



INTERVENTION WITH PARENTS OF CHILDREN WITH ADHD

Objectives

- The first objective of intervening with families of children and adolescents with ADHD is to inform them about the etiology, diagnosis, and treatment of ADHD and to enable them to help their child to overcome the impairment associated with this potentially disabling condition. Accepting and understanding the diagnosis of ADHD and treatment possibilities is a process that takes place over time.
- The second objective is to have them participate, along with their children, in the planning of a therapeutic approach.
- The third objective is to guide parents to appropriate support groups and valid resources to enable them to continue to learn about the disorder and how they can support the treatment at home.

Explaining ADHD

First and foremost, parents need to be informed that ADHD is a neurobiological condition with a strong genetic etiology, that it involves a number of different neurotransmitters, and affects certain areas of the brain. The importance of this discussion is to relate any pharmacological treatment instituted to the physiology of the condition as we understand it. Parents also need to be informed about the need for comprehensive evaluations, which include medical, psychiatric, and cognitive areas, in order for the diagnosis to be made. They need to know about the need to rule out other possible diagnoses and to determine if the child has comorbid conditions, such as learning disabilities or disruptive or internalizing disorders. Various medication and psychological treatment options need to be explored with the parents as well.

Therapeutic Approach

Parents need to be able to consistently administer and/or support appropriate medication and to monitor beneficial and adverse effects associated with treatment.

The child's environment should be structured in such a way as to support routines, promote organization regarding time, space, and activity, and decrease disruptive distractions. Appropriate and consistent limit setting with age-relevant and suitable supports and consequences (positive and negative) is also paramount. Above all, retaining a positive, enjoyable relationship with their child that encourages his/her self-esteem is crucial. Thus, doing things that the child excels at or enjoys is very important. Parents will need to advocate for the child with schools for appropriate support and assistance and keep in close and frequent communication with teachers regarding academic expectations and progress or deficits, as well as social and classroom behaviour. Parents also need to help the child to develop appropriate social behaviours with peers and adults outside of school in both one-to-one and small group settings.

Parents may have difficulty carrying out the activities outlined above because they themselves have ADHD and/or another condition (e.g., depression, anxiety, substance abuse). Other conditions such as medical problems, unemployment, poverty, single parenthood or marital discord need to be taken into account in working with parents. It is important to think about possible parental pathology and identify it in order to refer the parent for appropriate treatment, as without such treatment parents frequently cannot help their child. Whenever possible, an attempt should be made to work with both parents so that the child receives the benefit of having the help of each of them, and parents are consistent with each other in their approaches. Furthermore, sharing this responsibility helps to ensure that one parent does not become overwhelmed.

NATURE OF THE CONDITION



Etiology [56]

- neurobiological condition with strong genetic component (dopamine transport and dopamine receptor genes implicated)
- dopamine, norepinephrine neurotransmitters involved
- cortical (prefrontal cortex, cerebellum) and subcortical areas (e.g., caudate nucleus, striatum, hippocampus) may also be involved

Description of Symptoms (3)

- hyperactive, impulsive, inattention symptoms severe enough to cause significant social, academic, and emotional impairment
- DSM-IV-TR criteria (see Appendix 6)

Comorbidity– children with ADHD often have other conditions in addition to ADHD [15, 21], including:

- specific learning disabilities ~40-70%
- oppositional defiant disorder ~50%
- conduct disorder ~10-15%
- anxiety disorder ~25-30%
- depression ~25-30%
- tics and Tourette's syndrome

Differential Diagnosis - in making the diagnosis of ADHD, one needs to rule out other conditions that may give you a similar picture. Most of these can be assessed by a full history and physical examination.

Medical conditions:

- hypo- or hyperthyroidism
- visual and/or hearing problems
- epilepsy
- caloric or nutrient deficiencies (iron)
- sequelae of brain injury
- sleep disorder
- severe allergies
- chronic health disorders
- substance abuse

Other differential psychiatric conditions to consider:

- pervasive developmental disorder
- depressive disorders
- bipolar disorder

Long-term Course [57, 58]

- 70-85% of children continue to have significant symptoms into adolescence and 60% in adulthood.

COMPREHENSIVE ASSESSMENT



Medical Assessment

Medical assessment should include a complete prenatal, perinatal and developmental history, and a physical exam (including neurological assessment) which screens for problems such as those listed above, and for any contraindications to medication use, such as some cardiac dysrhythmias. Any abnormalities in these should be followed by more detailed and specific tests (e.g., blood tests, EEG, auditory and visual acuity tests). Vital signs of height, weight, blood pressure, and pulse should be documented at baseline and at follow-up if medication is prescribed.

