

All About ADHD

A booklet for those wanting
to know more about
Attention Deficit Hyperactivity Disorder



This booklet was written by
Dr Jo Borrill, Clinical Research Manager,
the Mental Health Foundation.

We would like to thank the following
people for their help in preparing this
booklet: Dr Helen Barrett, Mrs Maryla
Carter, Dr Jenny Lyon, Dr Margaret
Thompson, Professor Eric Taylor, and
parents and professionals who
submitted evidence to the Mental
Health Foundation Inquiry, Bright
Futures - promoting children and young
people's mental health.

Mental Health Foundation

Published by
The Mental Health Foundation

Mental Health Foundation
9th Floor, Sea Containers House
20 Upper Ground
London, SE1 9QB
Tel: 020 7803 1100
Email: mhf@mhf.org.uk

Mental Health Foundation
Merchants House
30 George Square
Glasgow, G2 1EG
Tel: 0141 572 0125
Email: scotland@mhf.org.uk

Website: www.mentalhealth.org.uk

Reg Charity No: 801130

Copyright © 2000

Cartoons drawn by
Simon Whiteman
© The Mental Health Foundation

Price: £1.00

ISBN: 0 901944 81 5

Introduction

This booklet has been written with three groups of people in mind. You may be a parent or carer of a child who has been diagnosed with ADHD (Attention Deficit Hyperactivity Disorder). You may be wondering whether your child has ADHD, because of difficulties they are experiencing in settling down, paying attention or controlling their behaviour. Or you may be someone with a general interest in ADHD - a relative or friend, a teacher, GP, or health visitor. Whatever the reason for your interest in ADHD, this booklet will give you answers to some of the most common questions about ADHD. It also points you in the direction of more detailed publications, and gives you details of organisations that can help.

Throughout the booklet we have included comments and statements from parents of children diagnosed as having ADHD. Some of these parents wrote about their experiences as part of the Mental Health Foundation's Inquiry, Bright Futures - promoting children and young people's mental health. They have helped us all to understand more about the impact of ADHD on children and their families. This booklet concentrates mainly on young children with ADHD. If you are concerned with older children, teenagers or adults with ADHD you will find some relevant books listed at the end of this booklet.

Finally, this is a booklet with an optimistic message. Children with ADHD and their families have faced many difficulties in the past, but we now know much more about how to help and support them - at home, at school, and in their future lives.

What is ADHD?

ADHD stands for Attention Deficit Hyperactivity Disorder. It is normally used to describe children who have three main kinds of problems:

- overactive behaviour (hyperactivity)
- impulsive behaviour
- difficulty in paying attention.

Because they are overactive and impulsive, children with ADHD often find it difficult to fit in at school. They may also have problems getting on with other children. These difficulties can continue as they grow up, particularly if children and families do not get the help they need.

Some children have significant problems in concentration and attention, but are not necessarily overactive or impulsive. These children are sometimes described as having Attention Deficit Disorder (ADD) rather than ADHD. ADD can easily be missed because the child is quiet and dreamy rather than disruptive. ADHD is not related to intelligence. Children with all levels of ability can have ADHD.

Overactive behaviour

One mother described the first years of her son's life as follows:

"The day always began from the moment he was awake with his exhausting and insatiable demands. No one was prepared to babysit because he was so exhausting and a liability. It was impossible to enjoy him and no fun to take him anywhere. His energy levels were incredible. As parents we wondered where we were going wrong."

Douglas, A. (1999) 'ADHD: a mother's story', *Young Minds*, Vol.39, pp14-16

If you have a child with less severe problems, overactive behaviour may only cause major difficulties when she or he goes to school. For example, a child who races around the classroom, unable to sit still, interfering with other children's activities, will probably not be very popular with other children, and may be seen as naughty or unwilling to learn.

Impulsive behaviour

Being impulsive means acting without thinking about the consequences. Children with ADHD may be impulsive in many ways, such as saying or doing the first thing that occurs to them. They are also easily distracted by irrelevant things. These children find it very hard to carry out tasks which involve waiting, since they have great difficulty stopping themselves from responding straightaway. They will find it hard to do any activity which involves waiting to give an answer, or in which they have to take turns.

Sometimes impulsive children find it easier to wait if they are given a reward for waiting, or some other kind of motivation. This does not mean that they have been deliberately impulsive. It just means that they find this kind of task particularly hard to handle and need extra encouragement to succeed.

