – ASSERT to adults
  – CONFRONT stressors using 3 part way (please stop, please do, if you will I will do)
  – ESCAPE get a drink of water
• Keys to Anger Control
• Play the ACE
  – ADAPT to the situation
  – CONFRONT means to talk
  – ESCAPE means leaving the situation

• Avoid being RUDE
  – REPEATED useless venting
  – UNDER-EXPRESSING
  – DUMPING on others
  – EXAGGERATING may result in losing control

• Temptation Resistance
  – Stop and think, what should I do now?
  – To do well, I must slow down
  – Refute temptation thoughts
  – Temptation is a manipulation (they are tricking you)
  – Practice a high number and variety of temptations and refusal statements
  – Get group support
  – Report success experiences at resisting
  – Role play wrong way on purpose along with possible alternatives
• Refute temptation (what were you telling yourself?)
  – BAG the temptation thought
    • BRAND it as a lie
    • ASSIST the child in composing truths
    • GIVE the child a copy of refutations to carry

• Encourage child to make her/his MARK
  – MEMORIZE the refutations
  – Keep the list AVAILABLE
  – REVIEW the list at temptation moment
  – KEEP a journal of incidents
    • Practice a high # of temptations and refusals

Friendship practice
• ADHD friendships: attract but don’t bond
• ADD friendships: bond but don’t attract
• Apology skills training (use the eight A’s)
  – Admit
  – Account (the temptation thought)
  – Acknowledge the wrongness of the deed
  – Apologize (student must know the meaning)
  – Ask forgiveness
  – Affirm the relationship
  – Amends
  – Adjust
Friendship Skills

- Friends go first
- Talk about your friend
- Friend chooses what to play
- Talk about friend’s topic
- Instead of ball hogging, take turns
- Show how happy you are when your friend is happy
- Let your friend control half, don’t be boss
- Be a friendly host; practice meeting friend’s needs
- Use polite words
- Feed your friend, have supervised kitchen fun
- Give small appropriate gifts and share
- Friend says when to stop (7 minute change)
- Do small favors

Teaching and Classroom Management of ADHD

- Ask an expert when you have difficulty
- As the child when things have been difficult
- Prevent rather than react
- Enforce the rules you put in place
- Build a good attitude in yourself and in the child. Your success is their success. Their success is your success.

Nonconferencing

- Learning disability specialists are either busy or they have too much to offer (heavy on theory and abstract concepts)
- Only use full conferences for periodic reports and major issues
- Attempt to engage the LD/ADHD specialist in miniconferences over lunch, etc.
Conference guidelines

- Take the lead, organize
- Specific child
- Specific questions
- Ask for many possible solutions
- Get simple, straightforward answers
- Practical/not theoretic suggestions
- Learn to adjust instructor role and techniques for results

Ask the child

- Is the student capable of level of work difficulty?
- Can the student handle the amount of work?
- What can be done to ensure lack of organization won’t prevent success?
- How can the student motivate self?
- (what made this hard for you?)
- Discuss with parents (mutually respectful)

Classroom prevention

- Call child by name
- Realistic demands
- No senseless questions
- No lectures
- No threats/no promises
- Broad rules
- Engage the child
Enforcement

• Responses immediate
• Rewards pleasant, punishment unpleasant (kicking out, the child wins)
• Consistent
• Discipline understood

Class management

• The right spot
• Noise, lights, temperature
• Oral stimulation
• Good neighbor rule
• Give time warning for transitions
• Help student discover simple organization schemes
• Control distractions
• Worksheets
• Old books to mark up
• Extra books available
• Reading partners/recordings
• Oral vs. written assignments
• Demonstrations vs. written assignments
• Writing partners

Building positive attitudes

• Simple, positive, present tense
• Employ color
• Share feelings and opinions
• Drama
• Parables, examples and metaphors
• Jokes, puzzles, riddles
• Point out connections/relationships
• Show how, then see practice
References


Stevens, S. H. (2007), Classroom success for the LD and ADHD child. Winston-Salem, NC: John F. Blair, Publisher

