

THE ADD ICEBERG

Only 1/8 of an iceberg is visible!!

1/8 OF THE ICEBERG:
IS ADD BEHAVIORS

IMPULSIVITY

Lacks self-control Difficulty awaiting turn
Blurts out Talks back
Tells untruths Loses temper
Interrupts Intrudes

HYPERACTIVITY

Can't sit still Always on the go
Fidgets Runs or climbs a lot
Restless Talks a lot

DISTRACTIBLE

Disorganized Doesn't follow through
Doesn't pay attention Doesn't do work
Makes careless mistakes Doesn't seem to listen
Loses things Is forgetful

"HIDDEN BENEATH THE SURFACE"
THE NOT SO OBVIOUS

COEXISTING CONDITIONS

Anxiety Depression
Tourette Disorder Obsessive Compulsive Disorder
Oppositional Defiant Disorder Conduct Disorder

ADD PUTS AT GREATER RISK FOR

School failure
Suspension Expulsion
Special education placement
Dropping out Not going to college
Speeding tickets Car wrecks
Oppositional Defiant Conduct Disorder
Suicide attempts Brushes with the law

SERIOUS LEARNING PROBLEMS

Inattention Impulsive learning style
Disorganization Slow cognitive processing
Poor fine motor coordination Poor handwriting
Forgets teacher and parent requests
Poor working memory Can't memorize easily
Slow math calculation Slow retrieval of information
Poor oral expression
Difficulty describing the world in words
Difficulty rapidly putting words together
Poor written expression Difficulty writing essays
Poor listening comprehension Poor reading comprehension

Weak Executive Functioning

Holding events in mind
Internalizing language
Controlling emotions
Taking whole apart and reconstituting

IMPACT OF
NEUROTRANSMITTER DEFICITS
ON BEHAVIOR

Low levels of neurotransmitters,
norepinephrine, dopamine, & serotonin,
result in reduced brain activity on thinking tasks.

Sleep Disturbances
Doesn't get restful sleep
Can't fall asleep
Can't wake up
Late for sleep
Sleeps in class
Sleep deprived Irritable
Morning battles with parents

Low Frustration Tolerance
Difficulty Controlling Emotions
Emotionally reactive
Short fuse
Loses temper easily
May give up more easily
Doesn't stick with things
Speak or acts before thinking
Concerned with own feelings
Difficulty seeing other's perspective
May be self-centered
May be selfish

Not Learning Easily From
Rewards And Punishment
Repeats misbehavior
Doesn't study past behavior
Doesn't learn from past behavior
Acts without sense of hindsight
Must have immediate rewards
Long-term rewards don't work
Doesn't examine his own behavior
Difficulty changing his behavior
Difficult to discipline
Less likely to follow rules
Difficulty managing his own behavior

Two to Four Year
Developmental Delay
Less mature
Less responsible
14yr old acts like 10

Impaired Sense of Time
Don't judge passage of time accurately
Time creeps Impatient Hates waiting
Homework takes forever
Avoids doing homework
Loses track of time Often late
Doesn't have skills to plan ahead
Forgets long-term projects or is late
Difficulty estimating time required for tasks
Difficulty planning for future

The ABC's of ADD: What Every Educator Must Know
Chris A. Zeigler Denny (Available 1998)

ADD is often more complex than most people realize! Like icebergs, many problems related to ADD are not visible.
ADD may be mild, moderate, or severe, is likely to coexist with other conditions, and may be a disability for some students.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Overview

What is attention-deficit/hyperactivity disorder (ADHD)?

Attention-deficit/hyperactivity disorder (ADHD) is the most common mental health problem in children. It is often called by an older name, attention deficit disorder (ADD).

Between 2% and 5% of all school-age children have ADHD. The disorder begins in the preschool years and may either continue or fade away during the teenage years. About one-third of children with ADHD also have learning problems such as a reading disability. About half of ADHD children and teenagers have behavior problems, which may include breaking rules, talking back, and hitting other children.

ADHD is 7 times more common in boys than girls. Girls are more likely to have troubles with attention and less likely to have hyperactivity.