Attention problems

Children with ADHD have a short attention span. They find it hard to concentrate and therefore hard to learn new skills, both academic and practical. Research from the USA suggests that 90% of children with ADHD underachieve at school and 20% have reading difficulties.

For example, a mother of a child with ADHD described how *“Every parents’ evening told stories of poor compliance, shoddy and incomplete work, class clowning, no homework, incessant talking and easy distraction both to himself and others.”*



This explains why it is important to identify attention problems as soon as possible, preferably before children go to school, so that they can be given help. Children with ADHD may themselves be quite distressed, because they do not mean to behave badly in class but do not know how to change.

Social problems

Children with severe ADHD may be rejected or disliked by other children, because they disrupt their play or damage their possessions. It is easy for a child with ADHD to become labelled as troublesome, or for parents to think it is their fault for not controlling their child. One mother noted that her six

year-old son " ..gets picked on by children and adults because he is always being told off by people - other children blame him for things he didn't do."

Another parent commented: " T has only recently been diagnosed. Until then people thought all his problems were due to his upbringing. So no help or care was offered until we kicked up and demanded help."



Part of the difficulty is that children with ADHD may not realise how their behaviour affects other people. They may want to make friends, but have no idea how to go about it, having never picked up the basic rules of social behaviour which most children learn naturally. Because the children are impulsive, it is also easy for other children to 'set them up' to behave badly.

When is a diagnosis of ADHD appropriate?

We know that young children have lots of energy and like to be active. Young children also tend to have a short attention span - they soon get tired of an activity and want to move on to something new. So how can you tell whether a child has ADHD or is simply restless or bored? To a certain extent it may be a matter of degree - children with ADHD are not just very active, but have a wide range of problem behaviours which can make them very difficult to care for and control.

For example, one parent described her eight year-old son's behaviour as follows:

"(he) .. fidgets with hands & feet continually .. great difficulty remaining seated .. very easily distracted...difficulty following instructions .. very poor short-term memory .. difficulty sustaining attention on activities for more than twenty minutes .. shifts from one uncompleted task to another .. doesn't seem to listen to what is said .. loses things necessary for a task .. engages in some physically dangerous activities- he acts before he thinks .. poor social skills.."

It is important to remember that no label or diagnosis will give a perfect description of an individual child. Children are all different, and will express their problems in different ways.

Diagnosis of ADHD can be quite difficult because:

- There is no test for ADHD; we cannot take a blood sample or an X-ray to make a firm diagnosis.
- All children have some problems with self-control and it can be hard to decide where to draw the line and give a diagnosis of ADHD.
- Other problems can result in behaviour similar to ADHD, for example language or hearing difficulties, dyslexia, major disruptions in a child's life. Over half of the children with ADHD will have other areas of difficulty, such as these, in addition to ADHD.



The kinds of symptoms professionals look for in diagnosing ADHD include:

- difficulty following instructions or completing tasks
- difficulty 'sticking to' an activity
- easily distracted and forgetful
- often doesn't listen when spoken to
- fidgets, is restless, can't sit still in class
- can't stop talking, interrupts others
- runs about when it is inappropriate
- blurts out answers without waiting for the question to finish
- difficulty in waiting or taking turns

In order to be diagnosed with ADHD some of these problems would have been apparent before the age of six or seven years.

These behaviours must normally occur in more than one setting (for example at home as well as at school) for ADHD to be diagnosed.

How common is ADHD?

It is difficult to say exactly how many children worldwide have ADHD because different countries have used different ways of diagnosing it. In the UK, diagnosis is based on quite a narrow set of symptoms, and about 0.5 - 1% of children are thought to have attention or hyperactivity problems. In comparison, until recently, professionals in the USA used a much broader definition of the term ADHD.

As a result, up to 10% of children in the USA were described as having ADHD. Current estimates suggest that ADHD is present throughout the world in about 1-5% of the population.

About five times more boys than girls are diagnosed with ADHD. This may be partly because of the particular ways they express their difficulties. Boys and girls both have attention problems, but boys are more likely to be overactive and difficult to manage.

Children from all cultures and social groups are diagnosed with ADHD. However, children from certain backgrounds may be particularly likely to be diagnosed with ADHD, because of different expectations about how they should behave. If you are a parent, it is therefore important to ensure that your child's cultural background is understood and taken into account as part of the assessment.

Is ADHD a new problem?

It is unlikely that ADHD is a new problem. However, in the past impulsive children were often punished for being difficult or disruptive. At the same time, in previous generations, children who did not 'fit in' at school tended to leave at an early age to work on farms or find other casual employment. So ADHD may seem to be more common because of changes in the way we respond to hyperactive or impulsive children, rather than changes in the behaviour itself.

