Attention-deficit hyperactive disorder (ADHD) is probably the most controversial medical health issue of our time. While some suggest that no such disorder exists, new brain scan tests of adults diagnosed with ADHD have located a chemical imbalance in a part of the brain that uses the nerve messenger dopamine. Dopamine helps regulate attention and inhibits impulsive behavior. A public perception exists that ADHD is over-diagnosed, although the Council on Scientific Affairs of the American Medical Association recently determined that this is not the case. Adoptive parents need to be vigilant since the incidence of learning disabilities such as ADHD appears to be higher among adopted children than among non-adopted children.

ADHD brings the nurture vs. nature debate to the adoption floor. A genetic pattern of multigenerational transmission of ADHD has been documented, as well as a high incidence among children born in a crisis. The crisis may be generational and connected to addiction, depression and/or abuse. While genetic influences may offer cause-effect explanations to the diagnosis, environmental factors may also be at play. Some experts believe that the added childhood task of trying to make sense of altered life circumstances influences the learning styles of children who are adopted.

ADHD symptoms, manifested by the age of seven, include developmentally inappropriate impulsivity, inattention, and in some cases, hyperactivity. This neurobiological disorder affects three-to-five percent of school-age children. Symptoms typically continue into adulthood with a two to four percent occurrence among adults. The disorder results from parts of the brain being under-active, not hyperactive.

Three variations of ADHD exist:
- Combined (most common) – hyperactive, impulsive, inattentive
- Predominantly Inattentive – (most common in girls and adults)
- Predominantly Hyperactive/impulsive

Determining if a child has ADHD is a multifaceted process that requires separating out biological and psychological problems that mirror those exhibited by children who may not have ADHD. A comprehensive evaluation by a specialist in the field should include a clinical assessment of the child’s academic, social/emotional functioning and developmental abilities. A medical exam by a physician is also important.

By federal law, children suspected of having ADHD must be evaluated at the school’s expense and, if found to be eligible, provided services under either The Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973. Some of the services that could be provided to eligible children include modified instructions, assignments, and testing; assistance from a classroom aide or a special education teacher; assistive technology; behavior management; and the development of a positive behavioral intervention plan.

In order to adapt education to the needs of youth with ADHD, educators need to:
- Send clear messages and teach for understanding
- Use multi-sensory teaching techniques and active learning strategies
- Provide clear, explicit structure for class time, space, materials and course of study

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• Provide frequent assignments with meaningful feedback and evaluation
• Expose and teach the skills, information and expectations hidden in the curriculum
• Offer alternative assignments, when indicated
• Involve and respect students as central partners in learning
• Intervene early and effective with individual students who have difficulty learning

Alternative schools with smaller classrooms or home schooling may suit youth whose educational needs are not being met in larger public school settings. Smaller classrooms offer less distraction compared to typical larger classes where attention strays to 30 voices, 30 faces, 30 bodies moving around.

**ADHD presents some paradoxes, including:**

• Psycho-stimulants prescribed for ADHD calm those with ADHD but can be potentially over-stimulating and even dangerous to those without the disorder
• Children with ADHD resist the structure they desperately need for symptom relief
• They love distractions, but function and feel best when hyper-focused
• They seek stimulation to stave off boredom and depression, but over-stimulation exacerbates their symptoms, causing distress
• They are capable of making connections between ideas/people at the speed of light, yet may act scattered and socially backward

Since children with ADHD often appear bright and capable, parents may find themselves arousing the suspicion of others who blame a child’s behaviors on poor parenting. Child raising experts suggest that parents receive training specific to ADHD, get individual/family counseling, investigate a medical regiment, and create interventions based on these guidelines:

• Raise the bar; don’t lower it
• Make life challenging in fun ways, not less
• Keep the stakes high with individual tasks

Untreated children with ADHD are “at-risk” for potentially serious problems: academic underachievement, school failure, difficulty getting along with peers, and problems dealing with authority. In the pre-teen and teen years, youth diagnosed with ADHD may be at greater risk for substance abuse if they turn to substances to mask the negative effects. Recent research investigating the calming effects of nicotine on ADHD may explain why many who have the disorder smoke. Studies show that children who receive adequate treatment for ADHD have fewer problems with school, peers and substance abuse, and show improved overall functioning, compared to those who do not receive treatment.

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**RESOURCES**

*Adoption and the Schools: Resources for Parents and Teachers*, edited by Lansing Wood and Nancy Ng. Published by FAIR (Families Adopting in Response) P.O. Box 51436, Palo Alto, CA 94303, www.fairfamilies.org

*How To Reach and Teach Teenagers with ADHD* by Grad L. Flick, Ph.D.

*Special Kids Need Special Parents: A Resource for Parents of Children with Special Needs* by Judith Loseff Lavin,

*Taking Charge of ADHD: The Complete Authoritative Guide for Parents* by Russell A. Barkley, Ph.D.

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