How to Help – ADHD

These notes are taken from the course notes for 'Understanding How to Help'. Click for further details of the Understanding Yourself courses.

The purpose of my approach to this subject is to demonstrate that we cannot assume that a collection of symptoms necessarily implies a 'condition' that is above and beyond an understanding of who the child is and how he handles himself. For that reason, I have set out a full description of the collection of symptoms from the NHS website so that the current approach to the subject can be compared with the approach that I am suggesting.

Description

The term, 'Attention deficit hyperactivity disorder' (ADHD) is used to describe a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.

Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old.

The symptoms of ADHD usually improve with age, but many adults who are diagnosed with the condition at a young age continue to experience problems. The symptoms of ADHD can be categorised into two types of behavioural problems – inattentiveness, and hyperactivity and impulsiveness.

I have included a fuller picture in Appendix A, of ADHD and accompanying symptoms, taken from the NHS choices website. Looking at the whole picture will help us to gain a better understanding of ADHD and its possible roots.

What are the roots of ADHD?

A headline in the Daily Telegraph stated: ADHD is the result of brain disorder, not bad parenting and went on to say:

'ADHD is a brain disorder and should not be used as a convenient label for difficult children or poor parenting, the first major physical study of the condition has concluded.

Researchers analysed the brain volumes of more than 3,200 people and noticed that those of patients with attention-deficit hyperactivity disorder, or ADHD, were underdeveloped in five key regions.

Areas governing emotion and motivation were found to be smaller than in the general population, regardless of whether the participants were taking medication.

The scientists behind the study, which is published in the Lancet journal, say their findings prove for the first time that the condition has a physical cause. Approximately one in 20 children under the age of 18 – about 400,000 – are affected by the disorder, which is characterised by impulsive behaviour, inattention and hyperactivity. Two-thirds of children affected continue to experience symptoms in adulthood.

Last year, a separate study found the condition was being vastly over-diagnosed and often used as a slapdash term for a collection of behavioural problems, as well as immaturity.

Researchers have suspected for some time that "real" ADHD patients have different brain shapes to normal people of the same age. However, previous studies have been too small to prove the hypothesis.

Dr Martine Hoogman, who led the new research at Radboud University in Nijmegen in the Netherlands, said: "The results from our study confirm that people with ADHD have differences in their brain structure and therefore suggest that ADHD is a disorder of the brain.

"We hope that this will help to reduce stigma that ADHD is just a label for difficult children or caused by poor parenting."

The international team of researchers measured the differences in the brain structure of 1,713 people with a diagnosis of ADHD and 1,529 without, all aged between four and 63.

All 3,242 people had an MRI scan to measure their overall brain volume, as well as the size in seven regions thought to be linked to ADHD.

Among the regions found to be underdeveloped in the case of ADHD patients was the hippocampus, which may contribute to the disorder through its role regulating emotion and motivation, *The Lancet* study said.

Prescriptions for drugs such as Ritalin for children diagnosed with ADHD are thought to have doubled in the past decade.

The causes of ADHD are not known. However, the condition has been shown to run in families. Premature birth, or being born to a mother who smoked, or abused drugs or alcohol during pregnancy, may also be contributory factors, it has been suggested.

("ADHD is a brain disorder, not a label for poor parenting, say scientists". Daily Telegraph, Thursday 16th February 2017)

Questions to consider

1. The above article makes a distinction between 'real' ADHD patients and presumably those that aren't real cases of ADHD. Unless we brain scan all children who exhibit these symptoms, how are we to tell? One of the issues here is that all the symptoms and associated conditions potentially can be part of any child's developmental struggles. Taken individually or as a whole, none of these symptoms proves the existence of a specific condition.

2. Consider two statements from the article:

a. 'Researchers have suspected for some time that "real" ADHD patients have different brain shapes to normal people of the same age.'

b. Dr Martine Hoogman said: "The results from our study confirm that people with ADHD have differences in their brain structure and therefore suggest that ADHD is a disorder of the brain."

This takes us back to the question, 'is the brain shape different in these children because of persistent emotional responses and psychological influences or are the behavioural responses due to the difference in brain shape? We note that Dr Hoogman, as a good scientist, is careful to say that, although people with ADHD do have differences in their brain structure, this may only 'suggest' that

ADHD is a disorder of the brain. Like Dr Hoogman, none of us can be dogmatic on this. What we can do is to apply the 'going on a journey' principle (outlined in the Introduction) in which you help the family to work through the issues.

How to help

1. Observe the family. Watch the interactions between the child and his parent/s and siblings. Ask questions of the parent/s. If you talk with the child, do so only in the company of another adult.

2. Ask yourself, 'what are the child's temperaments?' Although we cannot say that ADHD is confined to any one temperament type, the Sanguine, especially if coupled with the Melancholic, will certainly let it be known if they are not getting sufficient attention.

3. In your thinking, start with the most obvious – 'what is his relationship like with his Dad?' Children crave recognition and approval from their father. Is Dad present, but not really there? Has Dad abandoned the family? Is Dad moody or inconsistent?

4. What are the family dynamics? Does either parent have favourites? Is there sibling rivalry for parental attention?

5. Is there a discipline element to the equation? Does the child need to be taught that he 'isn't the only pebble on the beach'?

6. Has the introvert been missed so, although there are treats galore, the child's real needs are still being missed? Many parents are baffled by the fact that they have 'given him everything he asked for, and it still isn't enough.' How much connection is there between the parent's and child's introvert?

