

All you need to know about
Attention-deficit
Hyperactivity
Disorder

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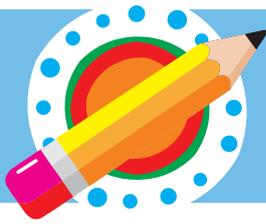


All you need to know about

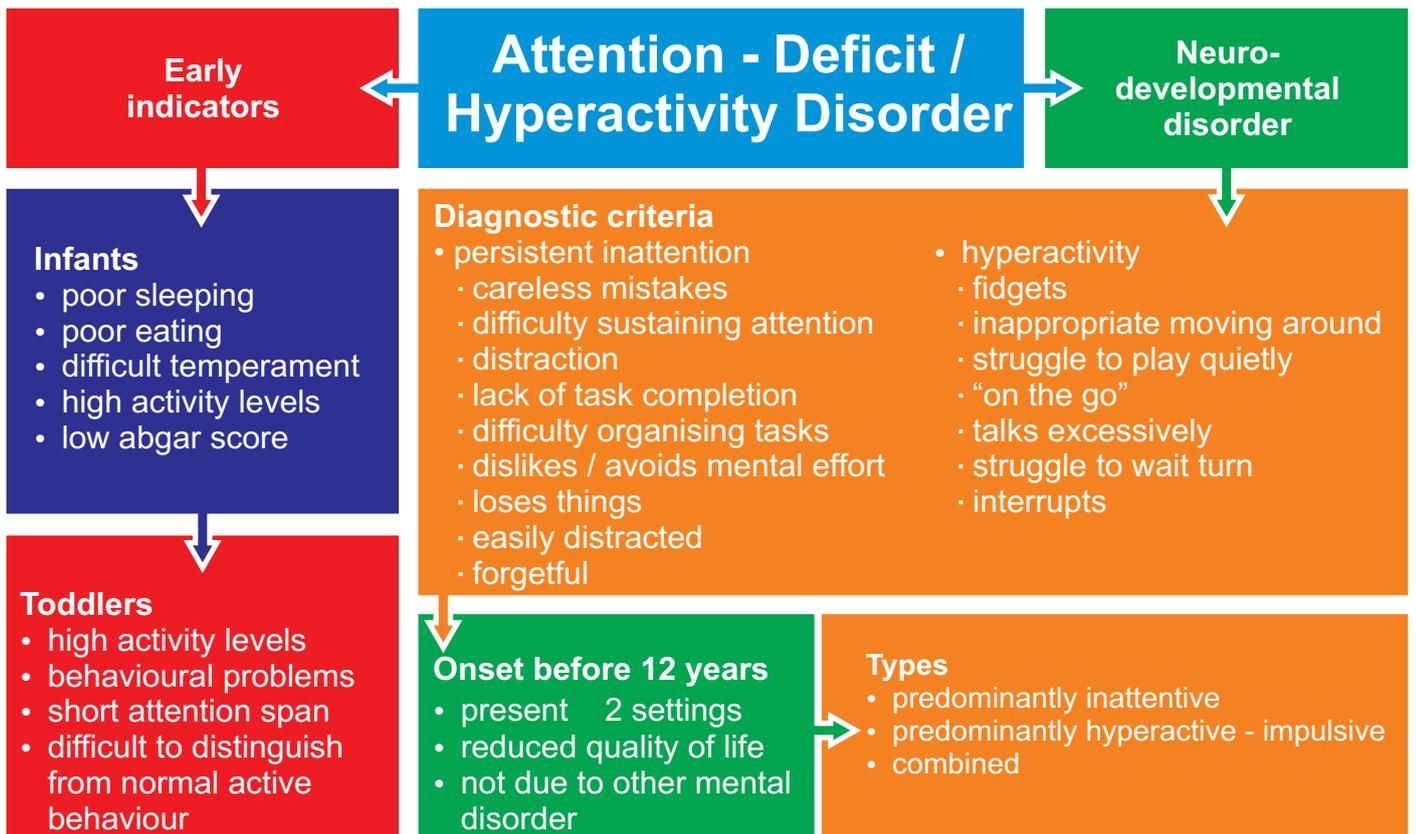
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Signs and Symptoms



Attention-deficit hyperactive disorder (ADHD) is a pattern of behaviour in which a child shows levels of inattention, impulsivity or hyperactivity that are higher than in other children of the same age, setting and culture.



Necessary conditions for diagnosis

- To receive a diagnosis of ADHD a person must have six symptoms of either inattention or a combination of hyperactivity and impulsivity.
- The symptoms must be present for at least six months.
- The symptoms must be present to a greater degree than in other same-age children and expected for culture.
- The symptoms must be present before age twelve.
- The symptoms must be present and cause impairment in two different settings (e.g. at home and at school).

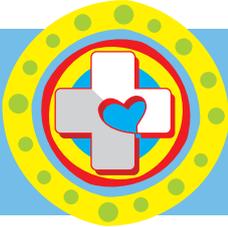
Comorbidity

Comorbidity

- 44% has 1 comorbid disorder
- 33% has 2 comorbid disorders
- 10% has 3 comorbid disorders

Comorbid disorders

- learning disorders 25 - 50%
- oppositional defiant disorder 25 - 50%
- conduct disorder 26%
- depressive disorder 18%
- anxiety disorder 26%
- other - mood disorders
 - communication disorders
 - Tourette's disorder
 - personality disorder



Children with ADHD often have other comorbid learning and behaviour disorders.

