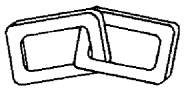
INTERACTION CONSULTANTS



ADHD

Your child has difficulty focusing enough attention to complete tasks or may be unable to sit still long enough to complete tasks. You or your child's teacher may be exhausted trying to either cajole your child to pay attention or to stop squirming and settle down. There may be a neuro-chemical basis for your child's difficulty, or there may not be…

Where known before as *Attention Deficit Disorder* or *ADD*, this is now referred to as *Attention Deficit Hyperactivity Disorder* or *ADHD*.

There is no blood test for this disorder. Diagnosis is made solely upon observations of the child, the input of parents and teachers as well as behaviour checklists that parents and teachers may provide. Collectively, this is referred to as a clinical diagnosis.

Further, and given the diagnosis is made on the basis of observed behaviour, there may be little information to say what the underlying cause is of the behaviour observed.

In addition to or alternately to a neuro-chemical basis of the child's behaviour, there may be other things going on in the child's family or social environment that is contributing to the problematic behaviour.

Thus in addition to reports of observed behaviour and behaviour checklists, it is also advisable for parents to meet with a service provider who will investigate family traits from the family history, current family issues and dynamics, and the child's own personality disposition and social circumstances.

For instance, when parents are in distress, such as during times of separation or divorce, or if the child is subject to inappropriate behaviour between parents, or ineffective discipline strategies or parental drug or alcohol use, the child can be adversely affected and behave in a way that is similar to the neuro-chemical basis of ADHD.

Treatment of choice depends less upon the observed behaviour and more upon an understanding of the underlying issue.

If there appears to be no issues arising from the family history, current family circumstance or the child's social situation, then it is reasonable to attribute the behaviour to a neuro-chemical basis. The treatment of choice is then medication.

However, if there appears to be other issues particularly distressing to the child that may be influencing behaviour, then counselling is the treatment of choice. Counselling may be aimed at the parents however, to clear up and manage issues affecting the child. To only meet with the child in counselling may not affect the very problems to which the child is exposed.

At times it may be difficult to tease out whether the underlying issues are intrinsic to the child or the result of the child's situation. In these cases, it may be advisable to treat with counselling and medication.

With respect to medication, parents can consider a trial for a pre-determined period. The purpose of the trial is to simply have the child try the medication and see if it results in improvements. If so, then parents may chose to continue. If no improvement is observed, then it would be reasonable to discontinue.

Parents are always advised to consider counselling for themselves even if their child is on medication. The purpose of this counselling is to be advised of behaviour management strategies to obtain the best outcome from the medicinal support.

A well-rounded assessment leads to better directed treatment. Counselling supports the process.

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Gary Direnfeld is a social worker. Courts in Ontario, Canada, consider him an expert on child development, parent-child relations, marital and family therapy, custody and access recommendations, social work and an expert for the purpose of giving a critique on a Section 112 (social work) report. Call him for your next conference and for expert opinion on family matters. Services include counselling, mediation, assessment, assessment critiques and workshops.