



What we would like families of children with attention deficit disorder with or without hyperactivity knew

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What is ADHD? What are its main features?

The attention deficit disorder with or without hyperactivity (ADHD hence forward) is the most common psychiatric disorder in childhood, is associated to behaviour and learning problems. Its three basic symptoms are: inattention, impulsiveness and hyperactivity which begin to appear at a very early age and interfere with the child's personal and social development, at home and school. Genetic, neuro-biochemical and social- environmental factors are involved in its origin and evolution.

The child's behaviour, usually "annoying" (disruptive), brings on him the rejection of other children and the punishment of parents and teachers. He or she may present difficulties in reading and writing (basic tools for further learning). The child's perception of this problems results in a low self-esteem that may be followed by an anxiety/depression disorder. Moreover, we should watch for the existence of an Oppositional Defiant Disorder (this is a conduct disorder characterized by non- cooperative, defiant. negative and irritable behaviours towards parents, schoolmates, teachers and other adults in a position of authority). All this makes it imperative, considering the evolutive features of this disorder, to establish an intervention as early as possible from every field involved: health system, family and school.

First each case should be carefully studied and valued to determine its treatment. In children under 5 or 6 this is usually implemented by psycho-educative measures. Older children usually need some medication. The paediatrician will explain to the family and school staff the importance of the medication in children with ADHD. Methylphenidate is the selected drug for children suffering this disorder (Rubifen works for approximately 4 hours, Medikinet 8 hours, Concerta 12 hours). The atomoxetine (Strattera) is used in cases in which the methylphenidate does not work or provokes unwanted secondary effects. Secondly, teachers and family and family must take certain psycho-educative measures in order to improve

the child's behaviour and so make easier interpersonal relations at home and school. Lastly, the mutual and regulated collaboration among these three elements (health system, school and family) is essential, as well as a structured communication and all the information and formation that can be needed.

In all the cases of children with ADHD, it is essential to look further than their conduct, especially within the family. Parents tend to worry about everything related to the academic side of the question. They focus their efforts in school matters, which affect their social and familiar lives. Their decisions are directed just to prevent the children's academic failure. Nevertheless, the handling of children with ADHD is complex because all their needs must be attended for. In this respect, it is important to remember that inattention, impulsiveness and hyperactivity are very often incompatible with a good academic performance and the behaviour required at school or in the social and familiar contexts.

What the family can do

Some **general strategies:** establishing reinforcement systems (not to punish the bad things but reward the good ones), stopping the joined tasks several times deliberately to renew the attention, agreeing previously the rewards for the efforts and the punishments for the negative behaviour, designing together with the child instructions to carry out concrete tasks, stopping to ensure the comprehension, eliminating irrelevant stimuli, offering constant support and supervision, short and direct dialogue, generating experiences to enhance self-confidence, not demanding tasks that require attention for long time spans, establishing concrete behaviour limits, never ridiculing or verbally attacking the child nor labelling him as lazy or impolite. It is useful to tolerate some behaviours, unsuitable but irrelevant. It is also practical to establish timetables and routines that facilitate the organization of time and places.

For **academic difficulties**: teaching of resources to plan and organize school work. Work games: games of operative memory, visual perception, vocabulary or spelling (the hanged man), mental calculation; using short texts interesting for the child, joined readings, practicing learning strategies (underlining texts, picking out the main idea, making summaries or drawn outlines, giving titles, inventing a different ending, etc...) allowing more time to think, creating habits of revision that allow adjustments and self-corrections, handling concrete objects to understand mathematical concepts, structuring and organising daily school work.

In relation to **psychological strategies**: for self-control (positive reinforcement, the extinction, the time-out, setting of limits), avoiding continuous reprimands and punishment, not reminding only what he or she cannot do, watching the emotional troubles, providing more experiences of success than failure, rewarding the efforts. Dropping sentences such as: "you cannot do it", "you will never be able to", "you are very dirty" and replacing them

for others like: "you can do it if you try", "your desk is dirty and untidy". It is very important to tell the child very often that he or she is loved. We should discover and praise their qualities and skills, train them to empathy with their equals (we should take into account that school is the first prove for the social-personal value of any child), we should teach then strategies to solve problems (thinking aloud, giving self-instructions and following the steps, not answering aggressively when they cannot find a solution), we should be sure that the child knows its own difficulties and problems but also knows that he is not the problem.

It is very important that the families of children with ADHD know all the existing resources in the public departments of health and education in their areas, and the social ones like parent associations.