

Questions Parents Ask and Some Concerns About Attention Deficit/Hyperactivity Disorder (ADHD)

This brief is designed for parents and highlights common questions and concerns surrounding Attention Deficit/Hyperactivity Disorder (ADHD). The contents are drawn from a variety of resources, all of which are cited in the list of references.*

Questions addressed are:

- *What do I do if my child is having problems at school?*
- *How do I know if it is ADHD?*
- *What is the best intervention for ADHD?*
- *What kind of help is available at school?*

In answering these questions, parents need to be aware of major concerns related to:

- diagnosis
- medication
- behavior control strategies

*The information presented here was culled from the literature and drafted by Stephanie Moore as part of her work with the national Center for Mental Health in Schools at UCLA.

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If you have comments, suggestions, examples you would like to share, please let us know.
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A Typical Scenario

Johnny is seven years old and is always on the go. He moves quickly from one activity to the next and talks incessantly. He often forgets to bring his homework home from school or, when he does remember, forgets to take his completed work back to school – resulting in many missing and incomplete assignments.

Johnny's mother, Mary, has always thought of Johnny as being full of energy and acknowledges that, at times, he can be a handful. He often climbs on the furniture in the house and seems to act without thinking. For example, last summer while attempting to climb the backyard tree Johnny slipped and fell, breaking his arm. Recently, Mary has been receiving more reports from Johnny's second grade teacher citing disruptive classroom behavior and inability to stay on task. Additionally, his inattention and activity seem to be affecting his grades and relationships with his peers.

The family wants to know what to do.

Question:

What do I do if my child is having trouble at school?

Talk to your child about his experiences with school. Find out: Does he like school and his teacher? If not, why? Is he interested in what he is learning? What are his favorite subjects, lessons, or activities? Does he feel confident that he can succeed in school? Encourage him to fully express his thoughts.

Talk with his teacher. Share what your child has told you. Find out: What does s/he thinks is causing the problems? What's already been tried to address the problems? What does s/he recommend?

Work with your child and the teacher to develop a plan for success. Based on what you all think is the root of the problem, plan ways to help establish a classroom and home environment where your child feels safe, respected, supported, and engaged in meaningful activities/lessons that are a good match for his motivation and capabilities. Consider specific accommodations that will enable success and reduce the need for disciplinary measures, thereby minimizing the need to assert control (which often increases rebellious behavior).

Strategies frequently discussed in the literature suggest (a) ensuring communications are delivered in ways that are clear, specific, concrete, and developmentally appropriate, (b) ensuring communications are understood by the child (especially those related to plans and expectations), (c) being clear about expectations and the value of accomplishing what is expected and the consequences of not doing so, (d) establishing appropriate routines, (e) providing specific and direct support and guidance and avoiding excessive use of questions, and (f) ensuring frequent feedback related to good and not so good outcomes (charting may be helpful).

Maintain the discourse with both your child and his teacher. Focus on what is going well and continue to modify plans to address any problems.

If problems continue, add on some specialized interventions. If the child is having learning problems, a natural adjunct is tutoring. If the problem is more about behavior than learning, a teacher may make environmental changes such as seating the child away from other students who are distractions and explicitly indicating the schedule and what is expected for the next period of time. Sometimes the student is paired with a peer buddy or mentor who can provide some extra support and guidance.

Teachers and parents often choose to introduce a behavior modification approach. This involves selective use of rewards and consequences. For example, young children are given gold stars or toy privileges for completing assignments in class, remembering to bring homework to and from school, or for completing chores at home. As consequences, the trend is to remove desired activities (e.g., loss of playtime until homework is finished).

If problems still continue, ask the school for a special education evaluation.

Question:

How do I know if it is ADHD?

There is no test or battery of tests that can say without a doubt that an individual has ADHD. It is important that the professional from whom you seek help thoroughly and carefully assesses your child and considers the degree to which the observed problems may be caused by an actual disorder or may be due to motivational factors. That is, a diagnosis of ADHD is only appropriate when ADHD-like symptoms cannot be explained by another cause.

Experts stress that the assessment should include separate interviews with you and your child (using approved rating instruments) asking about observed positive and negative functioning and possible causal factors for problems at home, at school, and in other settings. Information from the teacher also is important. Based on the assessment, the professional should clarify the different intervention options available.

It is not uncommon for a child to qualify for ADHD at their initial assessment but then fail to meet criteria when assessed later. To minimize false identifications, be sure to have periodic follow up evaluations to determine whether s/he still meets diagnostic criteria months and years later.

