

ADHD the new childhood epidemic?

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The last two decades have witnessed an enormous increase in the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and its treatment with stimulants. ADHD is a diagnostic term given to children (as well as adults) who have problems controlling major areas of their lives. These areas are impulsivity, hyperactivity, boredom and inattention. It is estimated that three to five percent of all children are affected by ADHD.

ADHD is believed to be a neurologically-based disorder, although this theory is not accepted by all professionals. Despite the controversy, it is becoming increasingly clear that ADHD is related, in part, to the brain's chemistry and anatomy. The most recent models describing what is happening neurologically in the brains of people with ADHD suggest that several areas of the brain may be affected by the disorder. These are: **the frontal lobes, the inhibitory mechanisms of the cortex, the limbic system, and the reticular activating system**. Each of these brain areas is associated with various critical functions.

ADHD begins in childhood and can persist into adulthood as well. Researchers believe that more than eight million adults have the disorder, and the vast majority has not been diagnosed. Increasing research suggests that ADHD runs in families; scientists therefore believe it to be genetic. Recently-published data in *Pediatric Annuals* indicates that there is a 25% chance of having ADHD if a parent has ADHD. Often, it is not until a child is diagnosed, that a parent who is newly educated about the symptoms of ADHD realizes that he or she has also struggled with these issues throughout life.

Because ADHD is a broad category covering different things — attention, activity, and impulsivity — it can show up in different ways in different people. Some of the signs of ADHD are:

- having difficulty paying attention or staying focused on a task or activity
- having problems finishing assignments at school or home and jumping from one activity to another
- having trouble focusing on instructions and following them through to completion
- losing or forgetting things (such as homework)
- being easily distracted, even when doing something fun
- having problems paying close attention to details or making careless mistakes
- having trouble organizing tasks and activities
- having difficulty waiting one's turn
- interrupting or intruding on other people
- blurting out answers before questions have been completed
- fidgeting with hands or feet or squirming about when seated
- feeling restless
- talking excessively and having trouble engaging in quiet activities

There are three childhood ADHD diagnoses: Inattentive Type, Hyperactive/Impulsive Type or Combined Type. Since all children behave in the above-stated ways some of the time, it is essential that only a qualified professional diagnose a child. Parents are sometimes confused by a diagnosis when they observe their child focusing intently on something that interests them, such as video games, legos, or computer games. However, it is very common for children with ADHD to "hyper-focus" on something of interest, but be unable to focus in the classroom.

ADHD is currently not "curable." However, it is very treatable. Current ADHD treatment practices focus on management of symptoms through a combination of treatment methods- behavior modification, medication and combination therapy. ADHD treatment is best approached as a partnership between family, school and healthcare personnel. Every child's treatment should be customized to meet his/her needs and should take into account the child's strengths, as well as the symptoms to be treated.

Common therapeutic goals include:

Decreasing disruptive behaviors

Improving social relationships with peers, teachers, sibling, parents Increasing self-esteem

Increasing independence through self-monitoring and completion of tasks Improving safety and awareness of self and community settings Improving academic performance Treatment begins with awareness, and the parents of a child with ADHD require as much support and counseling as the child. Parent education should consist of behavior modification training, so that the parents will have a framework from which to work with their child. Children with ADHD respond very well to structure, consistency and positive consequences. Through these methodologies, parents can help shape their children's behaviors and enable them to more appropriately interact socially and academically. Often parents are very cautious about whom they tell about their child's ADHD, for obvious concerns of stigmatism. It is very important, however, that the diagnosis be shared with the child's teachers and other educators (religious instructors, coaches etc.). Sharing information about your child's needs and about ADHD in general will enable your child to be more successful and feel less ashamed. Treat ADHD as the medical diagnosis it is. If your child had diabetes, wouldn't you make these professionals aware of the diagnosis?

In the classroom, ask the teacher to seat your child next to a positive student role model, or very close to the teacher's desk. Schedule regular meeting times with your child's teacher to check in and update each other on progress and concerns. Speak to the teacher about possibly providing short breaks for your child between assignments, or altering academic expectations. For example, instead of completing all of the math assignment, perhaps your child could complete only the even-numbered problems. Teach and reinforce study skills and strategies at home. Homework time and place is critical. Keep distractions to a minimum and time segments realistic. Help your child get and be organized in their room, with their supplies etc.. Children with ADHD need to have outlets for their energy; sports or outdoor play are great ways to release some of this build up, just be very clear with timeframes and schedules. The more organized and predictable an ADHD child's routine is, the better they will perform.

Children with ADHD are at great risk for **social struggles and self-esteem issues**. They are less likely to make friends, and may be more likely to experience anxiety, depression, mood disorders, substance abuse and delinquency as teenagers. Parents of children with ADHD should focus on the importance of healthy peer relationships, and help their child build such relationships. Keep communication open with multiple figures in your child's school, so you can stay abreast of what is going on at lunch, recess, after care etc.. Make sure your child takes part in peer activities -sports, clubs, and scouts. Foster opportunities for getting together with peers outside of school and monitor/moderate these activities.

If your child has been diagnosed with ADHD, or you suspect they may have ADHD, educating yourself about treatment options like behavioral therapy and medications will help you feel more in control of the situation. If possible, schedule an appointment with your healthcare professional and a specialist to help manage the ADHD. Many types of specialists work with children with ADHD; these may include a pediatrician, psychologist, behavior counselor, psychiatrist, neurologist and social worker. Depending upon their qualifications, licensing and certifications, these professionals can offer different services. Patients may use different professionals for diagnosis, medication, and behavior therapy. Whatever the specialty, it is important to find an ADHD expert with whom you and your child are comfortable.

The purpose of this column is to provide you with some "tools" that can be used in a variety of households and situations. I encourage you to adapt what you have learned to meet your needs and the needs of your individual family. If you have any questions about this topic, or have a suggestion for another article, please contact me: Heidi Kiebler-Brogan, M.A., Licensed Professional Counselor at I. E. Counseling 908-456-1871 or email me at hkbrogan@iecounseling.com