How does it occur?

In about 70% of cases, ADHD is inherited. It runs in families, especially through the males in the family line. Research continues in an effort to find out why it occurs in those without a family history. Some factors associated with ADHD include:

- substance abuse during pregnancy
- smoking during pregnancy
- various illnesses during pregnancy
- a long and difficult labor
- the baby being short of oxygen during birth
- the umbilical cord being wrapped around the baby's neck.

Much research has looked at whether ADHD is caused by sugar or things added to foods such as preservatives and coloring. No sound evidence has connected these with ADHD.

Allergies are also not a factor in causing ADHD.

People with ADHD have several small differences in their brain structure. These differences are in the front part of the brain (an area involved in self-control) and in some parts in the center of the brain.

What are the symptoms?

The symptoms of ADHD, especially hyperactivity, usually appear by age 2 or 3 and by first grade at the latest. The main symptoms are:

- **Distractibility** (trouble keeping attention on tasks). Children and teens with ADHD change activities very often, frequently not finishing what they have started. Their attention is also very easily interrupted (distracted) by noises or things they see around them.
- **Poor impulse control**, or impulsivity (having a hard time with patience and waiting). Children with this symptom often react quickly without thinking of the outcome. They also are impatient and tend to interrupt others in conversations and begin tasks without enough planning.

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- **Hyperactivity** (excessive movement). Hyperactive children are nearly always on the go. They seldom sit still, and even when sitting, they usually fidget or play with things.

Common related symptoms are:

- trouble organizing tasks and projects
- difficulty slowing down at night to get to sleep
- social problems from being aggressive, loud, or impatient in groups and conversations.

How is it diagnosed?

Your health care provider will ask about the symptoms and will observe your child's behavior for signs of ADHD. To diagnose ADHD, it must be clear that the symptoms interfere in a major way with daily life. You and others, such as your child's teachers, may be asked to complete questionnaires or rating forms about ADHD symptoms. Your child may be asked to see a psychologist or other mental health professional for tests of attention and self-control.

There are no useful physical tests such as blood tests or brain scans for diagnosing ADHD.

There are 3 forms of ADHD:

- **Combined ADHD.** All of the main symptoms are present: distractibility, poor impulse control, and hyperactivity.
- **Predominately inattentive.** Attention problems dominate. Often, there is very little hyperactivity or impulsivity. This form is especially common among girls.
- **Predominately impulsive-hyperactive type.** Poor self-control is the main problem.

How is it treated?

The treatment of ADHD may involve 3 types of treatment:

- **Learning coping skills:** Children with ADHD learn to avoid highly stimulating situations that distract and over-excite them. They should learn to study in quiet places and to take frequent breaks. In a classroom, they do best at individual desks rather than at a table with others. They also often find that background instrumental music is helpful. Children with ADHD need more structure and daily routine than most people.
- **Behavioral training:** Simple behavior programs with charts and daily rewards can be good for teaching longer attention spans and sitting still. One form of behavioral training is brain wave, or EEG, biofeedback. In this treatment, a mental health professional trains the child to maintain the brain waves found during sustained attention and calmness. This treatment usually takes 15 to 30 sessions and is best for very motivated children and teens.
- **Medicine:** Since the 1920s, the medicines Ritalin and Dexedrine have been used. They are stimulants, and appear to stimulate the self-control areas of the brain. They do not slow a person down, but rather increase self-regulation. About 70% of children with ADHD improve with these medicines. The most common side effects are loss of appetite and trouble getting to sleep. Only daytime dosages are used until the effects on eating and sleeping are known. Sometimes, medicines are used only on school days.

Two medicines similar to Ritalin and Dexedrine are Cylert and Adderall. For many children with ADHD, Adderall seems to cause fewer side effects. When the basic medicines are not effective, certain medicines for depression can help with ADHD.

Treatments that have not been found effective include diets limiting sugar, food additives, or

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food colorings; and herbal supplements and health foods. Despite much research into this area since the 1970s, little has been found that relates diet to hyperactivity, impulsive behavior, or poor attention. It is clear that children who believe certain foods (such as sugar) will make them "hyper," do change behavior after eating that food.