To see the criteria used for diagnosing ADHD, you can go to the federal Centers for Disease Control and Prevention's website -- <http://www.cdc.gov/ncbddd/adhd/diagnosis.html> .

Question:

What is the best intervention for ADHD?

Best is a relative term. There is no "quick fix" for ADHD! Researchers are still seeking interventions that will be highly effective for all children diagnosed as ADHD. Treatment depends on each individual child; there is no cookie-cutter technique. Each child and their behaviors are unique and no one intervention works for all. Whatever intervention is chosen must be tailored to your child, especially if your child's ADHD co-occurs with other problems or disorders such as learning problems and anxiety.

First of all, be sure that efforts are made both at home and in the classroom to address underlying problems. Work with your child's teacher to personalize his or her classroom and to enhance engagement. This includes providing more support and guidance and accommodations.

If problems persist and your child still qualifies for an ADHD diagnosis, currently the common interventions include medications, cognitive/behavior therapy, and education of parents, the child, and teachers about ADHD and how to manage it. Professionals tend to suggest use of combined interventions. While the American Academy of Pediatrics (AAP)

recommends combining medication and behavior therapy for school-age children and adolescents, they caution about the use of medication for preschool age children.

To maintain improvements, the trend is to recommend long-term intervention. Throughout, communicate closely with those who are helping you and your child and make sure that your child's progress and symptoms are continuously monitored. All intervention involves *ongoing transactions* (not a one-time visit for a prescription). Medication, in particular, must be closely monitored to assess effectiveness and watch for side effects. Remember: children respond differently to different interventions and do so differently at different ages. It may take several tries to "get it right."

Researchers stress that treatments for which there is little or no evidence of effectiveness for ADHD include: dietary management (like removing sugar, adding vitamins, minerals, elements, etc.), long term psychotherapy/psychoanalysis, biofeedback, play therapy, chiropractic treatment, or sensory-integration training.

Question:

What kind of help is available at school?

As noted in the previous responses, many steps can be taken at school to assist your child and enable his or her effective functioning. Your first role is to work with the teacher to plan and ensure that a range of promising strategies are introduced into daily classroom experiences. Focus first and foremost on ensuring the youngster is engaged in classroom learning. While all students can benefit from a personalized approach, such an approach is *essential* for students who are having difficulty at school.

If more help is needed, you will want to ask the school for a special education evaluation. *Schools are required by law to provide special accommodations and special assistance to students diagnosed as ADHD.*

Structure, consistency, motivating topics, and encouragement can go a long way in helping a student with ADHD to learn more effectively and to have better classroom behavior. The teacher should carefully structure and explain what is to be learned, how it relates to what has been learned previously, why it is worth learning, and how the student will be able to do it with an appropriate amount of effort and support. Examples of accommodations the school might be asked to try include: (a) working on hard concepts early in the day, (b) giving directions to one assignment at a time instead of to multiple tasks all at once, (c) simplifying instructions, (d) varying the pace and type of activity and structure, (e) dividing work into smaller units, (f) providing follow-up directions, (g) highlighting key points, (h) checking the student's assignments and giving a preview of the next lesson.

Concerns to Think About

There are three major concerns that arise around ADHD. The concerns reflect problems related to (1) diagnosis, (2) medication, and (3) behavior control strategies.

Concern About Diagnosing ADHD

It is important for everyone to understand that diagnosing ADHD is a far from perfect process. As a result, errors often are made, and there is concern about over-diagnosis.

❖ ***Diagnostic difficulty.*** ADHD-like behaviors can stem from many causes, not just a psychological dysfunction or disorder. Motivation is a key factor driving behaviors and should not be overlooked when a child is having difficulties in school.

Attention and activity vary in different situations (e.g., playing video games vs. doing homework) and among children of the same age. Inattention can result from many factors: an environment that is too challenging or not challenging enough, an unstructured upbringing, lack of sleep, poor nutrition, and much more. And, what is considered “normal” varies with age, stage of development, and situation. For example, what is a normal level of activity, attention, and impulsivity at five differs from what is expected of a ten-year-old. High activity during play sessions is common for elementary students, but is not appropriate in the classroom. When they are alone, youngsters tend to act differently than when they are with their peers.

Before going to school, a toddler may be seen as highly active; upon entering school, the behavior may be seen as a bit of a problem; around first or second grade, when the child is expected to pay attention for longer periods of time, take tests, and listen to lessons, s/he may be informally seen as ADHD and referred for evaluation.

