

# **ADHD Handbook**

A guide for Parents and Teachers

## CHARACTERISTICS OF A CHILD WITH ADHD

- ✓ Often moves more quickly into a state of high agitation or excitement than other children
- ✓ Often talks incessantly and loudly, is constantly moving, and frequently switches from one activity to another without pause
- ✓ Cannot filter out unimportant stimuli - everything grabs his or her attention
- ✓ Annoys everybody and cannot help it
- ✓ Is disliked by others and realises this
- ✓ Has low self-esteem and often dislikes himself
- ✓ Is often remorseful after behaving 'badly', saying 'I can't help it'
- ✓ Demonstrates this behaviour in a persistent and enduring way

## KEY POINTS

- ✓ The exact causes of autism are unknown but children are born with autism, it is not caused by poor parenting
- ✓ It is helpful to distinguish between at least two types of autistic spectrum disorder: classic autism and Asperger's syndrome
- ✓ The child with 'classic' autism shows all three of the major signs of autism and has difficulties with language and communication, social relationships and imaginative play, and often indulges in obsessive behaviours
- ✓ The child with Asperger's syndrome may have difficulties in the social aspects of language such as appreciation of humour, and tends to use rather more formal or pedantic speech than other children of his own age
- ✓ These difficulties pervade every aspect of the child's everyday life

## SCREENING QUESTIONNAIRE FOR ADHD

Before starting, read the instructions below and follow them carefully.

Tick a box ONLY if BOTH of the following are true:

1. The child shows a particular behaviour to an excessive degree. (If you have to spend time thinking about your response then that aspect of the child's behaviour will probably not be excessive).

AND

2. The behaviour has been present since before the age of seven years, has been present for at least the previous six months, and is present in different settings - for example, in school and at home.

Tick the box if the child:

- often fidgets with his hands and/or feet or squirms in his seat
- often leaves his seat when being seated is expected (for example, at mealtimes)
- often runs or climbs excessively in situations in which it is not appropriate
- often has difficulties playing or engaging in leisure activities quietly
- often appears 'on the go' and/or acts as if driven by a motor
- often talks excessively
- often blurts or shouts answers before questions have been completed
- often has difficulty waiting turns in games, etc.
- often interrupts or intrudes on others - for example, butts into conversations or games.

If more than six behaviours are ticked then it is worth visiting your family doctor to discuss your child's behaviour.

## KEY POINTS

- ✓ Overactive or impulsive behaviour is shown at some time by most young children
- ✓ Overactive behaviour is not necessarily the fault of the child or parent
- ✓ A child's behaviour may not be within his control
- ✓ A child who is notable for excessive levels of activity may be suffering from a condition known as attention deficit hyperactivity disorder (ADHD)
- ✓ The exact causes of ADHD are unknown
- ✓ ADHD is thought to be genetic and unlikely to be caused by faulty upbringing
- ✓ ADHD affects more boys than girls in a ratio of approximately four to one
- ✓ If you are worried about your child's behaviour you should take him to your family doctor
- ✓ Your family doctor will need detailed information about the behaviours that worry you
- ✓ You may be referred to a team of specialists to assess your child fully
- ✓ Inform the school so that you can work cooperatively in arranging a full assessment

## FINDING THE MOST APPROPRIATE DIET FOR YOUR CHILD

- Keep a daily record of the food your child eats
- Keep a daily record that 'rates' your child's behaviour through the day
- Examine both records to see if there are recurring instances where consuming a particular food or drink seems to be followed by challenging behaviour
- When trying to eliminate suspect foods or drinks from your child's diet, make notes on what your child eats or drinks together with comments on his or her behaviour over the next few hours
- Before attempting to eliminate principal foods, such as wheat or dairy products, consult your family doctor

## TEN TIPS FOR EFFECTIVE CHILD MANAGEMENT IN SCHOOL

1. Ensure that every adult in the school understands the difficulties faced by a child with ADHD
2. In school, try to position the child close to an adult who can supervise his behaviour
3. Insist on eye contact when talking to the child and get him to repeat instructions
4. Give simple clear instructions; if necessary, break longer instructions into manageable chunks
5. Position the child away from obvious distractions (doors, windows, etc.)
6. Ensure that rewards are meaningful to the child and are given as often as is practicable
7. Remind the child that it is the behaviour (not the child) that is unwanted
8. Give firm reminders of what is needed and, when necessary, deal with correction in private
9. Ensure that there is no bargaining or prolonged discussion on what is or is not acceptable behaviour
- 10.10 Provide the child with a place of safety where he can retreat to calm down