Although there are claims that many health foods benefit children with ADHD, there are almost no data to back up or refute those claims.

How long do the effects last?

The symptoms of ADHD almost always last from early childhood until puberty. Between puberty and the young adult years, about half of ADHD sufferers have a major reduction in symptoms. The other half show a slight change or no change in symptoms as they grow into adulthood. Being more patient and better able to sit still are the most common improvements between late childhood and young adulthood.

Written by Gayle Ziemann, PhD, for McKesson Clinical Reference Systems.

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

Attention Deficit Hyperactivity Disorder: Resource List

- *ADHD: Achieving Success in School and in Life*; Barbara P. Guyer; Allyn & Bacon, 1999
- *ADHD in the Young Child: A Guide for Parents and Teachers of Young Children with ADHD: A Book for Parents and Teachers*; by Cathy L. Reimers, Bruce A. Brunger; Specialty Press Inc, 1999
- *ADHD Handbook for Families: A Guide to Communicating with Professionals*; by Paul L. Weingartner; Child Welfare League of America, 1999
- *Advice to Parents on ADHD*; by Larry B. Silver; Random House International; Hi Marketing, 2000
- *Fathering the ADHD Child: A Book for Fathers, Mothers, and Professionals*; by Edward H. Jacobs; Jason Aronson, 1998
- *From Chaos to Calm: Effective Parenting of Challenging Children with ADHD and Other Behavioral Problems*; by Janet Heininger; Perigee, 2001
- *Helping Your Hyperactive/ADD Child*; by John Taylor; Prima Publishing, 1997
- *Hyperactivity: What's the Alternative?: Help Your Child Overcome Attention Deficit/Hyperactivity Disorder*; by Maggie Jones; Element, 2000
- *Life on the Edge: Parenting a Child With ADD/ADHD*; by David Spohn; Hazelden Information Education, 1998
- *Living Together with Learning Disabilities and ADHD: A Family Guide to Living and Learning Together*; Betty B. Osman; Wiley, 1997
- *Making Sense of Attention Deficit/Hyperactivity Disorder*; by Carol R. Lensch; Bergin & Garvey, 1999
- *Managing Teens With ADD/ADHD: Practical Tools & Strategies For Dealing With Difficult Behaviors*; by Grad L. Flick; Center for Applied Research in Education, 2000
- *Parenting a Child With Attention Deficit/Hyperactivity Disorder*; 2nd ed.; by Nancy S. Boyles; Lowell House, 1999
- *Parenting the ADHD Child: Can't Do? Won't Do?*; by David Pentecost; Jessica Kingsley, 1999
- *Practical Ideas That Really Work for Students with ADHD*; by Kathleen McConnell; PRO-ED, 2000
- *Understanding Girls With ADHD*; by Kathleen G. Nadeau, Ellen Littman, Patricia O. Quinn; Advantage Books, 1999
- *Your Kid Has ADHD, Now What?: A Handbook for Parents, Educators & Practitioners*; by Pat Morris. Beavers Pond Press, 1998

Other Resources

Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 201
Landover, MD 20785
(800) 233-4050
<http://www.chadd.org>

National ADDA (Attention Deficit Disorder Association)
9930 Johnnycake Ridge Rd., #3E
Mentor, OH 44060
800-487-2282
<http://www.add.org>

Attention Deficit Hyperactivity Disorder: Resource List

National Center for Learning Disabilities
381 Park Avenue South, Suite 1401
New York, NY 10016-8806
<http://www.ncld.org/>

Compiled by Catherine Smith, MLS, medical librarian at the Family Health Library, The Children's Hospital, Denver, CO.