Etiology

- The exact cause of ADHD is unknown.
- We know there are evidence of brain differences between children with and without ADHD.
- Although symptoms decrease as children grow, they do not outgrow ADHD.
- More than two thirds of children with ADHD continue to display serious problems in adolescence and adulthood and often problems worsen.

Etiology

- multiple causes & contributions
- genetic
- neurological (brain structure, neurotransmitter imbalance, deficits in cortical functioning)
- prenatal factors (exposure to nicotine & alcohol, maternal stress, toxins)
- MYTHS: food additives, sugar, fluorescent light

Associated Behaviours

Motor & physical

- poor fine / gross motor
- general health problems
- proneness to accidental injuries

Associated Behaviours

Cognitive

- ↓ executive functioning
- ↓ planning
- ↓ memory
- learning difficulties in reading, writing and/or math

Behavioural

- substance abuse
- defiance
- conflict

Emotional

- anxiety & social
- temper tantrums
- difficulties with peers
- seek instant gratification
- depression
- motivation
- emotional reactivity

Places big demands on family unit = parental stress & depression

Assessment specifically for ADHD

Psychological assessment

- Conners' Rating Scale
- Academic batteries
- Revised ADHD Behaviour Coding System
- Child Behaviour Checklist for ages 6 - 18
- SNAP - IV
- CPI II

Use observations, tests, rating scales & interviews across settings

www.add.org | www.chadd.org
www.adhasa.co.za | www.adhdsupport.co.za



ADHD support

Attention - Deficit / Hyperactivity Disorder

Self regulation strategies

- task-related feedback
- link behaviours to outcomes
- encourage & recognise success
- encourage responsibility
- teach monitoring strategies
- teach self-talk & metacognition

Support

- combination of strategies
- include remedial teacher, speech therapist, occupational therapist, psychologist, psychiatrist, neurologist

Medication

- 70% respond positively to medication
- stimulants e.g. (methylphenidate, Ritalin & Concerta → dopamine)
- non-stimulants e.g. atomoxetine (Strattera → noradrenaline)

Social support

- communicate rights and responsibilities
- use tone & intonation to support message
- explain body language
- communicate feelings ("I-messages")
- model appropriate expression and communication

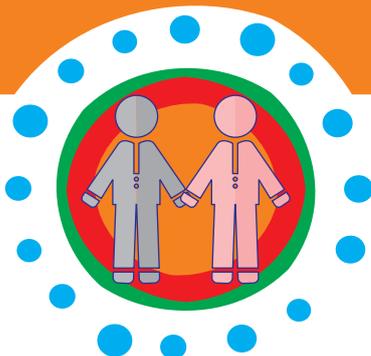
Academic

Assessment

- reduce anxiety
- clear criteria & timeframe
- allow breaks
- additional time
- well structured & formatted
- simplify instructions
- amnesia
- oral assessment
- teach mnemonics

Tips for teachers

- limit distractions / noise
- keep content interesting
- routine & structured
- emphasise time limits
- be brief & clear
- allow movement
- active participation
- reward consistently & often
- assist with task organisation
- school - home communication
- preferential seating
- cooperative learning
- accuracy over speed



Asset-based approach

References

Attention-deficit/Hyperactivity Disorders and support:

- Achenbach, T.M. & Rescorla, L.A. (2001). *Manual for the ASEBA School-Age Forms & Profiles*, Burlington: University of Vermont.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), San Diego: Jerome M. Sattler Publisher Inc.
- Barkley, R.A. (2009), *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4th ed.), New York: Guilford Press.
- Conners, C.K. (2008). *Attention-deficit hyperactivity disorder in children and adolescents: The latest assessment and treatment strategies*, Kansas City: Compact Clinicals.
- Conners, C.K. (1997). *Conners' Rating Scales – Revised: Technical manual*, New York: Multi-Health Systems.
- Conners, C.K. & MHS Staff. (2000). *Conners' Continuous Performance Test II (CPT II)*, New York: Multi-Health Systems.
- Du Paul, G.J. & Stoner, G. (2003). *ADHD in schools* (2nd ed.), New York: Guilford.
- Harry, B. & Klingner, J. (2007). Discarding the deficit model. *Educational Leadership*, 64, 16-21.
- Landsberg, E., Krüger, D. & Swart, E. (2011). *Addressing barriers to learning. A South African Perspective* (2nd ed.), Pretoria: Van Schaik Publishers.
- Norvilitis, J.M., Scime, M. & Lee, J.S. (2002). Courtesy stigma in mothers of children with attention-deficit – hyperactivity disorder: A pre-liminary investigation. *Journal of Attention Disorders*, 6, 61-68.
- Swanson, J., Baler, R.D. & Volkow, N.D. (2011). Understanding the effects of stimulant medications on cognition in individuals with attention-deficit hyperactivity disorder: A decade of progress, *Neuropsychopharmacology Reviews*, 36, 207-226.
- Vaughn, S.R., Bos, C.S. & Schumm, J.S. (2014). *Teaching students who are exceptional, diverse and at risk in the general education classroom*, Boston: Pearson.

