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PEDIATRIC CLINIC PATIENT EDUCATION HANDOUTS

Attention Deficit Disorder (Short Attention Span)

Description

Also called ADD, ADHD, or hyperactivity, a short attention span occurs in 3% to 5% of children, most of them males.

A normal attention span is 3 to 5 minutes per year of a child's age. Therefore, a 2-year-old should be able to concentrate on a particular task for at least 6 minutes, and a child entering kindergarten should be able to concentrate for at least 15 minutes. (Note: A child's attention span while watching TV is not an accurate measure of his or her attention span.)

If you suspect that your child has a short attention span, ask another adult (a teacher or day care provider, for example) if they have observed this also.

1. Characteristics

- A child hasn't learned to listen when someone talks, wait his turn, complete a task, or return to a task if interrupted. (These can be normal characteristics of children less than 3 or 4 years old.)
- 80% of boys and 50% of girls are also hyperactive. A child who has symptoms of hyperactivity is restless, impulsive, and in a hurry.
- 50% of children also have a learning disability. The most common learning disability is an auditory processing deficit (that is, they have difficulty remembering verbal directions). However, the intelligence of most children with ADD is usually normal.

2. Similar conditions

Disruptive children, children who don't mind, and aggressive children are sometimes included under the broad category of hyperactivity. Many problem 2-year-olds are considered "hyperactive." These children should be looked upon as children with behavior problems and approached with appropriate discipline techniques.

3. Causes

Attention deficit disorder (ADD) is the most common developmental disability. "Developmental" means that the disability is caused by delayed brain development (immaturity). This delay results in poor self-control, requiring external controls by the parents for a longer period of time. Often this type of temperament and short attention span is hereditary. A small percentage of children with ADD are reacting to chaotic home environments, but in most cases the parents' style of child-rearing has not caused the disability. Minor brain damage has not been proven to be a cause of ADD but scientists are conducting research into this area.

4. Expected course

Children with ADD on a developmental basis can improve significantly if parents and teachers provide understanding and direction and preserve the child's self-esteem. When these children become adults,

many of them have good attention spans but remain restless, have to keep busy, and, in a sense, have not entirely outgrown the problem. However, not only does society learn to tolerate such traits in adults, but in some settings the person with endless energy is prized. Children with severe ADD may need vocational counseling as adults.

Call Your Child's Physician for Referral to a Child Psychiatrist or Psychologist If:

- Your child shows unprovoked aggression and destructiveness.
- Your child has repeated accidents.
- Your child has been suspended or expelled from school.
- Your child can't make or keep any friends.
- You have "given up" hope of improving your child.
- You can't stop using physical punishment on your child.
- You are at your wit's end.

Living with a Child Who Has Attention Deficit Disorder

Attention deficit disorder is a chronic condition that needs special parenting and school intervention. If your child seems to have a poor attention span and is over 3 years of age, these recommendations may assist you in helping your child. Your main obligations involve organizing your child's home life and improving discipline. Only after your child's behavior has improved will you know for certain if your child also has a short attention span. If he does, specific interventions to help him learn to listen and complete tasks ("stretch" his attention span) can be initiated. Even though you can't be sure about poor attention span until your child is 3 or 4 years of age, you can detect and improve behavior problems at any time after 8 months of age.

1. Accept your child's limitations.

Accept the fact that your child is intrinsically active and energetic and possibly always will be. The hyperactivity is not intentional. Don't expect to eliminate the hyperactivity but merely to bring it under reasonable control. Any criticism or other attempt to change an energetic child into a quiet or model child will cause more harm than good. Nothing helps a hyperactive child more than having a tolerant, patient, low-keyed parent.

2. Provide an outlet for the release of excess energy.

This energy can't be bottled up and stored. Daily outdoor activities such as running, sports, and long walks are good outlets. A fenced yard helps. In bad weather your child needs a recreational room where he can play as he pleases with minimal restrictions and supervision. If no large room is available, a garage will sometimes suffice. Your child should not have too many toys, for this can cause him to be more easily distracted from playing with any one toy. The toys should be safe and relatively unbreakable. Encourage your child to play with one toy at a time.

Although the expression of hyperactivity is allowed in these ways, it should not be needlessly encouraged. Don't initiate roughhousing with your child. Forbid siblings to say, "Chase me, chase me," or to instigate other noisy play. Encouraging hyperactive behavior can lead to its becoming your child's main style of interacting with people.

