CHAPTER 3: SPECIFIC ISSUES IN THE MANAGEMENT OF CHILDREN WITH ADHD: INTERVENTION WITH PARENTS OF CHILDREN DIAGNOSED WITH ADHD

Objectives:
1. To inform families about the etiology, diagnosis and treatment of ADHD and empower them to help their child overcome the impairment associated with this potentially disabling condition.
2. To assist families in accepting and understanding the diagnosis of ADHD and the treatment possibilities. This process takes place over time.
3. To make families active participants in the planning of a therapeutic approach.
4. To direct families to community supports and resources to enable them to continue to learn about the disorder and about 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 that is instituted to the physiology of the condition as we understand it.

All symptoms of ADHD can be problems everyone has at times, but people with ADHD have more of these symptoms a good deal of the time and more difficulty and impairment from them. This is not a disorder of willpower. Many people with ADHD have some domains of activity, such as sports, music, video games, art, mechanical activities, in which they can focus very well.

Connect the biological nature of ADHD to the behavioural presentation. ADHD affects behaviour, interpersonal relationships and academic output. It is important to dispel blame and to reassure the parents and the child that this is not anyone’s fault, but is a result of brain development and functioning.

Therapeutic approach – multimodal treatment agenda. All aspects of the child’s life must be dealt with through a multimodal approach that addresses the social, emotional, behavioural and academic issues. Medications are an important aspect of treatment and assist the facilitation of changes in these areas.

The child will require long-term care as challenges may occur at the beginning of every school year, with transitions into adolescence and adulthood, and with any changes or stressors within the family. The parents must be ready for challenges that can affect their child's mental and physical health as well as the stability of their own relationship.

Treatment Options

Psychosocial Therapies: General Guidance

Environment
ADHD in children and adolescents has been linked to a two to five times risk for accidental injuries of all types (trauma, burns, poisonings, etc.) for more severe injuries, as well as for repeated injuries. The comorbidity of ODD/aggression with ADHD in children is thought to exacerbate these risks. Children admitted to hospitals due to accidental injuries are three times more likely to have ADHD (approx. 30%) than are children admitted for other reasons. Factors that have been associated with these elevated risks...
are inattention, impulsivity and risk-taking, motor incoordination, comorbidity with ODD/CD, anxiety, and depression, and parental characteristics such as reduced parental monitoring of the child’s activities.

So far medication alone has not been shown to significantly reduce these risks. However increased parental supervision, positive parenting and greater time available to be with children appear to be protective of risk for injuries.

Promote safety in the home, especially for the hyperactive impulsive child. The first step is physical safety (i.e. safety-proofing, ample outdoor places that can be safely used and supervised, opportunities for physical movement). It is also necessary to create a calm, structured, positive approach to child-rearing which not only optimizes appropriate developmental progression but allows for a more acceptable response to limit-setting. Above all, it is crucial that parents retain a positive and enjoyable relationship with their child that encourages his/her self-esteem. Thus, doing things that the child excels at or enjoys is very important. Parenting should include structure, guidance, but also fun. The school must create a similar environment and the parents must communicate this agenda.

Creation of structure helps to calm children as it gives those references of familiarity. Aspects of structure include: clarity of communication, routines, decrease in disruptive distractions and the promotion of organization regarding time (physical cues, clocks, schedules, calendars), space and activity. The creation of an optimal environment requires taking into account level of noise, proximity to visual irritations, sensitivities to environmental and physical irritations. Appropriate and consistent limit-setting, with age-relevant and suitable supports and consequences (positive and negative), is also paramount. Parents will need to advocate for the child with schools so that the appropriate supports are provided, resulting in a consistency in structure that moves seamlessly from school to home. One area of significant concern is unstructured free time at recess and lunch periods when the child with ADHD is more likely to get into trouble. This time is critical for these children to burn off excess energy. Since free time periods are essential for all kids, including those who have ADHD, the school must ensure the child is supervised during these times. Removing free time periods should not be used as a consequence for children with ADHD. It is helpful when the school provides structured activities.

