
MASARYK UNIVERSITY

COURSE: COUNSELLING PSYCHOLOGY

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BACHELOR ERASMUS STUDENT-GREECE

ADHD

ATTENTION - DEFICIT HYPERACTIVITY DISORDER

A LOOK AT CHILDREN LIVES WITH ADHD

LIVING WITH ADHD

‘It’s hell. It’s horrible’... “I mean he’s my child and it’s horrible to say it, but you know some days I hate being around him”, Sharon says.(A mother whose son was diagnosed with ADHD when he was five.)



**I've been told
that I have
A.D.H.D. but I
don't think I
-hey look, a
squirrel!**



Do we really know what is ADHD?

WHAT IS **ADHD**?

Adhd is the current diagnostic label for children presenting with significant **problems with attention**, and typically with **impulsiveness** and **excessive activity** as well. (*Russel. A. Barkley, 1997*)

...is a common **neuropsychiatric syndrome** with onset in childhood, most commonly becoming apparent during the first five years of grade school. (*American Medical Association, 1994*)

...the disorder represents one of the most common reasons children are referred for behavioral problems to medical and mental health practitioners in the USA and **is one of the most prevalent childhood psychiatric disorder**. (*Russel. A. Barkley, 1997*)

HISTORY OF ADHD

Scientific credit is typically awarded to George Still and Alfred Tredgold for being the first authors to focus on serious clinical attention on the behavioral condition in children that most closely approximates what is today know as Adhd. *(Russel. A. Barkley, 1997)*

In medical literature was first described more than 120 years at least and over the years has changed many names which reflect what is sometimes regarded as a central problem occurs. Thus the term such as minimal brain dysfunction suggested brain damage, while terms such as hyperkinetic reaction of childhood, hyperactive syndrome or hyperactive child syndrome suggested that the main symptom of syndrome was hyperactivity. *(Kaplan & Sadok, 1991, Roussou, 1998)*

NOWADAYS

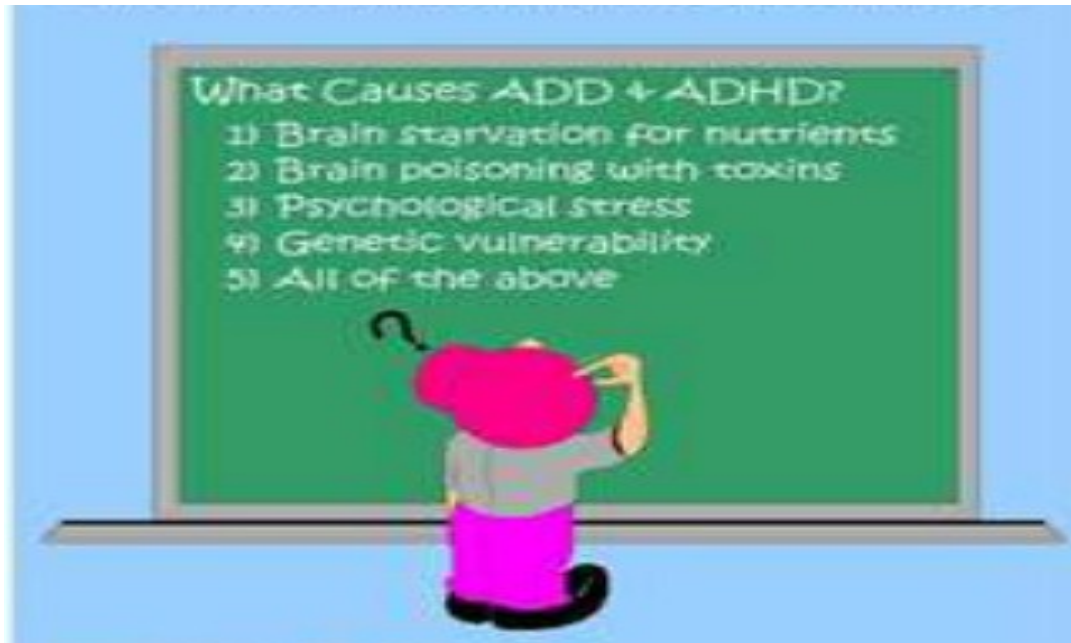
The term is now used in the **Diagnostic Statistical Manual for Mental Disorders (DSM-IV)** reflects the belief that the attention's problem are central and always occur in children who has been diagnosed with, but not necessarily accompanied by hyperactivity. So in the above classification excluded children with brain damage.