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ADHD CHECKLIST

Child's Name _____ Age _____ Grade _____ Sex _____

Completed by: Mother Father Teacher Other _____ Date _____

Observation	Not at all	Just a little	Often	Very Often
INATTENTION				
1. Fails to give close attention to details or makes careless mistakes.				
2. Difficulty sustaining attention in tasks or play activities.				
3. Does not listen when directly spoken to.				
4. Does not follow through on instructions and fails to finish things he/she starts.				
5. Has difficulty organizing tasks and activities.				
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.				
7. Loses things necessary for tasks or activities.				
8. Easily distracted.				
9. Forgetful in daily activities.				
HYPERACTIVITY				
1. Often fidgets or squirms in seat.				
2. Difficulty staying seated.				
3. Runs about or climbs excessively in situations in which it is inappropriate.				
4. Difficulty playing quietly.				
5. Always "on the go" or acts as if "driven by a motor".				
6. Talks excessively.				
IMPULSIVITY				
1. Blurts out answers before questions have been completed.				
2. Has difficulty awaiting turn.				
3. Interrupts or intrudes on others.				

ADHD/ADD – TEACHER QUESTIONNAIRE

Today's Date: _____

Name of child: _____ DOB: _____

Name of person completing: _____ Relationship: _____

Below are descriptions of children's behavior. Please read each item and compare this child's behavior with that of his/her classmates. Circle the numeral that most closely corresponds with your evaluation.

BEHAVIOR ITEM	AM					PM				
	ALMOST NEVER	ALMOST ALWAYS				ALMOST NEVER	ALMOST ALWAYS			
ATTENTION										
1. Works well with others.....	1	2	3	4	5	1	2	3	4	5
2. Persists with task for reasonable amount of time.....	1	2	3	4	5	1	2	3	4	5
3. Completes assigned task satisfactorily with little additional assistance.....	1	2	3	4	5	1	2	3	4	5
4. Follows simple directions accurately.....	1	2	3	4	5	1	2	3	4	5
5. Follows a sequence of instructions.....	1	2	3	4	5	1	2	3	4	5
6. Functions well in the classroom.....	1	2	3	4	5	1	2	3	4	5
HYPERACTIVITY										
7. Extremely overactive (out of seat, "on the go").....	1	2	3	4	5	1	2	3	4	5
8. Overreacts.....	1	2	3	4	5	1	2	3	4	5
9. Fidgety (hands always busy).....	1	2	3	4	5	1	2	3	4	5
10. Impulsive (acts or talks without thinking).....	1	2	3	4	5	1	2	3	4	5
11. Restless (squirms in seat).....	1	2	3	4	5	1	2	3	4	5
SOCIAL SKILLS										
12. Behaves positively with peers / classmates.....	1	2	3	4	5	1	2	3	4	5
13. Verbal communication clear and "connected".....	1	2	3	4	5	1	2	3	4	5
14. Nonverbal communication accurate.....	1	2	3	4	5	1	2	3	4	5
15. Follows group norms and social rules.....	1	2	3	4	5	1	2	3	4	5
16. Cites general rule when criticizing ("We aren't suppose to do that").....	1	2	3	4	5	1	2	3	4	5
17. Skillful at making new friends.....	1	2	3	4	5	1	2	3	4	5
18. Approaches situations confidently.....	1	2	3	4	5	1	2	3	4	5
OPPOSITIONAL										
19. Tries to get others in trouble.....	1	2	3	4	5	1	2	3	4	5
20. Starts fights over nothing.....	1	2	3	4	5	1	2	3	4	5
21. Makes malicious fun at people.....	1	2	3	4	5	1	2	3	4	5
22. Defies authority.....	1	2	3	4	5	1	2	3	4	5
23. Picks on others.....	1	2	3	4	5	1	2	3	4	5
24. Mean and cruel to other children.....	1	2	3	4	5	1	2	3	4	5

Please circle the numeral 1 through 5 that most closely describes the behavior of classmates and teacher toward the child.

	ALMOST NEVER	ALMOST ALWAYS		ALMOST NEVER	ALMOST ALWAYS
This child: is readily accepted by peers / classmates.....	1	2	3	4	5
is in demand for group activities.....	1	2	3	4	5
requires a great deal of teacher time:					
for help with social or emotional problems.....	1	2	3	4	5
for help with academic problems.....	1	2	3	4	5

ADHD/ADD -TEACHER / PARENT BEHAVIOR CHECKLIST RATING FORM

Today's Date _____

Name of child: _____ DOB: _____

Name of person completing: _____ Relationship _____

Below is a list of problems and behaviors that some people have. Beside each item indicate, in your opinion, how much of a problem each one is for the person you have been asked to rate.

