



## Important Facts about ADHD for Parents and Teachers

1. There is no test for ADHD. Clinical assessment involves collecting data from parents and teachers on the primary symptoms and characteristics and the common conditions that co-exist with ADHD; including anxiety, learning difficulties, defiant behaviour, and interpersonal distress. Standardised rating scales should always be used.
2. Good assessments usually involve the input of parents, school staff, mental health professionals such as a psychologist, and the child's doctor.
3. ADHD is characterised by inconsistency in behaviour across time and settings. The key to diagnosis is therefore not how the individual performs on a set of tests on a particular day, but whether the clinician establishes a general pattern of impairment in regulating behaviour in most settings most of the time.
4. Diagnosis is not as important as a comprehensive assessment and description of the problems the individual is having in daily life and in academic performance. This data guides an intervention plan; a diagnosis does not.
5. There are a number of theories about what causes ADHD; however, the exact cause remains unknown.
6. ADHD is not caused by diet. Changing or restricting your child's diet will not solve their problem. It might make them healthier, but it won't solve the problem.
7. ADHD is not a problem that will be outgrown. Many estimate that it represents a delay of about 30% in the ability to control and regulate one's behaviour. The key point to remember, however, is that different environments require different levels of behavioural control. When the individual with ADHD finds an environment that fits them they no longer experience impairment and will no longer meet criteria for the disorder (Steve Irwin is a good example of this.)
8. Children who have ADHD are at greater risk of school failure and early dropout, of substance abuse, and anti-social behaviour. Adults with ADHD frequently have social difficulties, difficulties in job performance, in managing stress, use alcohol and drugs more than others, and are at risk of criminal behaviour. Parents should be wary of advice to sit and wait; it rarely helps.
9. Early intervention is crucial. It is worth noting that ADHD is a chronic condition that will require ongoing management, but that management goals and strategies will need to change over time (e.g., what might work well for a seven-year-old will be ineffective for a twelve-year-old.) Consequently, it is worth developing a relationship with a trusted psychologist or physician who can guide you over time.



10. Many treatments have been touted for ADHD that have little to no effect. These include: psychotherapy, dietary supplements and restricted diets, herbal medicines, reflexology, neurofeedback, vestibular and sensory-motor integration, balance training, chiropractic, and rapid auditory processing training have been promoted at substantial expense to families.
11. The current best-practice non-medical treatment involves behaviour therapy/modification in which parents *and* teachers are taught how to best manage and change behaviours of concern. Behaviour therapy includes:
  - a. Specifying concerning behaviours and identifying triggers and maintaining factors.
  - b. Establishing clearly defined rules or expectations on behaviour.
  - c. Setting short-term (intra-day) goals for the child.
  - d. Learning how to give clear and consistent commands.
  - e. Learning how to appropriately and effectively provide feedback and rewards for desired behaviours.
  - f. Learning how to use appropriate parental/teacher responses to discourage undesired behaviour.
  - g. Utilising a Daily Report Card to facilitate communication between home and school.
12. Therapy performed directly with the child does not work for the primary symptoms of ADHD. However, individual therapy is effective for co-existing symptoms such as social skills, anxiety, or learning difficulties.
13. If the child does not respond, or does not respond sufficiently, to evidence-based behavioural treatments then medication should be given. Indeed, most children respond best to a combination of behavioural modification and medication.
14. Medications, such as methylphenidate (Ritalin, Concerta), Dexamphetamine, or atomoxetine (Strattera) have been shown to be effective short-term treatments for ADHD. These medications are only effective so long as the child uses them and should always be combined with behaviour therapy.
15. Research has shown that medications for ADHD work best when there is careful monitoring of their effects over the first few weeks. A number of different doses should be tried, preferably including a placebo tablet. Questionnaires regarding the child's behaviour should be completed daily by parents and teachers. A medication monitoring tool and a form for rating side effects are available on our website (See Tip Sheets & Forms.)
16. Ongoing monitoring of the effectiveness of therapy and/or medical intervention on target behaviours or skills is crucial. Some of this can be accomplished in review meetings with your psychologist or physician and some can be accomplished via standardised tests; however, we recommend weekly monitoring using a rating scale of impairment in social, family, and academic functioning. These rating scales are obtainable from Understanding Minds.