The DSM-IV describes **3 subcategories** of the disorder such as:

1. Attention Deficit Disorder **with** Hyperactivity
2. Attention Deficit Disorder **without** Hyperactivity
3. Attention Deficit Disorder/Hyperactivity Disorder **not otherwise specified** (*American Psychiatric Association, 1994*)

THE CAUSE OF ADHD

The cause of ADHD remains unknown. *(Alan J. Zametkin, 1999)*



So...which is the cause of Adhd?

THE CAUSE OF ADHD

Factors that are considered responsible include the following:

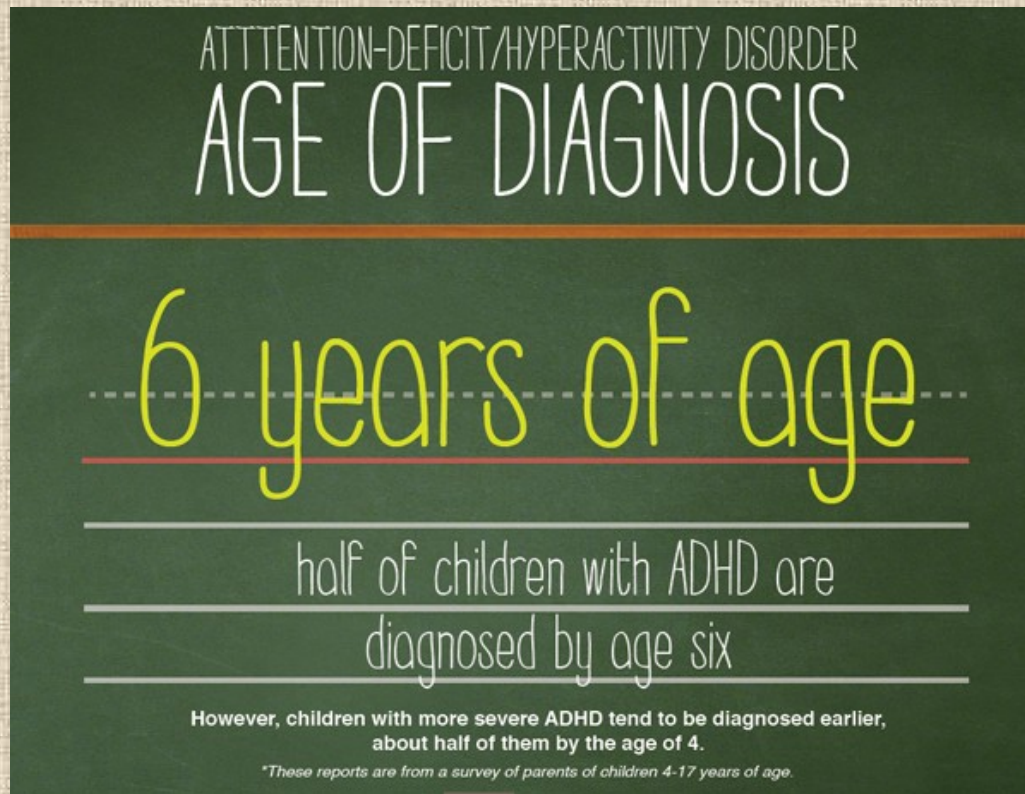
1. **Organic Factors:** Hyperactivity was first observed in children with brain injury or infection, the researchers try to link causally disorder with various organic agents, such as brain damage, genetic abnormalities, biochemical disorders, infections, poisoning and light neurological disorders, but so far have not been found to items demonstrate the above.

