

### THE SIGNS OF ADD/ADHD

#### **Inattention (ADD)**

##### **Your child often:**

- Misses details or makes careless mistakes in schoolwork or other activities
- Has trouble organising tasks and activities loses things needed for tasks or activities, for example, toys, school assignments, pencils
- Has trouble sticking to tasks or play activities
- Does not seem to listen when spoken to directly
- Doesn't follow through instructions that he is able to understand and does not finish tasks, for example, at school or chores at home
- Tries to get out of doing things that require a lot of thinking and concentrating
- Is easily distracted
- Is forgetful in daily activities.

#### **Hyperactivity/impulsivity (ADHD)**

##### **Your child often:**

- Fidgets with hands or feet, or squirms in his seat
- Leaves his seat in the classroom when he should be seated
- Runs about or climbs excessively (more than most other children)
- Has trouble playing quietly
- Is continually 'on the go', talks 'all the time'
- Blurts out answers before the questions have been completed has difficulty awaiting his turn butts into conversations or games

##### **And**

- His/Her behaviour pattern is different from most other children of about the same age
- The behaviours happen in more than one place, for example at home and school
- The behaviour has lasted for more than six months
- The behaviour pattern started before age seven years
- Your child does not have other major health or development problems
- The behaviour is causing your child problems at home, with school work, friends and daily living.

#### **STIMULANT MEDICATION IS ABOUT 80% EFFECTIVE IN THE TREATMENT OF THESE SYMPTOMS. (i.e. helps 8/10 children)**

- However sometimes side effects of the medication mean it has to be stopped, even if effective.
- Other times, a child can become resistant to the medication after some months or years of treatment.

### THE SIGNS OF OPPOSITIONAL DEFIANT DISORDER (ODD)

##### **Your child is:**

- Easily angered, annoyed or irritated
- Has frequent temper tantrums
- Argues frequently with adults, particularly the most familiar adults in their lives such as parents, step-parents, grandparents and other carers & teachers
- Refuses to obey rules
- Seems to deliberately try to annoy or aggravate others
- Has low self-esteem
- Has a low frustration threshold
- Seeks to blame others for any misfortunes and misdeeds.

#### CO-EXISTENCE OF ADD/ADHD & ODD

- ADHD/ADD can co-exist with ODD.
- **STIMULANT MEDICATION IS NOT INTENDED TO MAKE A DIFFERENCE TO SYMPTOMS OF OPPOSITIONAL DEFIANT DISORDER.**
- ***There is no pill that cures bad behaviour***
- Occasionally some improvements are seen due to the child being less hyperactive and less impulsive.
- However oppositional defiant disorder stems from a **LACK OF RESPECT** for parents and other authority figures.
- This respect is *learned by experience* (in other words it is **TAUGHT**).
- The people who teach this are parents and other significant people around the children at a very young age – **BEFORE** the child attends school.
- It is very hard for children to learn to respect authority if they have not learned to by 5 years of age.

#### HELPING CHILDREN LEARN APPROPRIATE BEHAVIOUR

- Consistent setting of rules and meaningful discouragements of lack of respect towards authority will help children learn this.
- These discouragements should NOT include physical violence.
- Family stress can make ODD behaviour worse and needs to be addressed before expecting any changes to take place.
- Family stress includes divorce, separation, domestic violence, living with drug & alcohol affected people, living with people who do not respect each other.
- PPP (Positive Parenting Programs) and 1, 2, 3 Magic programs are helpful programs for parents to attend if their child has ADD/ADHD **AND** ODD
- The PPP is run through Community Child Health at Bundaberg Hospital and parents can get more information on the next program by 07 41502756. The 123 magic program is run through Centacare: (07) 4153 2532

The above is the medical opinion of Dr Lila Stephens Paediatrician.