

# Attention Deficit Hyperactivity Disorder: Module 1

The information in this training module was taken from an online article by the **National Institute of Mental Health**. (<http://www.nimh.nih.gov/health/publications/adhd/complete-publication.shtml>)

## Objectives:

- Caregiver will be able to recognize the symptoms of ADHD.
- Caregiver can differentiate between hyperactive, impulsive and inattentive behaviors.
- Caregiver can list key questions that could differentiate normal from ADHD behaviors.
- Caregiver can define roles of professionals qualified to diagnose and treat ADHD.

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## Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that becomes apparent in some children in the preschool and early school years. It is hard for these children to control their behavior and/or pay attention. It is estimated that between 3 and 5 percent of children have ADHD, or approximately 2 million children in the United States. This means that in a classroom of 25 to 30 children, it is likely that at least one will have ADHD.

A child with ADHD faces a difficult but not insurmountable task ahead. In order to achieve his or her full potential, he or she should receive help, guidance, and understanding from parents, guidance counselors, and the public education system. This document offers information on ADHD and its management, including research on medications and behavioral interventions, as well as helpful resources on educational options.

## Symptoms

The principal characteristics of ADHD are **inattention**, **hyperactivity**, and **impulsivity**. These symptoms appear early in a child's life. Because many normal children may have these symptoms, but at a low level, or the symptoms may be caused by another disorder, it is important that the child receive a thorough examination and appropriate diagnosis by a well-qualified professional.

Symptoms of ADHD will appear over the course of many months, often with the symptoms of impulsiveness and hyperactivity preceding those of inattention, which may not emerge for a year or more. Different symptoms may appear in different settings, depending on the demands the situation may pose for the child's self-control. A child who "can't sit still" or is otherwise disruptive will be noticeable in school, but the inattentive daydreamer may be overlooked. The impulsive child who acts before thinking may be considered just a "discipline problem," while the child who is passive or sluggish may be viewed as merely unmotivated. Yet both may have different types of ADHD. All children are sometimes restless, sometimes act without thinking, sometimes daydream the time away. When the child's hyperactivity, distractibility, poor concentration, or impulsivity begin to affect performance in school, social relationships with other children, or behavior at home, ADHD may be suspected. But because the symptoms vary so much across settings, ADHD is not easy to diagnose. This is especially true when inattentiveness is the primary symptom.

According to the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders*<sup>2</sup> (DSM-IV-TR), there are three patterns of behavior that indicate ADHD. People with ADHD may show several signs of being consistently inattentive. They may have a pattern of being hyperactive and impulsive far more than others of their age. Or they may show all three types of behavior. This means that there are three subtypes of ADHD recognized by professionals. These are the **predominantly hyperactive-impulsive type** (that does not show significant inattention); the **predominantly inattentive type** (that does not show significant hyperactive-impulsive behavior) sometimes called ADD—an outdated term for this entire disorder; and the **combined type** (that displays both inattentive and hyperactive-impulsive symptoms).

### **Hyperactivity-Impulsivity**

**Hyperactive** children always seem to be "on the go" or constantly in motion. They dash around touching or playing with whatever is in sight, or talk incessantly. Sitting still at dinner or during a school lesson or story can be a difficult task. They squirm and fidget in their seats or roam around the room. Or they may wiggle their feet, touch everything, or noisily tap their pencil. Hyperactive teenagers or adults may feel internally restless. They often report needing to stay busy and may try to do several things at once.

**Impulsive** children seem unable to curb their immediate reactions or think before they act. They will often blurt out inappropriate comments, display their emotions without restraint, and act without regard for the later consequences of their conduct. Their impulsivity may make it hard for them to wait for things they want or to take their turn in games. They may grab a toy from another child or hit when they're upset. Even as teenagers or adults, they may impulsively choose to do things that have an immediate but small payoff rather than engage in activities that may take more effort yet provide much greater but delayed rewards.

Some signs of **hyperactivity-impulsivity** are:

- Feeling restless, often fidgeting with hands or feet, or squirming while seated
- Running, climbing, or leaving a seat in situations where sitting or quiet behavior is expected
- Blurting out answers before hearing the whole question
- Having difficulty waiting in line or taking turns.

## **Inattention**

Children who are inattentive have a hard time keeping their minds on any one thing and may get bored with a task after only a few minutes. If they are doing something they really enjoy, they have no trouble paying attention. But focusing deliberate, conscious attention to organizing and completing a task or learning something new is difficult.

Homework is particularly hard for these children. They will forget to write down an assignment, or leave it at school. They will forget to bring a book home, or bring the wrong one. The homework, if finally finished, is full of errors and erasures. Homework is often accompanied by frustration for both parent and child.

The DSM-IV-TR gives these signs of **inattention**:

- Often becoming easily distracted by irrelevant sights and sounds
- Often failing to pay attention to details and making careless mistakes
- Rarely following instructions carefully and completely losing or forgetting things like toys, or pencils, books, and tools needed for a task
- Often skipping from one uncompleted activity to another.