THE CAUSE OF ADHD

- 2. Genetic Factors:** Has found that the natural parents of children with hyperactivity suffer from psychological problems, alcoholism, personality disorders to a greater extent than parents of other children. *(Kaplan & Sadock, 1991, Bexevegkis, xx)*
- 3. Allergies:** Feingold considers responsible artificial coloring, artificial flavors or preservatives, while others perform sensitivity to common foods such as wheat, milk, corn, eggs and even sugar. *(Roussou, 1998)*
- 4. Psychological Factors:** Such as temperament of the child, the relationships within the family, parental depression, low educational- financial family level.

SYMPTOMS AND DIAGNOSIS OF ADHD

For the diagnosis must be present attention with or without hyperactivity and the symptoms be visible in more than one circumstances (e.g. home, school, clinic.)



SYMPTOMS AND DIAGNOSIS OF ADHD

Diagnostic criteria for ADHD according to DSM-IV

Table 1.—Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder*

- A. Either (1) or (2):
- (1) inattention: 6 (or more) of the following symptoms of inattention have persisted for at least 6 mo to a degree that is maladaptive and inconsistent with developmental level:
 - (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
 - (b) often has difficulty sustaining attention in tasks or play activities
 - (c) often does not seem to listen when spoken to directly
 - (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
 - (e) often has difficulty organizing tasks and activities
 - (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
 - (g) often loses things necessary for tasks or activities (eg, toys, school assignments, pencils, books, or tools)
 - (h) is often easily distracted by extraneous stimuli
 - (i) is often forgetful in daily activities
 - (2) hyperactivity-impulsivity: 6 (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 mo to a degree that is maladaptive and inconsistent with developmental level:
 - (a) often fidgets with hands or feet or squirms in seat
 - (b) often leaves seat in classroom or in other situations in which remaining seated is expected
 - (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
 - (d) often has difficulty playing or engaging in leisure activities quietly
 - (e) is often "on the go" or often acts as if "driven by a motor"
 - (f) often talks excessively
 - (g) often blurts out answers before questions have been completed
 - (h) often has difficulty awaiting turn
 - (i) often interrupts or intrudes on others (eg, butts into conversations or games)
- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 y
- C. Some impairment from the symptoms is present in 2 or more settings (eg, at school [or work] and at home)
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning
- E. The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (eg, mood disorder, anxiety disorder, dissociative disorder, or a personality disorder)

**Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*,¹⁰ code based on type: 314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: if both criteria A(1) and A(2) are met for the past 6 months; 314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if criterion A(1) is met but criterion A(2) is not met for the past 6 months; 314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if criterion A(2) is met but Criterion A(1) is not met for the past 6 months. Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

SYMPTOMS AND DIAGNOSIS OF ADHD

A full evaluation of the child with ADHD include:


1. Awareness of child's history
2. Interviews with the child
3. Direct observation of behavior
4. Special tests(neurological and other)
5. Questioners for parents, teachers and peers
6. Neurological examinations

(Steinhaunsen, 1992)

TREATMENT OF ADHD

Medication or... an alternative treatment?

**ADHD
Vitamins &
Supplements**



From **ADDitude's** Experts

ADDITUDE
LIVING WELL WITH ATTENTION DEFICIT

**Natural
Treatments
for
ADHD**

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TREATMENT OF ADHD

The various components of multimodal therapy for ADHD are dictated by the needs and the complexity of the individual case. The efficacy of this approach is currently under study.

Some ways of treatment are:

- 1. Presentation of Educational Material for the Patient, Parents and School Personnel.**
 - ❖ Reading materials (of highly variable quality).
 - ❖ Parents should be told that ADHD is a brain-based disorder, commonly but not universally inherited, without a clear cause.

TREATMENT OF ADHD

2. **Behavior-Modification Techniques**

Such as daily report cards targeting problem behavior with positive reinforcement for school-age children.

Also, these approaches can be taught to parents so that they can reinforce appropriate behavior and minimize interactions that injure the child's self-esteem.

3. **Social-Skills Training**

Is designed to improve interactions with peers.

4. **Individual Counselling**

- ❖ Although not indicated for the core symptoms of impulsivity, inattention and hyperactivity.
- ❖ May alleviate secondary symptoms such as low self-esteem, oppositional defiant behavior and conduct problems.