Enhance Self Esteem

Building the child's confidence and sense of confidence, by discovering and reinforcing those things they enjoy and/or do well, is part of working with a child who has ADHD. A child may never be invited to birthday parties but may be remarkable with animals or relate well one-to-one with a grandparent. A child may have limited skills at seat work but may excel at taking mechanical things apart and putting them back together. A child may encounter problems by being dreamy in class, but carry an imaginative world in play that is to be greatly admired. The more the family finds and reinforces the child’s strengths, the easier it is to handle the frustration of what remains difficult, and the greater the child will sense that he/she is a welcome member of his/her family. This is a key factor in developing resilience.

Specific Useful Interventions (see Chapter 6 on Psychosocial Interventions and Treatments for more details)

There are many associated problems with ADHD which must be treated in addition to the ADHD symptoms. The clinician must utilize the resources of the community to provide additional supports for the child and the family. This may be through referral to a psychologist, occupational therapist, social worker, educational aid, resource teacher, behavioural consultant etc. Communities vary with respect to the availability and organization of resources to support children with ADHD. Access to some of these resources may be dictated by a family’s financial resources.
**Behavioural**: Social skills training
- Anger management
- Parent training

**Educational**: Academic organizational and study skills
- Specific academic remediation

**Psychological**: Individual therapy such as cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT), play therapy, art therapy, supportive psychotherapy, family therapy

**Lifestyle**: Proper nutrition
- Good sleep hygiene
- Regular exercise
- Extracurricular activities

**Medication**
Parents need to be informed that while medication is helpful, it does not offer a “cure”. The clinician must discuss the issues of risks and benefits of various medication treatment options, including short and long-acting stimulants, as well as nonstimulant medication. Additionally, there should be a discussion of the expectation the parent has of the medication, dispelling of myths, review of non-treatment risks, long-term outcome and treatment alternatives, if any. The physician’s approach to the patient should be that he/she is an ally in trying to alleviate the impairment caused by a long-term developmental disorder and that medications facilitate the improvement of functions in many domains of life. Using the analogy of the treatment of asthma can be helpful. A puffer works fast and provides almost complete relief but does not address the core problems. Identifying the triggers (like a cat allergy), changing the person’s lifestyle, and improving factors that promote resilience is the route to, hopefully, reducing or eliminating long-term use of the puffer. Unfortunately, in asthma as in ADHD, it is often necessary to continue to use medications despite valiant efforts at changing the environment.

**Parents and Home Situation**

**Comprehensive Family Review**
In order to intervene effectively with parents, one needs to have a complete picture of each parent’s medical and psychiatric history, past and current level of functioning in various domains (occupational, academic, social and emotional) and their relationship as a couple. The family picture should also be extended to the strengths and weakness of the relationships between the parent(s) and child, siblings and other significant extended family members (grandparents, uncles/aunts, step-parents and step-siblings).

**Parental Psychopathology**
Possible psychopathology in parents or significant family members, which can impact the child and how he/she is treated, needs to be explored. Conditions such as maternal depression, anxiety, paternal substance abuse, ADHD and personality disorders need to be considered. It is necessary for the clinician to assess for any psychopathology using the appropriate clinical review and/or symptom-based questionnaire. The literature and research supports the fact that ADHD runs in families. The ADHD Checklist can be used as a screening instrument for other family members since it is designed to be appropriate for any age group or informant. Parents, siblings and extended family members may have ADHD and therefore have problems with organization, consistency, impulsivity and emotional liability. In addition, having a child with a disability may increase the likelihood of substance abuse, 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 importance.
help to the child and his/her family. Parents who are poor role models, such as the father or mother who stays up at night playing computer games or who forgets to make lists, misses important appointments, medication, etc, are difficult to engage and often do not make the necessary lifestyle changes for success at home.

