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, diclibes, or doesn't want to do things.	
 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 a	s if "	driven	by a	а
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).

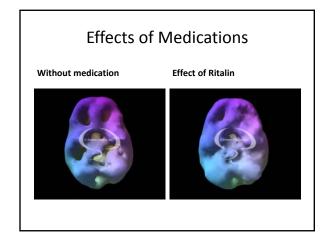
Etiology

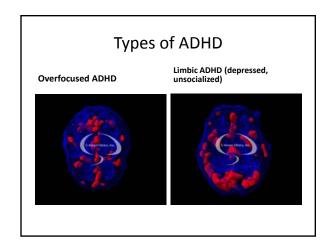
• Genetics

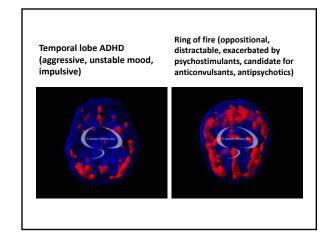
- Family studies suggest 75% of ADHD cases are probably genetic
- Research suggest several genes affect dopamine transporters including a₂, D₂, two 5HT receptor genes and several other possible candidates.
- Although families with the D₂ allele show overwhelming propensities to several disorders, no 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 	
	1
Charling have also shown a similificant in access in access	
 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	
CaffeineMilk	
 Wheat Other exotic and rare possibilities	
·	







Trauma Induced ADHD	Typical ADHD
	To make the

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 gimicks 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-COMPETETIVE and allow comparison with the child's own performance
- T: Capitalize on native TALENT

_		
-		
	 	· ·
-		

Use powerful self-esteem uplift methods

- Avoid being judgmental
- Avoid emphasis solely on quality of performance
- Praise is too judgmental and overemphasizes quality of performance
- +Employ "super strokes" and other encouragements

Superstrokes

- Gratitude
- Sharing a skill
- Empathy
- Social Impact
- Reciprocal favor
- Uniqueness
- Self-Impact
- Material Impact
- Acknowledge effort
- Label the Act
- Emphasize Strength
- Tell Me About It
- Self-Determination

Preventing Perfection

- Once you've stopped praise, and begun to encourage
- Then it is time to build and healthy attitude about mistakes

-	

"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 • 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 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 The key skill for social success 	
 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 	

A II ACE	
 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 situationCONFRONT means to talk	
- ESCAPE means leaving the situation	
Avoid being DUDE	
Avoid being RUDEREPEATED useless venting	
– UNDER-EXPRESSING– DUMPING on others	
-EXAGGERATING may result in losing	
control	
	I
Temptation Resistance	
Stop and think, what should I do now?To do well, I must slow down	
Refute temptation thoughtsTemptation 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 truthsGIVE 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 incidentsPractice a high # of temptations and refusals	
]
Friendship practice	
ADHD friendships: attract but don't bondADD friendships: bond but don't attract	
 Apology skills training (use the eight A's) Admit Account (the temptation thought) 	
 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.

Nonconfercing

- 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 spotNoise, 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

- Amen Clinics. (2009), retrieved July 29, 2002 at http://www.amen.clinics.com/brain-science/spect-image-gallery/spect-attas/mages-of-attention-deficit-disorder-addathd/

 American Psychological Association. (2006). Diagnostic and Statistical Manual of Mental Disorders IV/TR). Washington D.C.: ARP Audications.

 Braun JM, Kahn RS, Froehlich T, Auinger P, Lanphear BP (2006). "Esposures to environmental toxicants and attention deficit hyperactivity disorder in U.S. children", Embron. Netable Psycact. 141 (21): 1904-09.

 McCann D, Barrett A, Cooper A (November 2007). "Food additives and hyperactive behaviour in 3-year-old and R9-year-old children in ec community: a randomized, double-blinded, placebo-controlled trial". Lancet 370 (9598): 1560-7.

 Millichap JG (February 2008). "Etiologic classification of attention-deficit/hyperactivity disorder". Pediatrics 121 (2): e359-8.

 Perrin, J. M., Bloom, S. R., Cortmaker, S. L. (2007). The increase of childhood chronic conditions in the United States. Journal of the American Medical Association, 297, 2755-2759.

 Roman T, Rohde LA, Hutz MH, (2004). "Polymorphisms of the dopamine transporter gene: influence on response to methylphendiate in attention deficit-hyperactivity disorder". "American Journal of Pharmacogenomics 4(2):83-92

 Stevens, S. H. (1997). Classroom success for the Id and adhd child. Winston-Salem, NC: John F. Blair, Publisher

 Swanson JM, Flodman P, Kennedy J, et al. "Dopamine Genes and ADHD." Neurosci ence Biobehavioral

- Publisher Swanson JM, Flodman P, Kennedy J, et al. "Dopamine Genes and ADHD." Neurosci ence Biobehavioral Review. 2000 Jan;24(1):21–5.
 Taylor, http://www.add-plus.com/
 Volkow, ND, Wang, Gi, Kollins, SH; Wigal, TL; Newcorn, JH; Telang, F; Fowler, JS; Zhu, W et al. (2009).
 "Evaluating Dopamine Reward Pathway in ADHD". JAMA 302 (10): 1084–1091.