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Attention Deficit Disorder A Primer for Parents

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When a student is not doing well in school, especially if teachers also report that the student doesn't seem to concentrate in class and does not complete or turn in work, the parents may wonder if the child has an Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Sometimes such children are labeled "hyperactive," although it now is recognized that children can have attention deficits with or *without* overactive behaviors. It is important for parents to recognize the symptoms of ADD and to work with professionals in making an accurate diagnosis.

Characteristics of ADD

Students who have ADD may display a variety of characteristics, but some of the most common are impulsiveness, inattention, disorganization and distractibility. These children are often described as:

- not thinking before they act
- having difficulty following complex directions
- unable to wait
- having difficulty maintaining attention to tasks that are not basically interesting, such as school work or chores (but they may be able to watch TV or play computer games for hours!)
- unable to comply with a schedule
- frequently losing things

Parents often will say, "Even when I see him complete his homework, it never seems to get turned in." It is as if a "black hole" follows some of these children and swallows their homework and supplies. Some children get into fights often and are avoided or rejected by their peers. Others are very likeable and have many friends, although their friendships usually are not deep and lasting. They may get into trouble in school and in the

community for doing things they know they shouldn't do, and they may be either extremely sorry or have a great many reasons why it wasn't their fault. The child may relate a feeling of being out of control or not being able to stop an activity. Parents may ask, "I know he knows better, and I know he's a good kid; why is he always in trouble?"

Diagnosing ADD

Many of the symptoms associated with ADD also may be symptoms of other childhood problems such as depression, anxiety or conduct disorders. Another problem with diagnosis is that there is no blood test or other specific medical test for ADD. Physicians and psychologists who diagnose ADD use observation, behavior reports from people who know the child well and a careful history. Sometimes there is a family history of ADD. In addition, the child's personal history is important because symptoms of true ADD will be present in a child before age seven and will be persistent over the years. If a child suddenly begins to exhibit these symptoms, especially if the child is older than seven, the behavior usually is a temporary response to something that is troubling him or her; however, it also may be the beginning of a deeper emotional problem.

Helping Children with ADD

Treatment of ADD is most successful when a variety of approaches are taken. First, it is important for parents to obtain as much information as possible about ADD. They can attend support groups in their school or community and there may be lectures and seminars provided by their school or mental health agencies. It helps for parents to meet together to learn that they are not alone with this problem and to discuss what other parents have found helpful. The school psychologist should be able to provide information about various resources and reading material.

Second, it usually is helpful for the child to have some individual or group counseling. Counseling may include information about ADD, social skills training and techniques that help the child remember to focus and think before acting. Older children may be taught strategies that will help them organize and complete tasks, such as using notebooks, checklists or timers.

Third, behavior techniques used by parents and teachers can help the child be more successful in meeting the demands of tasks. Since most ADD children really do want to behave well and to be able to finish assignments, they may respond to a prearranged nonverbal signal to return to their work. Positive reinforcement (praise, rewards) for

following instructions and completing work may be helpful, but such reinforcement needs to be immediate and frequent. Children with ADD do not respond well to long-term rewards; opportunities to earn rewards need to be given every few minutes for preschoolers, several times a day for young elementary school children and at least daily for adolescents. Other specific techniques include:

- give the child only one or two steps of a direction at a time
- break a school assignment into several short assignments that an adult checks after each part is completed
- set a timer for a short period of time and challenge the child to see how much of a task can be completed before the timer goes off
- help the child to keep a daily calendar
- help the child to organize homework into a notebook

Using Medication for ADD

Finally, a physician might choose to prescribe medication. ADD is a neurobiological condition and medication helps the child to focus and benefit from instructional and behavioral support. Although some parents are reluctant to give their children medication, research shows that other treatments without the medication component rarely have lasting effects.