Environmental Stressors
Families have many internal and external challenges that they must contend with (medical problems, unemployment, poverty, trauma, single parenthood or marital discord etc.) and these must be taken into account when working with parents. 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 parent and there is consistency in their approaches. Furthermore, sharing this responsibility helps to ensure that one parent does not become overwhelmed. Many children with ADHD live in divided families where the child goes back and forth between households. Children can live in homes without perfect consistency in routine but it is critical that one parent does not undermine the other parent's efforts or integrity and that they work together. It is a great advantage to the child to ensure that the issue of diagnosis and medication is not the identified source of conflict between family members. If parents are in conflict about whether a child should have a particular treatment, we suggest that the clinician meet with both parents together and/or separately to be sure that they have all the relevant facts. Identifying and addressing concerns of each parent may reduce their conflict over issues central to treatment.

Child Management and Monitoring Skills

Parental Pathology Affecting Management and Monitoring

If one or both parents have depression, ADHD, substance abuse, marital conflict (or other psychopathology), then their ability to carry out behavioural tasks and to record and monitor changes may be impaired. It is important for the parent(s) to be treated at the same time as the child. This “all in the family” intervention is good for the child as it shows that the parent can empathize with the child’s experiences. When parents learn skills to control their own lives, it is easier to institute structure in the child’s life.

Monitoring Change

Medication Management
Repeating rating scales, like the SNAP-IV 26, ADHD Checklist, CADDRA Teacher Assessment Form or WFIRS-P, is a very effective way to rate changes in impairing symptoms when the same person fills out the forms. These are most often used in determining the appropriate dose of the medication. However, improving grades should not be the ultimate target, nor should grades be used to monitor change. The chosen rating scale can be done weekly during the dose titration period and every three months subsequently. Monitoring side effects, using the CADDRA Clinician Baseline/Follow-Up Form, could be done concurrently. All of this documentation will be helpful only if it is brought to the physician during the follow-up sessions.

Habit Development

a) The Daily Positive Report Card is a useful communication strategy between the school and the home. No more than three specific and positive behaviours should be monitored for any given half an hour to one hour block. Frequent positive feedback from the teacher allows the child to work on specified behaviours until they become habits. The parents should reinforce the child's efforts by rewarding the child based on the number of positive checks the teacher has given during the day. This is also a helpful way of determining medication effectiveness. The emphasis is on a positive attitude and simplicity.

b) The White Board Reminder, placed in a strategic common place in the house like the kitchen, is a useful way for the family to know what is happening during the week (appointments and schedules)
and gives some structure to the family. It also promotes family communication when the weekly agenda is reviewed once a week; best after Sunday dinner. This is also a time for the parents to remind the children of the successes of the past week and the things they must work on for the subsequent week.

c) **Homework Output using a Clock Timer** allows the child to determine the efficiency of their homework effort. Dividing the tasks into “bite sized chunks” and using a clock timer both enhances the child’s competitive spirit (particularly where there is a reward for beating a previous effort) but also limits their frustration as they know that the time on task is limited by the clock. It is very important that the parent establish a regular time and place for the child to do his/her homework, which is best done while the medication is still effective (for most long-acting medications, the effects wear off before 6 pm). A homework tutor or facilitator can be very helpful. Children with ADHD who dread attention-demanding tasks may perceive homework as overwhelming. When homework is destroying a family, with little being accomplished, it should be dealt with as part of the school accommodations and taken out of the home situation. Many schools now post homework on the Internet (e.g. First Class) making it easier to know what needs to be done. In addition, having an alternate set of books at home may make it easier to have the necessary supplies always at hand.

**Keep Regular Physician Follow-up Appointments**

Patients, when stable, should be seen every three months (though more frequently if there are complicating factors) for:

1. review of the medications and monitoring of the child’s height, weight, blood pressure and pulse as well as any pertinent medical areas on functional enquiry
2. a booster session related to parenting efforts and to promote a focus on the child’s strengths
3. detection of any deterioration or change in the mental health of the family
4. an update of the school observations
5. an opportunity to inform the parents of any new advances or resources
6. the implementation of proactive approaches for any emerging problems (e.g. starting a new year, camp, Christmas break etc).