Cognitive Assessment

The child should have a psychoeducational assessment to look for additional learning dysfunction. Academic achievement levels in key subjects such as reading and mathematics are important as they may indicate academic functioning significantly below grade level and suggest the need for educational remediation. If at all possible, these cognitive assessments should be done by the school. Refer to the www.caddac.ca website to learn more about how to advocate to the school the necessity of testing and accommodations.

Emotional/Behavioural Assessment

Assessment of the child's full behavioural and emotional profile to rule out other psychiatric conditions or determine comorbid conditions is very important. The primary care physician can screen for this with either the T-CAPS (Appendix 3) or the Weiss Symptom Record (Appendix 4). Input from the child's teachers regarding his/her social, academic and emotional functioning is very valuable as they have a view of the child in the classroom setting compared to age-matched peers. This is a view parents often lack.

TREATMENT OPTIONS



Psychosocial Therapies

Parents need to be aware that children with ADHD often have additional social, academic, and emotional problems. They may therefore require a variety of psychosocial/educational interventions, depending on what difficulties the child may have. Interventions such as the following may be useful for the child and family:

- academic organizational skills
- specific academic remediation
- social skills training
- individual psychotherapy
- parent training
- family therapy
- lifestyle changes to improve nutrition, sleep, and exercise habits

Medication

Parents need to be informed about the advantages and disadvantages of various medication treatment options, including short- and long-acting stimulants, as well as non-stimulant medication. Concerns and questions parents have regarding both effects and side effects need to be addressed with a clear description for parents about common side effects and how these can be monitored and dealt with. An exploration of what medication can—and cannot—be expected to do, and what other interventions may be required needs to be undertaken.

PARENTS AND HOME SITUATION



In intervening effectively with parents, one needs to have a comprehensive picture of each parent's medical and psychiatric history and past and current level of functioning in various domains (e.g., occupational, academic,

social, and emotional). Relationships between the parents, the parent and child, siblings, and other significant extended family members (e.g., grandparents, uncles/aunts, stepparents, and stepsiblings), need to be explored in order to identify strengths and weaknesses in these relationships.

Parental Psychopathology

Possible psychopathology in parents or significant family members which can impact on the child and how he/she is treated needs to be explored. Conditions such as ADHD, depression, anxiety, substance abuse and personality disorders need to be considered. It is well known that ADHD runs in families and the ASRSv1.1 (Appendix 13) could be used as a screening instrument. Parents, siblings, and extended family members may be affected and therefore have problems with organization, consistency, impulsivity, and emotional lability. Substance abuse may also be more common in adults with ADHD. In addition, having a child with a disability may increase the likelihood of depression and anxiety in the parents. Parental psychopathology can have a significant impact on the parents' ability to structure, monitor, and generally help their child. Identifying this psychopathology and referring the parents for appropriate treatment will improve the psychiatric state of the parents and their parenting ability, and thus be of great help to the child and his/her family.

Family Situation

Particular family situations, such as a single working parent, separated or divorced parents, or reconstituted families where one or both parents have remarried, all affect the child with ADHD and the parents' ability to help their child. Exploring the family situation is thus crucial to identify problems and address them if they exist.

CHILD MANAGEMENT AND MONITORING SKILLS



General Guidelines for Parents

- Positive parent/child relationship. This involves having realistic age-appropriate expectations, conveying these expectations in a direct clear manner, spelling out positive and negative consequences for compliance and non-compliance, and having these consequences be relevant, immediate and proportional. Specific parent training programs may be indicated that teach and monitor specific parenting skills. Parents may need support to build a positive relationship with the child after years of challenging behaviour.
- Consistent daily routine. This may take weeks to establish, but encourage parents to persevere. Routine should include morning and bedtime regimes. It might be necessary to write these down for the child.
- Timing of medication. For some children the early morning period is extremely difficult. In such cases it may be helpful to administer the stimulant to the child while he/she is still in bed, and then get him/her up for school after the stimulant has taken effect. Atomoxetine has been shown to have effect from wakeup through to bedtime with once daily dosing [59], eliminating the need to administer the medication before the child gets out of bed.
- Homework monitoring. Establishing a regular time and place for the child to do his/her homework may improve results. Homework is best done in the early part of the evening, leaving time for relaxation before bedtime. Homework should not be done in front of the TV or on the bed. Siblings and telephone are other major distracters that should be removed from the homework setting. A homework tutor or facilitator can be very helpful. Ask the school to help keep parents informed about requirements of assignments or special projects so the parent can plan with the child when and how these will be done. Write these plans on the calendar. It can be useful to suggest that homework be done for a reasonable period of time every day, independent of whether or not there is work to do to avoid children either saying they have no homework, or to avoid children becoming avoidant because homework takes hours. TV and electronic games should be removed until after homework is complete.
- Keep regular appointments. ADHD is a chronic disorder where an ongoing supportive relationship with the child and family is valuable. It is necessary to have regular appointments, optimally once a month, and minimally every three months.

