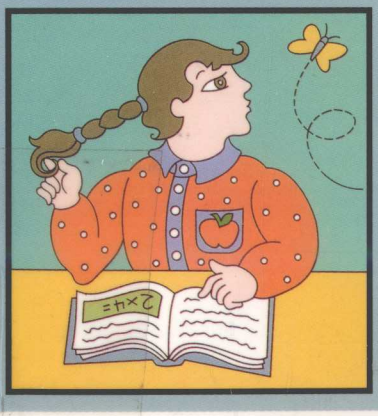
"...an excellent resource for parents who want to know about the basics of ADD...practical information presented in a straightforward manner..." —*Harvey Parker, PhD, Executive Director and Cofounder CHADD (Children with Attention Deficit Disorder)*

hyperactivity

WHY WON'T MY CHILD PAY ATTENTION?



A complete guide to ADD for parents, teachers, and community agencies

Dr. Sam Goldstein, Child Psychologist
Dr. Michael Goldstein, Child Neurologist

HYPERACTIVITY

WHY WON'T MY CHILD PAY ATTENTION?

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Foreword

For the past several decades, the study of attention deficit disorder (ADD or ADHD) has captured the interest of medical, psychological, and educational researchers. The scientific investigation into the disorder has focused on a myriad of aspects including: epidemiology, etiology, methods of diagnosis, and procedures for treatment. It is likely that no other psychomedical disorder of childhood has been so well studied as ADD. One of the reasons for such intense interest is that ADD is fairly prevalent in our society, affecting 3 to 5 percent of the nation's school-age children. For many of these children, the effects of ADD will be noticeable throughout much of their youth and possibly into their adult years. Its effect on quality of life is dramatic, not only for the ADD child, but for his or her entire family as well.

Outcome studies indicate that ADD children are most likely to develop social, emotional, and behavioral disorders and will manifest more academic problems than non-ADD children. Many receive treatment for their disorder from pediatricians, mental health professionals, or educators. Those who are bright, nonaggressive, and come from stable and emotionally healthy families will fare better than those who are combative, learning impaired, or do not have the consistency of a stable family to rely on for guidance and support.

Despite the significant impact that ADD has on our children, for a great while there was little accurate information on the subject available to the public. Parents of children with ADD had to rely primarily on books written for other similar conditions such as learning disability or emotional disturbance for help. This stemmed, in part, from the early notions that ADD was not, in and of itself, a distinct disorder, but merely a subtype of other childhood learning or emotional problems. In the last several years, parents of ADD children began to seek more information to explain their children's unique and special difficulties. Fueled by a highly

emotional mixture of love, confusion, hope, and desperation the ADD parent movement began. It took off like a shooting star and information about ADD began to pour in. This information became readily available to parents through community support groups, public libraries, or local book sellers.

Drs. Sam and Michael Goldstein have made much of this information available through their writings, video presentations, and public speaking across the country. Their latest book, *Hyperactivity: Why Won't My Child Pay Attention?,* is an excellent resource for parents who want to know about the basics of ADD and a lot more. This family guide is truly what its title implies, practical information presented in a straightforward manner to assist parents in understanding why their child won't pay attention. The authors guide parents through the process of diagnosis and explain the many aspects of treatment typically used to help ADD children. Sections on medication management, behavior modification, social skills training, communication building, and education are clearly presented. Suggestions for helping the ADD child through the adolescent period gives parents of younger children a glimpse into the future and those with adolescents an opportunity to see their teenager's behavior in a different light. A section on adult ADD offers all parents a glimpse into what may be their child's future struggle and promise.

The ADD movement is growing quickly and it will continue to have a dramatically positive effect on how children, adolescents, and adults with ADD are treated. With continued understanding through education the future of ADD children will become much more enlightened than was their past. Thanks to Dr. Sam Goldstein and Dr. Michael Goldstein for their continuing efforts to shed light on the needs of ADD children and their families. They certainly continue to guide us in the right directions.

HARVEY C. PARKER, PHD

Executive Director, Co-Founder
CH.A.D.D. (Children with Attention Deficit Disorder)
August 1991

Preface

This book is about children who have difficulty paying attention, controlling emotions, and governing physical activity, and who do not think before they act. It is a book about children who are often described as taking unnecessary risks, but it begins with the premise that these children can succeed at home, in school, and in the community. They can manage these difficulties. Most importantly, when they become successful adults, they can make a significant positive contribution to society. Our obligation as parents and professionals is to understand these children and find ways to help them succeed.

This book also begins with the idea that problems that cannot be cured must be effectively managed, and effective management comes about through understanding those problems. To help your hyperactive child succeed, it is essential to understand your child's behavior, see the world through your child's eyes, and make the distinction between behavior that results from lack of ability and behavior that results from deliberate noncompliance.