A great deal has been learned about ADD during the past five or ten years, so it is important to know what information is current and what is outdated. For example, professionals used to believe that children "outgrow" ADD at puberty and that medication and other treatments were not needed after that time. It now is known that, while most children do outgrow the excessive motor activity often associated with ADD, many people retain other symptoms throughout their adult lives and continue to respond favorably to counseling and medication. There is also evidence that some popular treatments, such as biofeedback, special diets and herbs, are ineffective. Until recently, it was thought that medications used for ADD might permanently stunt children's growth or worsen symptoms of Tourette's Syndrome (such as tics), but new information does not support these fears.

What if I Suspect My Child Has ADD?

If you suspect your child has ADD, you can expect the school to help you by providing behavior reports from teachers, either in written summaries or in the form of structured questionnaires or rating scales. If you have concerns about your child's academic progress or behavior, the school also should investigate whether or not symptoms of learning disabilities

or emotional disorder are present. If your child is diagnosed as having ADD, the school is obligated to make reasonable accommodations for the child's condition, such as preferential seating or giving the child more time to complete assignments.

To pursue medical treatment, be sure to see a physician who is knowledgeable about ADD and medications. Work with your physician to find the right medication and the right dosage for your child. It used to be thought that dosage should be dependent upon body weight, but now it is known that each child responds differently to dosage level. During the time of adjustment, remember that most medications prescribed for ADD are short-acting and any undesirable (as well as favorable) effects wear off quickly. That is why many of these medications must be taken every few hours. If, however, your child also is being treated for other conditions, such as depression, the effects of medication for these other conditions may be longer-acting. Be sure to discuss side effects with your physician and report any concerns immediately!

Expect the school and physician to work together and communicate regarding the effectiveness of behavior techniques and response to medications. Both educational and medical professionals have unique contributions to make in the treatment process. While reports from school are crucial for monitoring the effects of medications, nobody in the school setting is qualified to prescribe them or change the dosage. While the physician may give helpful educational recommendations, it is not within the authority of a physician to prescribe specific tests or treatments within the school setting.

If your child is diagnosed as having ADD, remember that this condition likely can be fairly well controlled, but it also probably will be a lifelong condition. Despite the best treatment, your child may never be as organized and methodical as typical peers. For example, do not expect your child to remember to take medication according to the prescribed schedule unless he or she clearly has demonstrated the ability to do so. Remember that, when your child needs the next dosage of medication, the effects of the last dosage are wearing off and that this is when the child tends to be least well-organized and responsible. Your child may always need more than the usual amount of help to organize tasks and materials, and he or she may never conform to rules and regulations as closely as you would like. However, if you emphasize the child's unique strengths and abilities, the disability may not seem so frustrating.

Resources for Parents

CHALLENGE Newsletter, Challenge, Inc., P.O. Box 488, W. Newbury, MA 011985; \$25/yr. A national newsletter on Attention Deficit Disorder published six times a year.

Garber, S.W., Garber, M.D., & Spizman, R.F. (1993). *If Your Child is Hyperactive, Inattentive, Impulsive, Distractible...* New York: Villard Books.

Goldstein, S. & Goldstein, M. (1992). *Hyperactivity: Why Won't My Child Pay Attention?* New York: John Wiley & Sons, Inc.

Goldstein, S. & Goldstein, M. (1995). *A Parent's Guide: Attention-Deficit Hyperactivity Disorder in Children*. Salt Lake City, Utah: The Neurology, Learning & Behavior Center.

Ingersoll, B.D. & Goldstein, S. (1993). *Attention Deficit Disorder and Learning Disabilities: Realities, Myths and Controversial Treatments*. New York: Doubleday.

Maxey, D.W. (1993). *How to Own and Operate an Attention Deficit Kid*. Roanoke, VA: CHADD Support Groups.

Moss, R.A. with Dunlap, H.H. (1990). *Why Johnny Can't Concentrate*. New York: Bantam Books.

Silver, L.B. (1993). *Dr. Larry Silver's Advice to Parents on Attention-Deficit Hyperactivity Disorder*. Washington, DC: American Psychiatric Press, Inc.

Organizations

ADDAPPT: Attention Disorders Association of Parents and Professionals Together. P.O. Box 293, Oak Forest, IL 60452 (Publishes *ADDaptibility Newsletter*).

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