

ADHD Characteristics:

ADHD stands for attention-deficit hyperactivity disorder and there are three subtypes of this disorder: predominantly hyperactive-impulsive, predominantly inattentive, and combined hyperactive-impulsive and inattentive (NIMH, 2011). It is a common disruptive behavior in adolescents that affects 5%-10% of children worldwide (Quartier et al., 2010). When I began my internship at Ocean Tides I encountered a couple cases of ADHD and was interested in understanding how this affects a child's learning process.

Symptoms:

ADHD has typically three key symptoms, which includes inattention, hyperactivity, and impulsivity. According to the NIMH website, typical behaviors we can correlate to these three key symptoms beginning with inattention is being easily distracted, difficulty focusing, becoming easily bored with activities, tends to daydream and not respond to instruction at times, and has difficulty processing information. Symptoms associated with hyperactivity are as follows: being fidgety, being constantly in motion, and having difficulty sitting down or staying put in one particular place. Lastly, symptoms related to impulsivity are acting impatient, showing emotions without restraint, and interrupting (NIMH, 2011).

Causes:

Although researchers are not completely positive of the causes behind ADHD, they do assume that the reasons are a combination of factors such as genes, environmental factors, brain injuries, and possible food additives (NIMH, 2011). However, more research should be conducted between the association of brain injuries and ADHD. It was said only a small percentage of children with brain injuries displayed similar characteristics. According to NIMH research, it showed that children with ADHD have thinner brain tissues in certain areas associated with attention. However, when the child grows up the brain tissue develops to a normal thickness, and their ADHD symptoms also improve illustrating how the symptoms are not permanent.

Diagnosis:

ADHD can be challenging to diagnose simply because symptoms differ from person to person. Also, children that display some ADHD characteristics can be mistaken for having the disorder. According to the NIMH website, ADHD usually develops between the ages of 3 and 6. The best way to diagnose a child with this disorder is to have a licensed health professional gather information about the child's overall behavior and health and school records.

Medications:

There is no medication that can treat ADHD, but instead are used to improve their symptoms such as helping them focus, work, and learn. Common medications used are stimulants, which acts as a calming effect on the child (NIMH, 2011). Non-stimulants are also prescribed but work in a different way to help ADHD symptoms. Common side effects of the stimulant medications are decreased appetite and sleep problems. However, according to the NIMH website, adding additional treatment methods such as therapy, keeping the child on a routine schedule, staying consistent with the child, and praising the child when appropriate behavior is displayed all can be beneficial in improving this disorder.

Individual Case:

I worked directly with two kids with ADHD at my internship placement. Both kids had large differences between their behaviors and characteristics of ADHD. The first student was very quiet, preferred working alone, had trouble focusing and understanding schoolwork, and struggled in processing information quickly. Most of his issues were related to inattention. The second student I observed was more of the textbook definition for ADHD. He had very low impulse control, constantly moving around, very talkative and fidgety, often interrupted classroom activities, had trouble paying attention, had difficulty listening, and showed his emotions without restraint. For the first student, I usually took him aside to complete tests and helped him to read because he was also very low skilled. The second student benefitted much from individual attention with schoolwork. I usually spent time with him at the end of the day to help him focus and finish homework. The second student is also currently taking methylphenidate, which is commonly known as Ritalin. I think both kids would continue to benefit from the Ocean Tides program because of the individual attention they are receiving, the consistency of the staff and teachers, and the set schedule they are kept on during their school week. A combination of these factors will help to improve their inattention and the challenges they experience in focusing.

References

NIMH Attention Deficit Hyperactivity Disorder (ADHD). (2011, December 7). *NIMH Home*. Retrieved December 9, 2011, from <http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/complete-index.shtml>

Quartier, V., Zimmermann, G., & Nashat, S. (2010). Sense of time in children with attention-deficit/hyperactivity disorder (ADHD): A comparative study. *Swiss Journal of Psychology/Schweizerische Zeitschrift Für Psychologie/Revue Suisse De Psychologie*, 69(1), 7-14. doi:10.1024/1421-0185/a000002