



# EBS and Attention Deficit/

This is the third in a series of articles intended to help parents and helping professionals learn what kinds of treatment choices show promise in helping children and teens with emotional and behavioral disabilities.\*

Much of our information comes from work done by Hawaii's **Evidence Based Services (EBS) Committee**. Its members are constantly reviewing research on **evidence based services or interventions**--those that have been scientifically proven to have a positive effect in the treatment of a particular disorder--to help try to improve the quality of mental health services for Hawaii children and teens. Their 2002 report, "**Summary of Effective Interventions for Youth with Behavioral and Emotional Needs**", is available on-line at [www.state.hi.us/doh/camhd](http://www.state.hi.us/doh/camhd).

In this article we'll look at what has been said about **Attention Deficit Hyperactivity Disorder**, (ADHD), one of the most commonly diagnosed disorders. As you read these findings on effective practices keep in mind the following:

- ◆ no intervention or medication is 100% effective with all kids,
- ◆ only those studies that met scientific research standards (for example, randomized control and experimental groups) were reviewed,
- ◆ a number of promising practices in the field of children's mental health have not been studied thoroughly enough to receive an EBS rating, and
- ◆ if your child is receiving an intervention that is not listed as effective, but that seems to be giving real benefit, then it may be the best option available for him or her.

The important thing with *any* intervention is to have some way to measure its effectiveness.

## What is ADHD?

A diagnosis of Attention Deficit/Hyperactivity Disorder is based on two sets of symptoms (**inattention** and **hyperactivity-impulsivity**)

*\*For copies of EBS & Depression and/or EBS & Anxiety Disorders call SPIN or check out the December 2002 and February 2003 SPIN News at [www.spinhawaii.org](http://www.spinhawaii.org).*

which may occur together or alone. Signs of hyperactivity can often be seen in preschool and generally before age seven. Inattention or attention deficit may not be noticed until a child enters school and begins to be challenged by schoolwork and other distractions.

Almost every child has shown some of the symptoms below, but the estimated 3-5% of school age children with ADHD show these symptoms and behaviors more often and to a greater degree than other children their age. A diagnosis of ADHD requires a comprehensive evaluation. A number of the symptoms must be present for six months or more and interfere with daily life, including home and school.

### SIGNS OF INATTENTION

- ✓ makes careless mistakes
- ✓ has trouble sustaining attention
- ✓ appears not to listen when spoken to
- ✓ struggles to follow through on instructions and chores
- ✓ has trouble organizing tasks
- ✓ avoids task that require sustained mental effort (like homework)
- ✓ forgets to turn in work, loses supplies
- ✓ gets distracted easily



### SIGNS OF IMPULSIVITY

- ✓ blurts out answers before questions have been completed
- ✓ interrupts or intrudes on others
- ✓ has trouble waiting or taking turns

### SIGNS OF HYPERACTIVITY

- ✓ fidgets or squirms in chair
- ✓ has trouble remaining seated
- ✓ runs about or climbs excessively
- ✓ has trouble playing quietly
- ✓ talks excessively
- ✓ acts as if driven by a motor



# Hyperactivity Disorder (ADHD)

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## Will my child outgrow ADHD?

It used to be thought that children outgrew ADHD once they got to their teens, because hyperactivity tends to diminish with age. Impulsivity and attention deficits, however, may continue into adulthood. At least 2-4% of all adults are thought to be affected.

## What about other disorders?

Two-thirds of children with ADHD will also be found to have at least one other coexisting condition. The most common disorders to occur with ADHD are:

- ◆ Disruptive Behavior Disorders (like Conduct Disorder or Oppositional Defiant Disorder)
- ◆ Mood Disorders (like Depression or Bi-Polar Disorder)
- ◆ Anxiety Disorders
- ◆ Tics and Tourette Syndrome, and
- ◆ Learning Disabilities.

Teenagers with ADHD are also at increased risk for early cigarette use, followed by alcohol and then drug abuse.

## What works in treating ADHD?

Getting appropriate treatment for ADHD is very important. Medication, support and education of parents, and appropriate supports at school can help prevent low self-esteem, school failure and antisocial behavior.

**MEDICATION.** The EBS Committee noted that Stimulants (for example, Ritalin, Adderall, and Dexedrine) have been found to be highly effective in improving ADHD symptoms. Between 70-80% of children respond positively to these medications, especially when the dosage is carefully monitored. Tricyclic antidepressants (Norepinephrine, Dopamine, Bupropion), while less effective than stimulants, have also been shown to provide some benefit.



**THERAPY.** The EBS Committee found STRONG SUPPORT for **Parent Training in Behavioral Management** and **Classroom Behavior Management**. Behavior interventions tend to improve targeted behaviors or skills, but are not as helpful in reducing the main symptoms of ADHD--hyperactivity, inattention or impulsivity. While drug therapy with stimulants is more effective than Behavior Therapy/Management alone, the combination of medication and behavior training for parents and teachers results in greater parent satisfaction and improved parent/child relationships.

**If you suspect your child or teen may have Attention Deficit/Hyperactivity Disorder, it is important to get help!** Check with your family physician or ask the school for help in evaluating whether school based behavioral health services are needed.