	Not At All	Just A Little	Pretty Much	Very Much	Is this A Problem?
1. Often fidgets with hands or feet (physically restless).					
2. Has difficulty remaining seated for long periods of time (i.e. while watching T.V., in restaurants, at desk.					
3. Is easily distracted.					
4. Has difficulty awaiting turn (difficulty waiting in lines -i.e. to renew license or at supermarket).					
5. Often blurts out answers to questions before they have been completed (impulsive speech).					
6. Has difficulty sustaining attention in tasks or work activities.					
7. Has difficulty following through on instructions from others.					
8. Often shifts from one uncompleted activity to another.					
9. Often noisy during leisure/recreational activities.					
10. Often talks excessively.					
11. Often interrupts or intrudes on others.					
12. Often does not seem to listen to what is being said to him/ her.					
13. Often loses things necessary for tasks or activities at home or work.					
14. Often engages in potentially dangerous activities without considering possible consequences (i.e. impulsive driving).					

In general, how long have these behaviors been present?

- _____ Less than 6months
- _____ 6 months to year
- _____ More than a year, but not always
- _____ Always (since I can remember or ever since I've known him /her

ADHD/ADD – PARENT QUESTIONNAIRE

Today's Date _____

Name of child: _____ DOB: _____

Name of person completing: _____ Relationship _____

Does this child present any behavior problems in any of these situations below? If so, indicate how severe they are.

<u>SITUATION</u>	<u>YES/NO</u> (CIRCLE ONE)		<u>IF YES, HOW SEVERE? (CIRCLE ONE)</u>								
	Yes	No	MILD					SEVERE			
While Playing Alone	Yes	No	1	2	3	4	5	6	7	8	9
While Playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
Mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting Dressed	Yes	No	1	2	3	4	5	6	7	8	9
Washing / Bathing	Yes	No	1	2	3	4	5	6	7	8	9
While you are on the telephone	Yes	No	1	2	3	4	5	6	7	8	9
While watching TV	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someone else	Yes	No	1	2	3	4	5	6	7	8	9
In supermarkets, stores, restaurants, or other public places	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores at home	Yes	No	1	2	3	4	5	6	7	8	9
At bedtime	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9
While with a baby-sitter	Yes	No	1	2	3	4	5	6	7	8	9
When father is home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do school homework	Yes	No	1	2	3	4	5	6	7	8	9

CGI-P: Conners' Global Index – Parent Version

by C. Keith Conners, Ph.D.

Child's Name: _____ Gender: M F
 (Circle One)

Birthdate: ___/___/___ Age: _____ School Grade: _____
 Month Day Year

Parent's Name: _____ Today's Date: ___/___/___
 Month Day Year

Instructions: Below are a number of common problems that children have. Please rate each item according to your child's behavior in the last month. For each item, ask yourself, "How much of a problem has this been in the last month?", and circle the best answer for each item. If none, not at all, seldom, or very infrequently, you would circle 0. If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to all the items.

	NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very frequent)
1. Restless or overactive	0	1	2	3
2. Excitable, impulsive	0	1	2	3
3. Fails to finish things he/she starts	0	1	2	3
4. Inattentive, easily distracted	0	1	2	3
5. Temper outbursts	0	1	2	3
6. Fidgeting	0	1	2	3
7. Disturbs other children	0	1	2	3
8. Demands must be met immediately — easily frustrated	0	1	2	3
9. Cries often and easily	0	1	2	3
10. Mood changes quickly and drastically	0	1	2	3

For Physician
Use Only
SCORING

RI EL

+ =

RI EL TOTA

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Transfer each of the item's circled number to the appropriate box in the Scoring Block. Add up the numbers in the RI column and the numbers in the EL column. Add together the RI and EL totals for the patient's Total Score. See back of form for scoring instructions.