Over the past hundred years, problems characteristic of hyperactive children have been categorized and labeled many different ways. At various times in the twentieth century, these children have been referred to as having the *fidgeties, a defect in moral control, minimal brain dysfunction, postencephalitic disorder, minimal brain damage, hyperkinesis, hyperkinetic reaction of childhood, attention deficit disorder, and attention-deficit hyperactivity disorder.* Although the label has changed repeatedly, the problem has not—it has remained fairly constant over time.

For the purposes of this book, problems of inattention, distractibility, restlessness, excessive activity, excessive emotionality, and impulsiveness will be referred to as problems of *childhood hyperactivity* or *hyperactivity.* The term hyperactivity is used because it is brief, simple, familiar, and in many clinical,

research, and practical ways may best describe these children. Most are hyperactive in thought and action.

As professionals who deal with hyperactivity day in and day out, we spend a great deal of time educating parents and the general public about these problems. But this is only half the battle because we also must refute and challenge the myths of hyperactivity. Fully half the information the public has about hyperactivity may be erroneous. Misinformation ranges from gross distortions, (hyperactivity is caused by fluorescent lights) to misrepresentation (inattention can be cured through repetitive practice). For these reasons, a number of chapters at the outset of this book inform parents about the current scientific position and trends concerning the cause, course, evaluation, and prognosis of hyperactive children. Of course parents must also possess a realistic understanding of appropriate medical and nonmedical treatments. There is no sure cure or simple solution, and our critical review of these treatments offers practical guidelines to help you and your child.

Throughout this book, we have used the pronoun *he* when referring to the hyperactive child. This stylistic convention is for ease of reading only; the information herein refers impartially to girls and boys unless the specific content states otherwise.

The Appendix at the end of the book provides information for obtaining books, as well as other learning resources discussed in the text. It is crucial for parents to understand that no book can substitute for working with a well-informed professional. Most professionals agree, however, that the most critical variable for success for the hyperactive child is not any single treatment but patient, understanding, supportive parents who accept their child and are knowledgeable about hyperactivity. You will make an important difference. You can and must be those parents.

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August 1992

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This work is dedicated to our wives, Janet and Barbara, and our children, Allyson, Ryan, Rachel, Elizabeth, and Adam. Children are our best teachers. We have learned much from ours and yours. Once again we are indebted to Kathleen Gardner and Sarah Cheminant for their assistance in the preparation of this manuscript. Thanks also to Toni Kamins for her thoughtful editorial assistance.

This work is also dedicated to the memory of David Watson.

S.G.
M.G.

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SAM GOLDSTEIN, PhD, is a child psychologist and a director of the Neurology, Learning and Behavior Center in Salt Lake City. **MICHAEL GOLDSTEIN, MD,** is a child neurologist and a director of the Neurology, Learning and Behavior Center in Salt Lake City. They are known nationally for training parents and professionals to deal with problems of hyperactive children. Authors of several professional books on hyperactivity, including their very influential, professional bestseller, *Managing Attention Disorders in Children,* they are also the producers of the renowned video, *Why Won't My Child Pay Attention?,* which won several awards, including a Telly (the broadcast equivalent of an EMMY), and was a finalist in the New York Film Festival.

Contents

PART I

HYPERACTIVITY AND ITS CAUSES

CHAPTER 1

What Is Hyperactivity?

George, a 9-year-old in the third grade, has boundless energy and frequently exercises poor judgment. His impulsive, inattentive behavior leads to his taking many risks and results in multiple problems at home and school. George's brothers and sisters are frequently unhappy with his behavior toward them, their possessions, and friends. His parents cannot cope with what seems to be resistance to responsible behavior. George's teachers are frustrated too by his inattentive, impulsive style, which often results in misbehavior and poor work habits. On the playground, although he has some friends, George is unable to follow the game rules and has poor problem-solving skills. He is frequently sought out by his peers when something dangerous needs doing such as climbing roofs or running across busy streets to retrieve balls, and he can be counted on to immerse himself in an activity.

The hyperactive child presents a significant challenge for parents and teachers. Researchers have suggested that hyperactivity may be the most common, persistent problem of childhood. It is persistent or chronic because there is no cure and the many problems facing hyperactive children must be managed day in and day out throughout childhood and adolescence. Problems resulting from hyperactivity may be among the most common reasons for referring childhood behavior problems to physicians, psychologists, educators, and other mental health specialists.

Inattention, restlessness, excessive activity, emotionality, impulsiveness, and difficulty delaying rewards affect children's interaction with their entire world: home, school, and the community at large. Relationships with parents, teachers, brothers, and sisters are frequently impaired because of the stress provoked by uneven, unpredictable behavior, and academic progress and personality development may be also negatively affected.