What are the causes of ADHD?

Is ADHD inherited?

We know that genetic (inherited) factors are important in ADHD. We don't know which genes are the most important but research is being undertaken to find this out. However it is clear that the environment plays a part as well. If your child has a close relative who has been diagnosed with ADHD, this increases their chance of being diagnosed with ADHD. But it does not mean that ADHD is inevitable. No single gene has been identified as causing ADHD, and it is more likely that several genes are involved, each interacting with the environment in extremely complicated ways.

Is ADHD caused by illness or damage to the brain?

Most children with ADHD have no history of brain injury or damage to the brain. However, studies using brain scanning techniques found that children with severe symptoms of ADHD had lower activity than normal in the frontal lobes of the brain. This part of the brain is involved in planning activity and controlling impulses. Another part of the brain which seems to be important in understanding ADHD is the area called the caudate nucleus, which is involved in controlling movements and sustaining attention. These parts of the brain seem to be very slightly smaller in children with severe ADHD. This is helping researchers to find out the nature of the problem - but it is not yet a reliable way of diagnosing individual children. Children with head injury, epilepsy, or brain infections may show attention problems similar to those seen in children diagnosed with ADHD.

Which environmental factors are important?

Parents may worry that their own behaviour or their child's upbringing is responsible for their child's problems. There is no evidence that the way parents behave can actually cause a child to develop ADHD. As explained above, behaviour problems are usually due to a complex mix of inherited risk and life experiences. However parents can be taught effective strategies to help their children with ADHD (see below).

Giving future parents advice about health and nutrition may be helpful. For example heavy smoking and heavy drinking during pregnancy increase the risk of having a child with ADHD, although it is not possible to say that these factors directly cause ADHD. Pregnant women who drink excessively at certain critical points during pregnancy are more at risk of having a child with foetal alcohol syndrome. This is a serious disorder causing mental and physical disabilities, including symptoms of ADHD.

Brain damage during birth, caused by a lack of oxygen to the baby's brain, is also a risk factor for ADHD.

Do children grow out of ADHD?

Some children do appear to grow out of ADHD although others have problems that continue into adolescence and beyond.

Approximately two out of five children with ADHD continue to have difficulties at age 18. The main symptoms of ADHD, such as attention difficulties, may improve as children get older, but behavioural problems such as disobedience or aggression may become worse if children do not receive help. In particular, research has found that boys who are hyperactive and aggressive tend to become unpopular with other children. It is therefore very

important for children to receive help as early as possible, to prevent them from developing other behaviour problems.

It is important to remember that 30-40% of children with ADHD do well as adults, and this percentage can be increased if appropriate help is given. But children with ADHD who become antisocial or aggressive at school, because they do not 'fit in', are at greater risk of getting into trouble as adults. Families and schools can be very important here in offering the child support rather than blame.

Does medication help?

As a parent you may have been told about stimulant drugs, such as methylphenidate (Ritalin) and dexamphetamine (Dexadrine) which have been prescribed for children diagnosed with ADHD since the 1930s. Parents need to know what the possible benefits of these drugs are, and also what possible side effects or problems they should look out for.

It may seem strange to prescribe a drug described as a 'stimulant' to a child who is overactive. You may wonder why your child is not being offered a sedative or calming drug. The answer is that drugs like Ritalin work by stimulating those parts of the brain which control behaviour and regulate activity. The drugs therefore seem to help many children to concentrate and regain control over their actions.

Research studies have demonstrated clearly that stimulant medication can produce short-term benefits for many children with ADHD. Many parents have commented on the dramatic improvements which can occur. As children calm down they are able to mix better with others, and they can respond more effectively to teachers and parents.

Children may become less aggressive as well as less hyperactive, and their performance at school may improve significantly.

Drug treatment may also help young adults. For example one parent commented:

"He was finally diagnosed at the age of 24 as having severe ADHD, which, untreated, had been compounded over the years by complications. He commenced an overdue treatment plan which included the use of Ritalin. Since then the changes in his demeanour have been remarkable."

Are there any problems associated with medication (drug treatment)?

One of the main concerns about using stimulant medication is that these drugs may be used too readily to deal with behaviour problems which are not due to ADHD at all. It is therefore important to understand what the drugs can achieve and what their limitations are. They should only be prescribed to children who are carefully assessed and who have received a professional diagnosis. Medication does not cure ADHD - but it can provide a 'window of opportunity' in which we can help children learn to manage their own behaviour.