TREATMENT OF ADHD

5. Parental Counselling

Helping parents to accept the child's problem, to overcome feelings of guilt, leaving the child to do things that make the other children and have realistic expectation of the child. *(Bezevegkis, xx)*

The technique of limits should be used in consultation with child's school and kept at home as it is possible.

TREATMENT OF ADHD

6. Medical Intervention

- ❖ Is based on the level of symptoms and the clinical presentation in individual cases. Medication which is supplied is *methylphenidate*, a racemic mixture of *ampnetamines* (*Adderall*), *dextroamphetamine sulfate* (*Dexedine and others*) and *pemoline* (*Cylert*).
- ❖ When impulsive behavior places the child at physical or psychological risk, immediate medical intervention may be necessary.

TREATMENT OF ADHD

- ❖ In less serious situations behavior modification at home and school may be tried first.

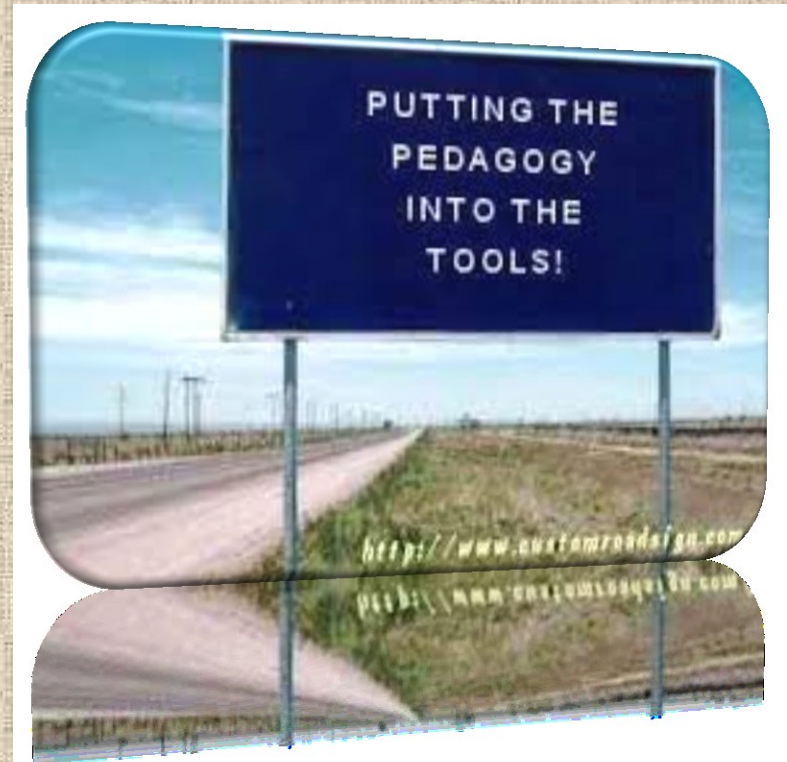
But is medicine the best way of treatment?

“I don't like him having no personality, I don't like everything he does throughout the day being masked by the Ritalin”, Sharon says.

*Craig himself says the drugs make him feel **"monged out"**, like he can't be bothered to do anything.*

TREATMENT OF ADHD

Instead of the medication have we got other options?



TREATMENT OF ADHD

psychotherapy

The traditional psychotherapy does not appear to be effective in helping managing the core symptoms of hyperactivity.

However, is used successfully in the treatment of secondary symptoms , such as low feelings, feelings of failure and failure which often feel children with ADHD and which makes them lead to antisocial behaviors.