The question is, 'what is this child really saying - rightly or wrongly - with or without good cause, and how do you handle it?

Once you have established the facts of the situation in your own mind, then help the parent/s to understand what the child needs. These needs will include:

Affirmation

This child needs approval at the deepest level. It isn't about approving his behaviour but of him as a person. He needs to know he is alright. (Step One: Who am I: Pt 2). Wherever possible, encourage Dad in this role.

Connection

He needs to know that someone 'gets him' – that he is worth connecting with. Show the parents what it means for them to live in their introverts so they can relate to their child at that level. If possible, encourage the family to learn and grow together.

Correction

Decide as a parent, where the boundaries are and what sanctions will be applied if those boundaries are breached. Set boundaries for behaviour and attitude.

Finally

ADHD, with its range of symptoms and 'related conditions', provides a good illustration of the need to

deal with the whole person – and the whole situation. Focus on growth in the person's perception of themselves and others, and in their ability to put others before themselves, and many of the symptoms of ADHD will disappear.

The following is from the NHS website:

Symptoms in children and teenagers

The symptoms of ADHD in children and teenagers are well defined, and they're usually noticeable before the age of six. They occur in more than one situation, such as at home and school.

The main signs of each behavioural problem are detailed below.

Inattentiveness

The main signs of inattentiveness are:

- having a short attention span and being easily distracted
- making careless mistakes – for example, in schoolwork
- appearing forgetful or losing things
- being unable to stick at tasks that are tedious or time-consuming
- appearing to be unable to listen to or carry out instructions
- constantly changing activity or task
- having difficulty organising tasks

Hyperactivity and impulsiveness

The main signs of hyperactivity and impulsiveness are:

- being unable to sit still, especially in calm or quiet surroundings
- constantly fidgeting
- being unable to concentrate on tasks
- excessive physical movement
- excessive talking
- being unable to wait their turn
- acting without thinking
- interrupting conversations
- little or no sense of danger

These symptoms can cause significant problems in a child's life, such as underachievement at school, poor social interaction with other children and adults, and problems with discipline.

Related conditions in children and teenagers

Although not always the case, some children may also have signs of other problems or conditions

alongside ADHD, such as:

- anxiety disorder - which causes your child to worry and be nervous much of the time; it may also cause physical symptoms, such as a rapid heartbeat, sweating and dizziness
- oppositional defiant disorder (ODD) – this is defined by negative and disruptive behaviour, particularly towards authority figures, such as parents and teachers
- conduct disorder – this often involves a tendency towards highly antisocial behaviour, such as stealing, fighting, vandalism and harming people or animals
- depression
- sleep problems – finding it difficult to get to sleep at night, and having irregular sleeping patterns
- autistic spectrum disorder (ASD) – this affects social interaction, communication, interests and behaviour
- epilepsy – a condition that affects the brain and causes repeated fits or seizures
- Tourette's syndrome – a condition of the nervous system, characterised by a combination of involuntary noises and movements called tics
- learning difficulties – such as dyslexia

Symptoms in adults

In adults, the symptoms of ADHD are more difficult to define. This is largely due to a lack of research into adults with ADHD.

ADHD is a developmental disorder; it's believed that it can't develop in adults without it first appearing during childhood. But it's known that symptoms of ADHD often persist from childhood into a person's teenage years, and then adulthood.

Any additional problems or conditions experienced by children with ADHD, such as depression or dyslexia, may also continue into adulthood.

By the age of 25, an estimated 15% of people diagnosed with ADHD as children still have a full range of symptoms, and 65% still have some symptoms that affect their daily lives.

The symptoms in children and teenagers, which are listed above, is sometimes also applied to adults with possible ADHD. But some specialists say that the way in which inattentiveness, hyperactivity and impulsiveness affect adults can be very different from the way they affect children.

For example, hyperactivity tends to decrease in adults, while inattentiveness tends to get worse as the pressure of adult life increases. Adult symptoms of ADHD also tend to be far more subtle than childhood symptoms.

Some specialists have suggested the following list of symptoms associated with ADHD in adults:

- carelessness and lack of attention to detail
- continually starting new tasks before finishing old ones
- poor organisational skills

- inability to focus or prioritise
- continually losing or misplacing things
- forgetfulness
- restlessness and edginess
- difficulty keeping quiet and speaking out of turn
- blurting out responses and often interrupting others
- mood swings, irritability and a quick temper
- inability to deal with stress
- extreme impatience
- taking risks in activities, often with little or no regard for personal safety or the safety of others – for example, driving dangerously

Additional problems in adults with ADHD

As with ADHD in children and teenagers, ADHD in adults can occur alongside several related problems or conditions.

One of the most common conditions is depression. Other conditions that adults may have alongside ADHD include:

- personality disorders – conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others
- bipolar disorder – a condition that affects your moods, which can swing from one extreme to another
- obsessive-compulsive disorder (OCD) – a condition that causes obsessive thoughts and compulsive behaviour

The behavioural problems associated with ADHD can also cause problems such as difficulties with relationships, social interaction, drugs and crime. Some adults with ADHD find it hard to find and stay in a job.

Conclusion

I have included these detailed descriptions to inform and to demonstrate that many of the 'symptoms' can equally be a description of 'a Melancholic in a muddle.' The danger of applying a label is that it avoids the need to understand who the person is, what elements of their temperaments are at work and the need to teach them how to handle who they are. Don't allow an ADHD diagnosis to define the child.