## POINTS FOR PARENTS TO NOTE ABOUT HELPING A CHILD WITH ADHD

- Adults must give instructions one at a time and clearly to the child
- Ideally, the child should be asked to repeat the instruction
- The child must be involved in identifying appropriate rewards
- The links between rewards and appropriate behaviour must be made clear to the child
- Equally, the links between sanctions and inappropriate behaviour must be made clear to the child
- Adults make decisions on the distribution of rewards and sanctions (there should be no bargaining)
- Rewards and sanctions are best handled within a structured routine that remains consistent - the child should know what to expect
- Adults must ensure they are consistent and fair, but also firm
- Ideally schools and parents should work together on behaviour management
- A behavioural programme should involve both the home and school
- An expert, such as an educational psychologist, should assist in developing the programme
- Any rewards must be 'valued' by the child (these are not always those preferred by parents and/or teachers)
- The programme must be operated in ways that are always consistent, fair and firm
- There should be no negotiation with the child concerning the issuing of rewards and/or sanctions, these are decisions made by the adults involved
- It's important to remember that overactive or impulsive behaviour is shown at some time by most young children
- Ritalin is a stimulant that enables a child to focus and sustain attention
- When Ritalin is properly prescribed and used, 70 to 80 per cent of ADHD children show improvements in behaviour
- Ritalin does not cure ADHD - it helps a child control behaviour
- Treatment with Ritalin is normally a relatively 'long- term' strategy with periodic reviews
- While on treatment with Ritalin the child will probably need help in learning how to behave appropriately
- Always remember that an ADHD child is not showing challenging behaviour deliberately - it's no-one's fault



## KEY POINTS

Non-medical, dietary control may improve your child's behaviour

- ✓ Research evidence suggests that medication improves behaviour in 70 to 80 per cent of children with ADHD
- ✓ Parents and teachers should work together on strategies to modify behaviour in ADHD
- ✓ With appropriate support most ADHD children can and do grow up to be healthy, well-adjusted adults

## FEATURES OF CHILDREN WITH AUTISTIC SPECTRUM DISORDER

1. Difficulties in using language to communicate with parents and other children - for example, a marked delay in the development of speech or speech limited to repetition with little sign of understanding
2. Difficulties in developing relationships with others - for example, there seems to be lack of awareness of others and reluctance either to make eye contact or to maintain it
3. Difficulties with pretend play and imagination - for example, prefers to be alone and play activities that are often unusually repetitive

## EVERYDAY SIGNS OF AUTISM

### Spoken language and communication

Tick the box if your child:

- Failed to develop spoken language by an appropriate age and does not attempt to compensate with nonverbal communication - for example, smiling at others, pointing to a cupboard where sweets are kept
- Shows a marked difficulty in communicating with other children and adults - for example, initiating or sustaining conversation, holding out a hand when help is required, demonstrating wishes or responding by nodding or shaking his head
- Repeats the same words or phrases, sometimes at the wrong time, the wrong place or to the wrong audience - for example, saying 'shut up' to an adult
- Has failed to learn by imitating and/or communicating with others - for example, parents or other children - and does not engage in make-believe play - for example, pretending to drive a car like his parents or pretending to make a cup of tea and drink out of an imaginary cup

### Relationships with others

Tick the box if your child:

- Fails to make eye contact easily and/or does not use facial expressions appropriately - for example, smiling to show he or she enjoys the company of others
- Does not seem able to develop relationships with other children of the same age
- Does not seem to share activities or interests with other children; is often alone even when other children are around - as in playgrounds or at birthday parties
- Does not want to participate in give-and-take activities with other children - for example, letting others borrow a favourite toy, or turn-taking in a game

## EVERYDAY SIGNS OF AUTISM (CONTD)

### **Play and imagination**

Tick the box if your child:

- Often prefers to play alone and appears preoccupied with one or more repetitive activities for a longer period than might be reasonably expected - for example, turning a light switch on and off, picking up and dropping an object
  - Insists on sameness and routine - for example, dislikes changes such as surprise visits to the cinema or the swimming pool, always wants to watch the same video from beginning to end
  - Frequently flaps his hands and/or fingers, spins on the spot or rocks backwards and forwards
  - Is often over-interested in part of an object rather than the object - for example, the wheels of toy cars not the car, the tops of jars or ketchup bottles, the key in a door, etc.

If one or more items are ticked under two or more headings then it is worth visiting your family doctor to discuss possible referral to a paediatrician for a more comprehensive assessment.