TREATMENT OF ADHD

psychotherapy

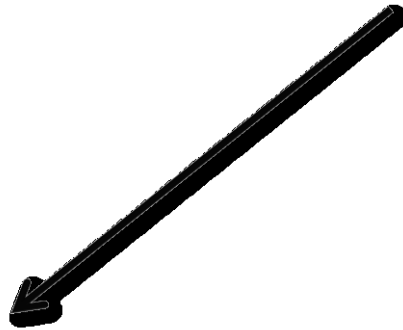
**Behavioral modification
methods which can be taken
both by teachers and by parents
seem to have some success.**

(Bezevegkis, xx, Kaplan & Sadack, 1991)

TREATMENT OF ADHD

pedagogy

The pedagogical treatment of ADHD can take two forms:



General

Specific

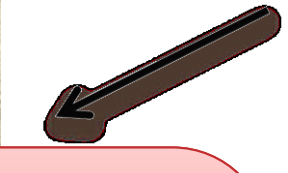
TREATMENT OF ADHD

GENERAL


We can create conditions that will allow the child to concentrate and carry out an activity.

(Bezenegkis, xx)

Such as:



The child with ADHD should be seated in a place where there are as fewer as possible stimuli.



The front desks are offered for the teacher for the reason that it is allow a direct intervention by him/her. *(Markou, 1993)*

TREATMENT OF ADHD

SPECIFIC

... making a trying to learn child ways with specific exercises to overcome problems and deficiencies in specific area of cognitive development . Such as:

Speech therapy(for better articulation)

Reading exercises

Psychokinetic training or retraining.

(Bezevegkis, xx)

TREATMENT OF ADHD

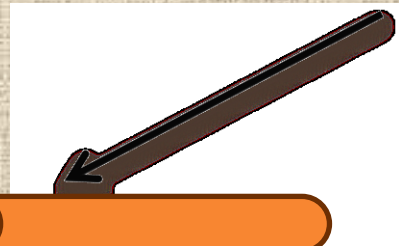
All educational programs and systems should recognize the ADHD as a special category and need to think specifically how needs to be addressed.
(Taylor, 1992)

In our communication with a child with ADHD should not use critical language and continuous comments. If we want a better intervention we should try to do it in a non-verbal way.

So...

TREATMENT OF ADHD

When we want to calm down a child with ADHD, we should follow the following steps.



To stand right next to it.



To put our hands on his/her shoulders.



To develop together a code of communication with symbols and nods e.g symbol of silence or small cards with the STOP sign.

Also, the teacher should provides to child with ADHD opportunities to burst out, otherwise it will make the whole class being disrupted.

In Pedagogical Intervention and Treatment proposed:

- 1. Planned sport activities with family responsibility. Sports are generally beneficial for the child with ADHD and, also particular individual exercise. The game in teams (e.g. football) is not recommended.**
- 2. Calmness exercises.**
- 3. The design and implementation of specific activities e.g. to tell him/her to water the flowers in the garden or balcony without being distracted by other stimuli. (Markou, 1993)**

EPIDEMIOLOGY OF ADHD

For example, in America survey showed the frequency of 2 to 20% in school-age children, and typically range from 3 to 5%. *(Kaplan & Sadock, 1991)*

In England the percentage reported is 1%.

It is seems, however, that 4% of children have this disorder with a frequency of 3 boys to 1 girl. It is more common in boys and firstborn children whose parents themselves are hyperactive or alcoholics or have some other disorder. *(Kaplan & Sadock, 1991)*

CONCLUSION

What should be kept in mind is that there is not only one method of dealing with problems of children with ADHD. Often a combination of methods is preferred rather than an uncritical attachment of more ways response shows spectacular results. *(Bezevegkis, xx)*

Working with children with ADHD and their parents can be very satisfying. And this is because children and their families have often struggled for a long time with the problems presented by this disorder. Then they truly appreciate a professional who is knowledgeable, caring and able to implement effective treatment. *(Michael. B. Brown, 2000)*

SOME INTERESTING VIDEOS

<http://www.bbc.com/news/health-19923568>

ADHD: Children telling their stories

[http://www.youtube.com/watch?v=5lrcxmOoIB8&spfreload=10%20Message%3A%20Unexpected%20end%20of%20input%20\(url%3A%20http%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D5lrcxmOoIB8\)](http://www.youtube.com/watch?v=5lrcxmOoIB8&spfreload=10%20Message%3A%20Unexpected%20end%20of%20input%20(url%3A%20http%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3D5lrcxmOoIB8))

Living With ADHD-BBC Documentary

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THANK YOU FOR YOUR