Children taking stimulant medication need to take their tablets regularly, as the effects of medication only last for four to five hours. As a parent you need to ensure that anyone looking after your child is aware of this. Children should also be seen regularly by a specialist to monitor their progress and check for any side effects. For example, some children develop sleep problems, lose weight, or may even become depressed.

Another important concern is that we do not know enough yet about the effects of taking these drugs over a long period of time. In the long-term, drug treatment must be combined with

other kinds of help - such as special support at home or at school. In other words, drugs such as Ritalin can be tremendously helpful for some children, but medication should not be the only form of treatment. Some children can be helped a great deal without needing to take medicine.

About 30% of children with ADHD do not benefit from stimulant medication. If they are anxious or depressed they may benefit from taking antidepressants, but their health should be carefully monitored, as these drugs are not fully tested for use with children.

Is diet important?

It is very difficult to test the effects of diet on behaviour. This is partly because most children with food allergies react to complex combinations of food, rather than to one particular food or additive. It is also difficult to change your child's diet without your child being aware of what you expect to happen and reacting to this.

There is some evidence suggesting that some children with ADHD react badly to certain combinations of foods, including dairy products, chocolate, wheat, fruit, and particularly additives. Research with boys has reported a possible link between attention difficulties and over activity and the use of preservatives and colourings in food.

However there is not enough evidence yet to tell us how many children with ADHD could be helped by a change of diet, and we do not know which children would be most likely to benefit. A controlled diet will not help all children with ADHD, but it can be worth trying, provided it is properly designed and monitored by a qualified dietitian. Talk to your GP about this.

How can parents help?

If you are a parent of a child with ADHD you have a very important role to play in helping your child to gain control over their behaviour. But first of all you need to be reassured that ADHD is not your fault - you are not a 'bad parent'. You can learn some specific ways of talking, playing and working with your child which have been shown to improve children's attention and behaviour. (Of course these techniques can also be very helpful for other carers and friends, not just parents).



There are now a number of programmes run by professionals to help parents. Most of these programmes focus on 'behaviour management'. This involves learning how to plan and structure activities, and to praise and encourage children for even very small amounts of progress.

Behaviour management approaches often start by teaching parents and carers the A-B-C approach.

This is how to:

- A** Identify the events or circumstances which seem to lead to difficult behaviour or trigger specific problems. These are known as **antecedents**.
- B** Describe the actual **behaviour** in detail (what does the child do, for how long, what don't they do).
- C** Observe the **consequences** of this behaviour (what happens to the child, how do other people react, what sort of attention is given).

Parents are then shown how to gradually change their child's behaviour, concentrating on small changes at a time and giving praise for any small step in the right direction. The next section of this booklet looks in more detail at how this approach can be used with children of pre-school age.

Helping parents of pre-school children

If parents are given help and support while their children are young it may be possible to prevent problems later on. In order to do this, children with signs of ADHD need to be identified through standard health checks. For example, Health Visitors in Hampshire have been trained to work with parents whose children are identified at three years-old. Some of the key principles they teach parents are as follows:

Make **eye contact** with your child before trying to talk to him/her. If you call out an instruction from another room he/she will not pay attention.

Keep instructions simple - **the one sentence rule**. Children with ADHD have problems with short-term memory, so anything longer than one sentence will be forgotten.

Give very **specific praise** for acceptable behaviour e.g. 'that's wonderful - you did that drawing very carefully.'
Also give praise in earshot: 'J has been so helpful today'

Keep **calm**; if you get angry the child will mirror that emotion. Using a quiet, calm tone of voice helps both parent and child to stay calm. Some parents find it helpful to imagine switching on a *perspex shield* - which separates them from emotional situations and helps them keep their cool.

Use a '**quiet time**' technique to deal with temper tantrums. For example, choose a comfortable quiet place to be a '*magic carpet*'. Encourage the child to sit there until calmer. Do not try to hold or restrain a child with ADHD who is having a temper tantrum, as this usually makes them even more agitated.