Children diagnosed with the Predominantly Inattentive Type of ADHD are seldom impulsive or hyperactive, yet they have significant problems paying attention. They appear to be daydreaming, “spacey,” easily confused, slow moving, and lethargic. They may have difficulty processing information as quickly and accurately as other children. When the teacher gives oral or even written instructions, this child has a hard time understanding what he or she is supposed to do and makes frequent mistakes. Yet the child may sit quietly, unobtrusively, and even appear to be working but not fully attending to or understanding the task and the instructions.

These children don’t show significant problems with impulsivity and overactivity in the classroom, on the school ground, or at home. They may get along better with other children than the more impulsive and hyperactive types of ADHD, and they may not have the same sorts of social problems so common with the combined type of ADHD. So often their problems with inattention are overlooked. But they

need help just as much as children with other types of ADHD, who cause more obvious problems in the classroom.

### **Is It Really ADHD?**

Not everyone who is overly hyperactive, inattentive, or impulsive has ADHD. Since most people sometimes blurt out things they didn't mean to say, or jump from one task to another, or become disorganized and forgetful, how can specialists tell if the problem is ADHD?

Because everyone shows some of these behaviors at times, the diagnosis requires that such behavior be demonstrated to a degree that is inappropriate for the person's age. The diagnostic guidelines also contain specific requirements for determining when the symptoms indicate ADHD. The behaviors must appear early in life, before age 7, and continue for at least 6 months. Above all, the behaviors must create a real handicap in at least two areas of a person's life such as in the schoolroom, on the playground, at home, in the community, or in social settings. So someone who shows some symptoms but whose schoolwork or friendships are not impaired by these behaviors would not be diagnosed with ADHD. Nor would a child who seems overly active on the playground but functions well elsewhere receive an ADHD diagnosis.

To assess whether a child has ADHD, specialists consider several critical questions: Are these behaviors excessive, long-term, and pervasive? That is, do they occur more often than in other children the same age? Are they a continuous problem, not just a response to a temporary situation? Do the behaviors occur in several settings or only in one specific place like the playground or in the schoolroom? The person's pattern of behavior is compared against a set of criteria and characteristics of the disorder as listed in the DSM-IV-TR.

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### **Test Questions:**

#### **1. *It is estimated that***

- a.**  between 5 and 10 percent of children have ADHD.
- b.**  between 3 and 5 percent of children have ADHD.
- c.**  less than 1 percent of children have ADHD.
- d.**  the number of children with ADHD varies in different parts of the country.

**2. The principal characteristics of ADHD, inattention, hyperactivity, and impulsivity,**

- a.  are not found in normal children.
- b.  are found in normal children but at a lower level.
- c.  are found in normal children and often at the same level.
- d.  are only found in ADHD children.

**3. Impulsive children always seem to be constantly in motion or talk incessantly.**

- True     False

**4. Children who are inattentive have no trouble paying attention if they are doing something they really enjoy, but focusing deliberate, conscious attention to organizing and completing a task or learning something new is difficult.**

- True     False

**5. Of the three characteristics that could appear in an ADHD child the impulsive child could be the least disruptive in the classroom.**

- True     False

**6. The diagnostic guidelines for ADHD require the behaviors must create a real handicap in at least two areas of a person's life such as in the schoolroom, on the playground, at home, in the community, or in social settings.**

- True     False

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## Diagnosis

Some parents see signs of inattention, hyperactivity, and impulsivity in their toddler long before the child enters school. The child may lose interest in playing a game or watching a TV show, or may run around completely out of control. But because children mature at different rates and are very different in personality,

temperament, and energy levels, it's useful to get an expert's opinion of whether the behavior is appropriate for the child's age. Parents can ask their child's pediatrician, or a child psychologist or psychiatrist, to assess whether their toddler has an attention deficit hyperactivity disorder or is, more likely at this age, just immature or unusually exuberant.

ADHD may be suspected by a parent or caretaker or may go unnoticed until the child runs into problems at school. Given that ADHD tends to affect functioning most strongly in school, sometimes the teacher is the first to recognize that a child is hyperactive or inattentive and may point it out to the parents and/or consult with the school psychologist. Because teachers work with many children, they come to know how "average" children behave in learning situations that require attention and self-control. However, teachers sometimes fail to notice the needs of children who may be more inattentive and passive yet who are quiet and cooperative, such as those with the predominantly inattentive form of ADHD.

**Professionals Who Make the Diagnosis**

**If ADHD is suspected, to whom can the family turn? What kinds of specialists do they need?**

Ideally, the diagnosis should be made by a professional in your area with training in ADHD or in the diagnosis of mental disorders. Child psychiatrists and psychologists, developmental/behavioral pediatricians, or behavioral neurologists are those most often trained in differential diagnosis. Clinical social workers may also have such training.

The family can start by talking with the child's pediatrician or their family doctor. Some pediatricians may do the assessment themselves, but often they refer the family to an appropriate mental health specialist they know and trust. In addition, state and local agencies that serve families and children, as well as some of the volunteer organizations listed at the end of this document, can help identify appropriate specialists.