CONTINUING EDUCATION AND RESOURCES FOR PARENTS

Publications

Barkley R. Second edition. Taking Charge of ADD – The Complete Authoritative Guide for Parents. New York: Guilford Press; 2003.

Goldstein S. The Facts about ADHD: An overview of attention-deficit hyperactivity disorder. CHADD 1999 Conference book, Landover, MD: CHADD; 1999.

The Schulick School of Medicine and Dentistry. Understanding the Nature of Adult ADHD. A self-assessment program for Psychiatrists. London, ON: The University of Western Ontario; 2007.

Phelan T. 1-2-3 Magic Book series (books, video, DVD), including: 1-2-3 Magic; 1-2-3 Magic –Managing Difficult Behaviour; 1-2-3 Magic – Encouraging Good Behaviour. Child Management, Incorporated; 1995.

Phelan T. All About Attention Deficit Disorder (book, video, audio) Second Edition. Child Management, Incorporated; 2000.

Quinn P, Stern J. Put on the Brakes: Young People's Guide to Understanding Attention Deficit –Hyperactive Disorder. United Kingdom, Magination Press; 2001.

Vincent A. My Brain Needs Glasses: Living with Hyperactivity. Lac-Beauport, Quebec: Éditions Academie Impact; 2005.

Vincent A. My Brain Still Needs Glasses: ADHD in Adults. Lac-Beauport, Quebec: Éditions Academie Impact; 2007.

Weingartner, P. ADHD Handbook for Families – A guide to Communicating with Professionals. Washington, DC: Child and Family Press; 1999.

Recommended Websites - Canadian-Based

www.adhdnetwork.org – ADHD Network: Learning to Live with ADD and ADHD in Barrie, Ontario Area

www.adrn.org – The Attention Deficit Resource Network (ADRN). Information on Ontario: advocacy, education, ADHD events, links, support groups, doctors, reading lists, and resources

www.associationpanda.qc.ca – PANDA: Ces sites s'adressent aux parents d'enfant(s) ayant un Trouble du Deficit de l'Attention, avec ours an Hyperactivite (TDA/H), aux intervenant(e)s scolaires et du milieu de la sante

www.attentiondeficit-info.com – For information about ADHD, especially in the province of Quebec

www.bced.gov.bc.ca/specialed/adhd/ – This is a resource guide for teaching children with ADHD

www.caddra.ca – Canadian ADHD Resource Alliance (CADDRA)

www.caddac.ca – Centre for ADD Advocacy, Canada (CADDAC)

www.chaddcanada.org – Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

www.childrenwithlearningdisabilities.ncjrs.org/states.html – For information about learning disabilities

www.ldac-taac.ca – Learning Disabilities Association of Canada

www.teachADHD.ca – AboutKidsHealth Team, The Hospital for Sick Children

Recommended Websites - US-Based

www.add.org – Attention Deficit Disorder Association (ADDA) An excellent resource site

www.addresources.org – ADD Resources

www.allkindsofminds.org – Mel Levine's web site

www.chadd.org – Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)

www.drthomasbrown.com/index – Articles and information on executive functioning/adult ADHD/gifted children with ADHD

www.help4adhd.org/en/treatment/guides – National Resource Centre on ADHD (a program of CHADD) for general information about ADHD

www.nimh.nih.gov/publicat/index.cfm – For information about U.S. government funded studies on ADHD

www.pediatricneurology.com/adhd.htm – Pediatric Neurology Associates - an e-book that explains ADHD and offers home and school strategies, which also contains a children's chapter

www.russellbarkley.org – Internationally recognized ADHD authority

Recommended Websites - Internationally-Based

www.drthomasbrown.com/resources/links.html – Link to list of international groups