Before seeking assessment for a diagnosable problem, it is important to consider if the child is motivationally uninvolved, avoidant, or both, rather than inattentive or hyperactive. A child who does not value school or learning, or who finds the material too hard and prefers to avoid it, will likely socialize in class, become easily distracted, or even act out.

❖ ***Misdiagnosis.*** Some individuals are diagnosed when they do not actually have ADHD, while others are not when such a diagnosis is appropriate. Research suggests that a range of factors may systematically influence diagnosis and that the criteria for diagnosing ADHD become less accurate for adolescents and adults.

The diagnostic guidelines for ADHD suggest comparison with the child’s *peers* rather than children of comparable age in their class. However, recent research reports that children who are the youngest in their class are more likely to be diagnosed with ADHD than the oldest in the class, even when these children are similar demographically. This effect may be due to the relative *immaturity* of younger children as contrasted with their older classmates

(cont.)

- ❖ **Over-diagnosis.** Another controversy surrounding ADHD is that of over-diagnosis. Given the rapidly rising number of ADHD diagnoses, it is not uncommon to hear accusations that the label is being assigned carelessly. Some cite examples of parents who “shop-around” for a doctor who will diagnose their child as ADHD in order to receive special help and accommodations at school. Others cite doctors who only engage in ten minute conversations with a parent and are ready to hand out a label and a prescription.

Much research has been conducted looking into this controversy. For example, gender difference in rates of diagnosis for boys and girls often are cited (i.e., many more boys are diagnosed with ADHD). The problem with these data is that girls are more likely to have inattentive symptoms which are readily ignored while boys are more likely to be hyperactive and disruptive and referred as potentially ADHD.

Two Major Concerns Related to Responding After Diagnosis

- ❖ **Medication.** Many concerns have been raised about children taking medication, especially now that preschool age children are being considered. Given that children often are on stimulant medication (e.g., Ritalin, Concerta, Adderall) for extended periods of time, there is particular concern about what the long term effects may be. (Immediate side effects can include headache, decreased appetite, insomnia, reduced growth, and in some cases, rare cardiovascular and psychiatric side effects).

As stimulant medications are very widely used, and often thought of as the first form of treatment for children diagnosed with ADHD, concern arises over whether the benefits outweigh the costs. Many studies conducted in laboratory settings show that medications are effective at reducing some ADHD symptoms. And combination medication and behavior therapy has been used to address a wider range of symptoms with lower doses of medication. But besides commonly reported side effects, controversy has arisen about whether medication is being used as a form of social control with little benefit for enhancing student learning. Moreover, some students feel oppressed and stigmatized by having to take medication. Finally, there is the increasing illegal acquisition of stimulant medication for substance abuse.

- ❖ **Behavior management techniques.** Concern has been raised that an over-reliance on behavior management may produce some immediate control over behavior, but it is unlikely to produce long lasting and generalizable learning. Moreover, it can undermine intrinsic motivation and produce a rebellious reaction. For example, if you reward your child with a sticker for bringing home his/her homework (with five stickers allowing him/her to pick out a toy from the store), s/he is likely to bring the homework as long as rewards are given. But don't expect that behavior to be maintained when the rewards stop. And, don't expect spontaneous improvements in learning and behavior at school. The need is to help your child experience school as a place where s/he wants to learn and is supported in pursuing activities s/he values and expects to attain with an appropriate amount of effort.

Summary

Attention Deficit/Hyperactivity Disorder (ADHD) is a legitimate disorder. Efforts, however, clearly need to be made to rule out other causes of the observed behavioral symptoms before labeling a child with ADHD. Motivation, especially, is a key factor to consider related to behaviors that are viewed as inattentive, impulsive, and hyperactive.

It is important to be certain that all major alternative explanations for your child's behavior be eliminated before a diagnosis of ADHD is made.

An important way to explore alternative explanations is to work with the teacher to formulate a personalized plan that will ensure your child feels safe, respected, meaningfully engaged, and supported at school and at home.

If that proves insufficient, work with the schools to add specific accommodations and supports that will enable success by addressing interfering factors.

If that still is insufficient, ask the school for a special education evaluation.

Should your child be diagnosed with ADHD, you should consider how to involve the youngster in decisions about what special interventions will be used.

With specific respect to medication, we know that some families want to try other interventions first and use medication as a last resort.