3. Keep your home well organized.

Household routines help the hyperactive child to accept order. Keep the times for wake-up, meals, snacks, chores, naps, and bed as regular as possible. Try to keep your environment relatively quiet because this encourages thinking, listening, and reading at home. In general, leave the radio and TV off. Predictable

daily events help your child's responses become more predictable. ADD symptoms are made worse by sleep deprivation and hunger. Be sure your child has an early bedtime and a big breakfast on school days.

4. Try not to let your child become fatigued.

When a hyperactive child becomes exhausted, his self-control often breaks down and the hyperactivity becomes worse. Try to have your child sleep or rest when he is fatigued. If he can't seem to "turn off his motor," hold and rock him in a rocking chair.

5. Avoid taking your child to formal gatherings.

Except for special occasions, avoid places where hyperactivity would be extremely inappropriate and embarrassing (such as churches or restaurants). You also may wish to reduce the number of times your child goes with you to stores and supermarkets. After your child develops adequate self-control at home, he can gradually be introduced to these situations. Be sure to praise your child when he plays independently rather than interrupting you when you are talking to guests or are on the telephone.

6. Maintain firm discipline.

These children are unquestionably difficult to manage. They need more carefully planned discipline than the average child. Rules should be formulated mainly to prevent harm to your child and to others. Aggressive behavior, such as biting, hitting, and pushing, should be no more accepted in the hyperactive child than in the normal child. Try to eliminate such aggressive behaviors, but avoid unnecessary or unattainable rules; that is, don't expect your child to keep his hands and feet still. Hyperactive children tolerate fewer rules than the normal child. Enforce a few clear, consistent, important rules and add other rules at your child's pace. Avoid constant negative comments like "Don't do this," and "Stop that."

7. Enforce rules with nonphysical punishment.

Physical punishment suggests to your child that physically aggressive behavior is OK. We want to teach hyperactive children to be less aggressive. Your child needs adult models of control and calmness. Try to use a friendly, matter-of-fact tone of voice when you discipline your child. If you yell, your child will be quick to imitate you.

Punish your child for misbehavior immediately. When your child breaks a rule, isolate him in a chair or time-out room if a show of disapproval doesn't work. The time-out should last about 1 minute per year of your child's age. Without a time-out system, overall success is unlikely.

8. Stretch your child's attention span.

Encouraging attentive (nonhyperactive) behavior is the key to preparing your child for school. Increased attention span and persistence with tasks can be taught at home. Don't wait until your child is of school age and expect the teacher to change him. By age 5 he needs at least a 25-minute attention span to perform adequately in school.

Set aside several brief periods each day to teach your child listening skills by reading to him. Start with picture books, and gradually progress to reading stories. Coloring pictures can be encouraged and praised. Teach games to your child, gradually increasing the difficulty by starting with building blocks and progressing to puzzles, dominoes, card games, and dice games. Matching pictures is an excellent way to build your child's memory and concentration span. Later, consequence games such as checkers or tic-tac-toe can be introduced. When your child becomes restless, stop and return for another session later. Praise your child for attentive behavior. This process is slow but invaluable in preparing your child for school.

9. Buffer your child against any overreaction by neighbors.

Ask neighbors with whom your child has contact to be helpers. If your child is labeled by some adults as a "bad" kid, it is important that this image of your child doesn't carry over into your home life. At home the attitude that must prevail is that your child is a good child with excess energy. It is extremely important that you not give up on him. Your child must always feel loved and accepted within the family. As long as a child has this acceptance, his self-esteem will survive. If your child has trouble doing well in school, help him gain a sense of success through a hobby in an area of strength.

10. From time to time, get away from it all.

Exposure to some of these children for 24 hours a day would make anyone a wreck. Periodic breaks help parents to tolerate hyperactive behavior. If just the father works outside the home, he should try to look after the child when he comes home, not only to give his wife a deserved break but also to understand better what she must contend with during the day. A baby sitter one afternoon each week and an occasional evening out can provide much-needed breaks for an exhausted mother. Preschool is another helpful option. Parents need a chance to rejuvenate themselves so that they can continue to meet their child's extra needs.

11. Utilize special programs at school.

Try to start your child in preschool by age 3 to help him learn to organize his thoughts and develop his ability to focus. However, you should consider enrolling your child in kindergarten a year late (that is, at age 6 rather than 5) because the added maturity may help him fit in better with his classmates.