<b>Specialty</b>	<b>Can Diagnose ADHD</b>	<b>Can prescribe medication, if needed</b>	<b>Provides counseling or training</b>
Psychiatrists	yes	yes	yes
Psychologists	yes	yes*	yes
Pediatricians or Family Physicians	yes	yes	no

Neurologists		yes	yes	no
Clinical workers	Social	yes	no	yes

\* As of October 2006, Louisiana and New Mexico laws and regulations allow psychologists who have completed specific training and meet other requirements to prescribe psychotropic medications. The other 48 states and the District of Columbia allow only physicians to prescribe medications.

Knowing the differences in qualifications and services can help the family choose someone who can best meet their needs. There are several types of specialists qualified to diagnose and treat ADHD. Child psychiatrists are doctors who specialize in diagnosing and treating childhood mental and behavioral disorders. A psychiatrist can provide therapy and prescribe any needed medications. Child psychologists are also qualified to diagnose and treat ADHD. They can provide therapy for the child and help the family develop ways to deal with the disorder. But psychologists are not medical doctors and must rely on the child's physician to do medical exams and prescribe medication. Neurologists, doctors who work with disorders of the brain and nervous system, can also diagnose ADHD and prescribe medicines. But unlike psychiatrists and psychologists, neurologists usually do not provide therapy for the emotional aspects of the disorder.

Within each specialty, individual doctors and mental health professionals differ in their experiences with ADHD. So in selecting a specialist, it's important to find someone with specific training and experience in diagnosing and treating the disorder.

Whatever the specialist's expertise, his or her first task is to gather information that will rule out other possible reasons for the child's behavior. Among possible causes of ADHD-like behavior are the following:

- A sudden change in the child's life—the death of a parent or grandparent; parents' divorce; a parent's job loss
- Undetected seizures, such as in petit mal or temporal lobe seizures
- A middle ear infection that causes intermittent hearing problems
- Medical disorders that may affect brain functioning
- Underachievement caused by learning disability
- Anxiety or depression.

Ideally, in ruling out other causes, the specialist checks the child's school and medical records. There may be a school record of hearing or vision problems, since most schools automatically screen for these. The specialist tries to

determine whether the home and classroom environments are unusually stressful or chaotic, and how the child's parents and teachers deal with the child.

Next the specialist gathers information on the child's ongoing behavior in order to compare these behaviors to the symptoms and diagnostic criteria listed in the DSM-IV-TR. This also involves talking with the child and, if possible, observing the child in class and other settings.

The child's teachers, past and present, are asked to rate their observations of the child's behavior on standardized evaluation forms, known as behavior rating scales, to compare the child's behavior to that of other children the same age. While rating scales might seem overly subjective, teachers often get to know so many children that their judgment of how a child compares to others is usually a reliable and valid measure.

The specialist interviews the child's teachers and parents, and may contact other people who know the child well, such as coaches or baby-sitters. Parents are asked to describe their child's behavior in a variety of situations. They may also fill out a rating scale to indicate how severe and frequent the behaviors seem to be.

In most cases, the child will be evaluated for social adjustment and mental health. Tests of intelligence and learning achievement may be given to see if the child has a learning disability and whether the disability is in one or more subjects.

In looking at the results of these various sources of information, the specialist pays special attention to the child's behavior during situations that are the most demanding of self-control, as well as noisy or unstructured situations such as parties, or during tasks that require sustained attention, like reading, working math problems, or playing a board game. Behavior during free play or while getting individual attention is given less importance in the evaluation. In such situations, most children with ADHD are able to control their behavior and perform better than in more restrictive situations.

The specialist then pieces together a profile of the child's behavior. Which ADHD-like behaviors listed in the most recent DSM does the child show? How often? In what situations? How long has the child been doing them? How old was the child when the problem started? Are the behavior problems relatively chronic or enduring or are they periodic in nature? Are the behaviors seriously interfering with the child's friendships, school activities, home life, or participation in community activities? Does the child have any other related problems? The answers to these questions help identify whether the child's hyperactivity, impulsivity, and inattention are significant and long-standing. If so, the child may be diagnosed with ADHD.

A correct diagnosis often resolves confusion about the reasons for the child's problems that lets parents and child move forward in their lives with more accurate information on what is wrong and what can be done to help. Once the disorder is diagnosed, the child and family can begin to receive whatever combination of educational, medical, and emotional help they need. This may include providing recommendations to school staff, seeking out a more appropriate classroom setting, selecting the right medication, and helping parents to manage their child's behavior.

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### Test Questions:

**7. Given that ADHD tends to affect functioning most strongly in school, sometimes the teacher is the first to recognize that a child is hyperactive or inattentive.**

True     False

**8. Psychologists are considered Mental Health Specialist capable of diagnosing ADHD.**

True     False

**9. ADHD symptoms can never be mistaken for other problems, such as anxiety or family stress.**

True     False

**10. Diagnosis of ADHD is usually a simple and quick process.**

True     False