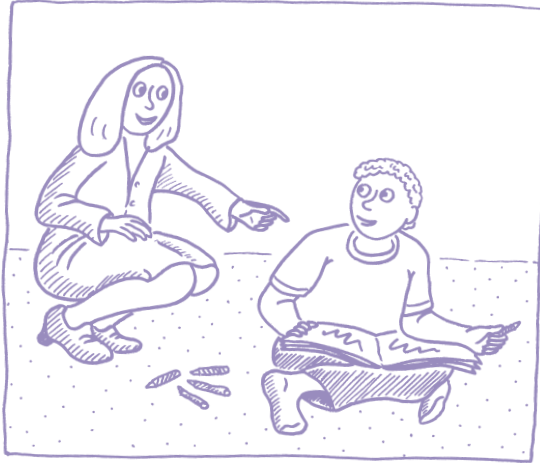
Find ways of **distracting** your child from a temper tantrum or difficult behaviour. For example, 'Oh look at that bird in the garden. Can you see what colour it is'.

Provide clear **routines**. The child with ADHD needs to be told exactly what is going to happen each day. Use charts or lists as reminders of events.

Give clear **advance warning** when something is about to finish or change. For example use buzzers, clocks or timers to show when something different is going to happen.

Give **two choices** only, avoiding the option of saying no. For example, 'Do you want to put your coat on now or when we get outside?'

Play with your child, even if only for short periods. Children with ADHD respond well to play which is exciting, quick, and changed often.



How can schools help?

It is important for parents and schools to work closely together in deciding how best to help a child with ADHD. If you are a parent or carer of a child with ADHD you might find it useful to discuss some of the material in this booklet with your child's teacher.

Your child's school is required by law to identify pupils who have difficulties in learning or behaviour, and to find ways of helping them overcome those difficulties. Guidance given to all schools emphasises that children with behavioural problems should be seen as having educational needs, rather than as naughty or ill. All schools have someone who is particularly responsible for making sure that children with special educational needs receive appropriate help. This person is usually referred to as the Special Educational Needs Coordinator (SENCo).

Assessment

The sooner a child is assessed, the sooner their needs are likely to be met. Teachers usually have no difficulty in spotting a child who is disruptive or unable to sit still, but the reasons for this behaviour are not always clear. It is important for teachers to know whether there are medical conditions or social problems which may be affecting the child's behaviour. If children have attention problems but are not hyperactive there is a risk that their difficulties may go unnoticed for some time. There are a number of different scales which schools can use to identify children with ADHD. Schools should contact their local educational psychology service for advice about the most appropriate methods of assessment for an individual child.

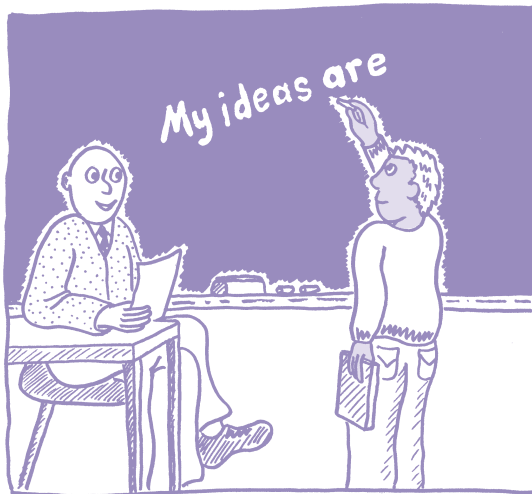
When a school has identified a child as having behavioural problems, the first step is for the class teacher to provide special teaching arrangements, and materials. For example they might re-arrange the classroom so that the child is sitting nearer to them and away from distractions such as windows. They may be able to help by producing special worksheets which break down activities into simple steps (see below for further details). If this is not sufficient, the Special Educational Needs Coordinator within the school should carry out a more detailed assessment and draw up an individual educational plan. The third stage is to bring in an educational psychologist to give further advice.

Unfortunately some parents find that their child's school is unwilling to make the request for an assessment - which is needed in order to get a statement of Special Educational Needs and to qualify for special help. But if a child has been formally diagnosed with ADHD (from a clinical psychologist or paediatrician) then the parents can request a formal assessment themselves. This is not an easy process and you may find it useful to talk to one of the organisations listed at the end of this booklet.

Medication

If a child with ADHD is prescribed medication, such as Ritalin or Dexedrine, it is important to work out exactly how this will be given during school hours. Teachers are not obliged to administer medication, but if they agree to do so they must have clear instructions from the doctor who has prescribed it.

Your child's teacher can help in monitoring the effects of medication and looking out for any side effects. For example teachers can tell parents if a child seems to be confused, lacking in energy, or having difficulty settling down. The most common side effect of stimulant medication, such as Ritalin, is tiredness in class, due to problems in sleeping at night.