Source References

- American Academy of Pediatrics (1996). Impulsive/Hyperactive or Inattentive Behaviors. *The Classification of Child and Adolescent Mental Diagnoses in Primary Care: Diagnostic and Statistical Manual for Primary Care Child and Adolescent Version* (pp. 91-110). Elk Grove Village, IL: American Academy of Pediatrics.
- American Academy of Pediatrics (2011). ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*, 128 (5), 1007-1022.
- American Academy of Pediatrics (2011). Clinical Practice Guideline: Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder. *Pediatrics*, 108 (4), 1033-1044.
- American Psychiatric Association (1994). Attention Deficit and Disruptive Behavior Disorders. *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (pp. 78-85). Washington, DC: American Psychiatric Association.
- Appelgate, B., Lahey, B.B., Hart, E.L., Biederman, J., Hynd, G., Barkley, R.A., Ollendick, T., Frick, P.J., Greenhill, L., McBurnett, K., Newcorn, J.H., Kerdyk, L., Garfinkel, B., Waldman, I., & Shaffer, D. (1997). Validity of the Age-of-Onset Criteria for ADHD: A Report From the DSM-IV Field Trials. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(9), 1211-1221. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0890856709626460>
- Barkley, R.A. (2006). *Attention Deficit Hyperactivity Disorder (ADHD) Fact Sheet*. Retrieved from <http://www.russellbarkley.org/content/adhd-facts.pdf>
- Coghill, D. & Seth, S. (2011). Do the diagnostic criteria for ADHD need to change? Comments on the preliminary proposals of the DSM-5 ADHD and Disruptive Behavior Disorders Committee. *European Child and Adolescent Psychiatry*, 20, 75-81.
- Elder, T.E. (2010). The Importance of Relative Standards in ADHD Diagnoses: Evidence Based on Exact Birth Dates. *Journal of Health Economics*, 29, 641-656.
- Evans, W.N., Morrill, M.S., & Parente, S.T. (2010). Measuring inappropriate medical diagnosis and treatment in survey data: The case of ADHD among school-age children. *Journal of Health Economics*, 29, 657-673
- LeFever, G.B., Arcona, A.P., & Antonuccio, D.O. (2003). ADHD among American Schoolchildren: Evidence of Overdiagnosis and Overuse of Medication. *The Scientific Review of Mental Health Practice*, 2 (1). Retrieved from <http://www.srmhp.org/0201/adhd.html> .
- McCormack, Lindsey (2012). Pediatricians and ADHD: How to tell if your child is getting careful diagnosis and quality care. *Child Mind Institute*. Retrieved from <http://www.childmind.org/en/posts/articles/2012-6-5-adhd-pediatrics-finding-right-provider>

Molina B.S.G., Hinshaw S.P., Swanson J.M., Arnold L.E., Vitiello B., Jensen P.S., Epstein J.N., Hoza B., Hechtman L., Abikoff H.B., Elliott G.R., Greenhill L.L., Newcorn J.H., Wells K.C., Wigal T., Severe J.B., Gibbons R.D., Hur K., Houck P.R., & the MTA Cooperative Group (2009). The MTA at 8 years: Prospective follow-up of children treated for combined type ADHD in the multisite study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48 (5), 484-500.

The Multimodal Treatment of Attention Deficit Hyperactivity Disorder Study (MTA): Questions and Answers (2009). *National Institute of Mental Health*. Retrieved from <http://www.nimh.nih.gov/trials/practical/mta/the-multimodal-treatment-of-attention-deficit-hyperactivity-disorder-study-mta-questions-and-answers.shtml>

Pliszka, S.R. (2007). Pharmacologic Treatment of Attention-Deficit/Hyperactivity Disorder: Efficacy, Safety and Mechanisms of Action. *Neuropsychology Review*, 17, 61–72.

Scuitto, M.J. & Eisener, M. (2007). Evaluating the Evidence For and Against the Overdiagnosis of ADHD. *Journal of Attention Disorders*, 11(2), 106-113.

Teaching Children With Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices (2008). *U.S. Department of Education*. Retrieved from http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching_pg3.html

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs (2008). *Identifying and Treating Attention Deficit Hyperactivity Disorder: A Resource for School and Home*. Washington, D.C.: ED Pubs.

A Few Additional Resources

Why is ADHD controversial? <http://www.netdoctor.co.uk/adhd/whyisadhdcontroversial.htm>

ADHD Fact Sheet. <http://nichcy.org/disability/specific/adhd>

Attention Problems: Intervention and Resources (Introductory Packet). <http://smhp.psych.ucla.edu/pdfdocs/attention/attention.pdf>

Keeping Informed about ADHD. <http://www.helpforadd.com/>

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