Once your child enters grade school, the school is responsible for providing appropriate programs for your child's attention deficit disorder and any learning disability he might have. Some standard approaches that teachers use to help children with ADD are smaller class size, isolated study space, spaced learning techniques, and inclusion of the child in tasks like erasing the blackboard or passing out books (as outlets for excessive energy). Many of these children spend part of their day with a teacher specializing in learning disabilities who helps improve their skills and confidence.

If you think your child has ADD and he has not been tested by the school's special education team, you can request an evaluation. Usually you can obtain the help your child needs with schoolwork by working closely with the school staff through parent-teacher conferences and special meetings. Your main job is to continue to help your child improve his attention span, self-discipline, and friendships at home.

12. Medications are sometimes helpful.

Some stimulant drugs can improve a child's ability to concentrate. You may want to discuss the use of drugs with your child's physician. In general, medications should not be prescribed before school age. They should also not be prescribed until after your child has been evaluated by a doctor and a school psychologist or special education teacher, an individualized educational plan (I.E.P.) is in effect at school, and you have followed the suggestions in this handout. Medications without special education and home management programs have no long-term benefit. They need to be part of a broader treatment program.

Recommended Reading

Barbara Ingersoll, *Your Hyperactive Child* (New York: Doubleday, 1988).

Melvin D. Levine, *Keeping a Head in School: A Student's Book About Learning Abilities and Learning Disorders* (Cambridge, MA: Educators Publishing Service, 1990).

Attention Deficit Disorder: Book List

Book	Suggested Ages
JUMPIN' JOHNNY GET BACK TO WORK!; by Michael Gordon; GSI, 1991	3-8
ADD HYPERACTIVITY WORKBOOK; by Harvey Parker; Impact Publications, 1988	5-10
EAGLE EYES; by Jeanne Gehret; Verbal Images Press, 1991	6-10
LEARNING TO SLOW DOWN AND PAY ATTENTION; by Kathleen Nadeau; Chesapeake Psychological Pub., 1993	8-12
MY BROTHER'S A WORLD CLASS PAIN: A SIBLING'S GUIDE TO ADHD/HYPERACTIVITY; by Michael Gordon; GSI, 1992	8-12
SLAM DUNK ADD; by Roberta Parker; ADD Warehouse, 1993	8-12
PUTTING ON THE BRAKES: YOUNG PEOPLE'S GUIDE TO UNDERSTANDING ATTENTION DEFICIT HYPERACTIVITY DISORDER; by Patricia O. Quinn, M.D., and Judith Stern; Magination Press, 1991	8-12
THE "PUTTING ON THE BRAKES" ACTIVITY BOOK FOR YOUNG PEOPLE WITH ADHD; by Patricia O. Quinn, M.D.; Magination Press, 1993	7-13
I WOULD IF I COULD; by Michael Gordon; GSI, 1993	11-17
DRIVEN TO DISTRACTION; by Edward Hallowell, M.D., and John Ratey, M.D.; Random House, 1994	Adult
HELPING YOUR HYPERACTIVE/ADD CHILD; by John Taylor; Prima Publishing, 1997	Adult
HYPERACTIVE CHILD, ADOLESCENT, AND ADULT; by Paul Wender, M.D.; Oxford University Press, 1987	Adult
IF YOUR CHILD IS HYPERACTIVE, INATTENTIVE, IMPULSIVE, DISTRACTABLE?; by Stephen Garber; Villard Books, 1995	Adult
LIVING WITH THE ACTIVE ALERT CHILD; by Linda Budd; Parenting Press, 1993	Adult
THE PARENTS' HYPERACTIVITY HANDBOOK: HELPING THE FIDGETY CHILD; by David M. Paltin; Plenum Publishing Corporation, 1993	Adult
TEENAGERS WITH ADD: A PARENT'S GUIDE; by Chris A. Zeigler Dendy; Woodbine House, 1995	Adult
WHY JOHNNY CAN'T CONCENTRATE; by Robert Moss and Helen Dunlap; Bantam, 1996	Adult
YOUNG HYPERACTIVE CHILD: ANSWERS TO QUESTIONS ABOUT DIAGNOSIS, PROGNOSIS, AND TREATMENT; edited by Jan Loney; Haworth Press, 1987	Adult
YOUR HYPERACTIVE CHILD; by Barbara Ingersoll; Doubleday, 1988	Adult