It is important to understand that the hyperactive child is exhibiting the most common childhood difficulties in a greatly exaggerated form. For most affected children, inattention, excessive activity or emotionally, and impulsive, nonthinking behavior result from temperament. This term describes a set of innate qualities children bring to the world with them. Many researchers believe that these qualities, which may be inherited, are the result of some specific imbalance in brain chemistry. Some children, however, may exhibit symptoms of hyperactivity as a result of anxiety, frustration, depression, or ineffective parenting. We are concerned here with the temperamentally hyperactive child. Later on, we will discuss the differences between these children and those with hyperactive symptoms that reflect other childhood problems.

By the time a teacher, friend, or physician suggests having your child evaluated for hyperactive behavior, in all likelihood, you have been coping with not one or two problems but a complex set of problems that affect your child in all areas of his or her environment. In addition, your child's problems can be exacerbated by social and nonsocial factors including health, diet, friends, learning problems, siblings, and even your own emotional state. For example, if you have had a difficult day at work, and are in a bad mood when you arrive home, you may overreact to a relatively minor problem. If, on top of this, your child is hyperactive, the combination may be a time bomb waiting to explode. Careful evaluation is necessary to determine the origin of the problem: you or your child.

Dr. Keith Conners, a well-known researcher in the field of childhood hyperactivity, has noted that evaluation for hyperactivity is complicated. There is no absolute, diagnostic test for hyperactivity.

It requires the careful collection of information from a variety of sources (i.e., parents and teachers), by a variety of means (i.e., questionnaires, interviews, and testing), in a variety of ways. In addition, there are no positive markers in a child's developmental history that will absolutely diagnose hyperactivity. Though certain early childhood developmental factors (i.e., the difficult-to-comfort infant or the infant with sleep difficulty) may place children at risk, hyperactivity is marked by a cluster of these problems, their intensity or severity, and their persistence as the child grows.

It is also important for parents to understand that hyperactivity is best described as an exaggeration of what may be age-appropriate behavior. A child may be too active or not attentive enough. Other problems of childhood are ordinarily defined in a black-and-white fashion. For example, a child may or may not be setting fires. There is no gray area. Hyperactivity, on the other hand, has a very large gray area in which the child's levels of attention, activity, and impulse are determined both by the child's temperament and by the demands placed on the child by the world. Hyperactivity must thus be considered an interaction disorder. The amount of trouble a restless child will experience is, in part, determined by the situation. On the playground, the restless child may experience little difficulty because he isn't being asked to sit still. In a restaurant, however, the child's restlessness becomes a problem.

It is also unfair to say that an inattentive child can never pay attention, an impulsive child can never plan an action, or a restless child can never sit still. Hyperactivity is best described as the cause of problems that result from inconsistency rather than inability. Hyperactivity results in inconsistent performance. This pattern creates frequent frustration. In one situation, the child can pay attention, yet he is distracted a few moments later. One minute the child may be sitting, listening to the teacher, yet a few moments later something very minor proves to be a distraction.

Hyperactivity is not limited to school-age children. Although professionals may not apply the label to a child until he or she is at least five, many younger children exhibit similar symptoms that

can be early indicators of the problem. In addition, almost as many teenagers experience hyperactivity as do younger children. Although hyperactive adolescents may experience very different problems, they struggle nonetheless. In many ways, hyperactive adolescents experience more complex problems as they attempt to move into adulthood. Finally, some research studies indicate that as many as one third to one half of hyperactive children present with what becomes a lifelong set of problems. Factors affecting the adult life of hyperactive children will be discussed in a later chapter.

For the hyperactive child, daily life is a series of challenges brought about by a number of specific skill deficiencies or weaknesses. If we were to take 100 hyperactive children, as a group they would share similar weaknesses—difficulty paying attention, controlling their body and emotions, and thinking before acting. However, as we have explained, problems not only stem from skill weaknesses but result from the child's inability to meet the demands placed on him by the world. Thus, a hyperactive child living on a deserted tropical island may not develop significant problems from these temperamental qualities. Any 2 of these 100 hyperactive children may experience very different problems because they have different parents, teachers, siblings, and so on. Attempting to understand hyperactivity by focusing on specific problems rather than skill weaknesses may cloud rather than improve understanding.

A century ago in our educational system, a teacher's usual method of dealing with these temperamental difficulties was to hit the child soundly with a ruler. If the ruler broke before the child, authorities politely suggested the child not return to school. Thus, school difficulties were solved and the child was sent out into the world. In our society and culture, whether good or bad, right or wrong, we place a high premium on children sitting still, paying attention, and planning and arriving at finished products. These demands are made on even younger children. The hyperactive child, unable to meet these demands, is an immediate candidate for a myriad of problems.