Classroom strategies

There are many ways in which teachers can organise their classroom, lessons and behaviour in order to help children with ADHD. Some examples of these are shown in the table below:

Arrange the classroom to minimise distractions, for example seating pupils with ADHD away from windows, avoiding the use of tables with groups of pupils.

Include a variety of activities during each lesson, alternating physical and sitting-down activities.

Set short, achievable targets and give immediate rewards when the child completes the task.

Use large type, and provide only one or two activities per page. Avoid illustrations which are not directly relevant to the task.

Choose the child with ADHD to write ideas or words on the board etc.

Use checklists for each subject, outlining the tasks to be completed, and individual homework assignment charts.

Keep classroom rules clear and simple.

Encourage the pupil to verbalise what needs to be done - first to the teacher and then silently to themselves.

Use teacher attention and praise to reward positive behaviour.

Give the pupil special responsibilities, so that other children can see them in a positive light.

*Adapted from Hampshire County Council, ADHD:
Information & Guidance for Schools (1996)*

Conclusion

ADHD is not a new problem, but there are new ways of helping children and their families to cope with it. Parents, teachers and health professionals all need to work together to achieve the best possible support for families and the best possible future for their children.

Further Information

Further Reading

For parents and/or professionals:

Munden A & Arcelus J (1999). **The AD/HD Handbook: a guide for parents and professionals on AD/HD.** Jessica Kingsley Publishers, London. ISBN 1-85302-756-1.

Holowenko H (1999). **ADHD: a multidisciplinary approach.** Jessica Kingsley Publishers, London. ISBN 1-85302-741-3.

Taylor E (1997). **Understanding your hyperactive child: the essential guide for parents.** (3rd Edition). Vermilion, London.

Barton J (1999). **Hyperactive Children A practical guide for parents.** The Child and Family Trust. ISBN 0-95340-600-8.
A practical workbook to help parents develop coping strategies

For children and adults with ADHD:

Nadeau K & Dixon E (1997). **Learning to slow down & pay attention.** Magination Press, Washington DC. ISBN 1-55798-456-5.
This book is aimed at 8-12 yr olds, and includes specific techniques to help children function better at home and at school.

Gordon M (1992). **I would if I could: a teenager's guide to ADHD and hyperactivity.** GSI Publications. ISBN 0-96277-013-2.

Ramundo P & Helly K (1996 and 1995). **You mean I'm not lazy, stupid or crazy: a self-help book for adults with attention deficit disorder.** Hardback: Scriber, ISBN 0-68488 116-7. Paperback: Fireside, ISBN 0-68481-531-1.
This is written by ADD adults for ADD adults, giving practical help and support.

For teachers:

Cooper P & Ideus K (1996). **ADHD: a practical guide for teachers.** David Fulton Publishers Ltd., London.
This book includes strategies for classroom implementation and checklists for monitoring progress.

Useful Addresses

ADD Information Services (ADDISS)

10 Station Road, Mill Hill, London NW7 2JU

Tel: 020 8906 9068 Fax: 020 8959 0727

www.addiss.co.uk

ADD Information Services is a charitable body that offers advice to parents, young people and professionals. It has details of support groups across the UK and also stocks a large range of books and videos.

ADDNET UK: The UK website

www.btinternet.com/~black.ice/addnet/

Describes itself as the UK site for Attention Deficit (Hyperactivity) Disorder.

Hyperactive Children's Support Group

71 Whyke Lane, Chichester, West Sussex PO19 2LD

Tel: 01243 551313

Email: contact@hacsg.org.uk

www.hacsg.org.uk

Supports parents/professionals with hyperactive/ADHD children using dietary/nutritional therapies as opposed to medication.

Contact a Family

209 - 211 City Road, London EC1V 1JN

Helpline: 0808 808 3555 Tel: 020 7608 8700

www.cafamily.org.uk

This organisation puts parents of children with various mental, physical & educational problems, including ADHD, in touch with other families with similar problems.

Parentline

3rd Floor, Chapel House, 18 Hatton Place, London EC1N 8RU

Tel: 0800 800 2222 Text phone: 0800 783 6783

E-mail: helpline@parentline.co.uk

www.parentline.co.uk

The confidential national telephone helpline for anyone in a parenting role.

The Mental Health Foundation is the UK's leading charity working for the needs of people with mental health problems and those with learning disabilities. We aim to improve people's lives, reduce stigma surrounding the issues and to promote understanding. We provide information for the general public and health and social care professionals. We aim to maximise expertise and resources by creating partnerships between ourselves and others including service users, Government, health and social services.