Acute Training Solutions

Attention Deficit Hyperactivity Disorder - Case studies

Jack - INTRODUCTION

Jack is a 7 year old male who lives in Cardiff with his parents. He is the only child to two parents, both of whom have completed post-graduate education. There is an extended family history of Attention Deficit/Hyperactivity Disorder (ADHD), mental health concerns as well as academic excellence. Jack is an intelligent and caring young boy who presents with significant potential to excel academically. In his spare time, Jack enjoys spending time with his friends, and participating in physical activities such as swimming and running. He also enjoys participating in social events and is often invited to birthday parties.

It is noteworthy that he did not know his address or home phone number, could not print his surname, and recognized only a few pre-primer words. While Jack interacts well with peers his own age, his parents note that he can be easily led and influenced by others. They also report that Jack gets upset when he does not receive recognition or feels that he has been ignored. His teacher notes that he sometimes acts 'socially immature', and that he often demonstrates attention-seeking behaviour.

Jack describes difficulties with focusing and sitting still in class. He recognizes that he is able to 'hyper focus' on some activities of interest, however he often has difficulty sustaining his attention at school. His parents and teacher indicate that Jack is restless, and often requires reminders to help him stay on task. He is described as "constantly running around" and presenting with difficulties listening and following instructions. Jack's teacher indicates that he often blurts out answers and interrupts other students in the classroom. Jack recognizes this tendency in himself but, says that he 'can't stop' in spite of his best intentions.

Jack has always had challenges falling asleep, and sometimes finds that he wakes up in the middle of the night. When he wakes up he finds that he has a difficult time getting back to sleep - sometimes staying awake for as long as an hour and a half. His mother reports difficulties at home with following routines and remembering instructions. His parents describe emotional reactivity as well as confrontational behaviours demonstrated both at home and at school. His teacher notes that Jack is very defiant towards listening to instructions, but generally interacts well with his peers. He is easily frustrated and emotionally impulsive - Jack has had several incidents of hitting, crying outbursts, and inappropriate behaviour.

Jack - QUESTIONS

1. Is Jack just being a typical 7 year-old boy?
2. Discuss and list what behaviours of Jack could be improved
3. What interventions could you suggest to the parents
4. What help does Jack need?
5. What changes might the parents observe following good interventions?
6. What specialists (if any) need to be involved with Jack's needs?

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Jack - RESULTS

Diagnosis: Jack presents with a diagnosis of Attention-Deficit/Hyperactivity Disorder, combined type. He also presents with Oppositional Defiant Disorder.

Treatment: A. Behavioural Intervention: Jack has participated in a coaching program that focuses on strategies for managing his focus in multiple environments, as well as with self-regulation and control. He has been working on a capacity building program to promote health behaviour change and improved performance. Co-operation with the school has been implemented to improve Jack' ability to manage instructions, ask for help when he needs it, and take responsibility at home and at school

B. Medical Intervention: In the time since his diagnosis one year ago, a trial of stimulant medication has been conducted. The medication type and dosage have been adjusted several times in order to find the best balance:

John - INTRODUCTION

John was born prematurely with low birth weight. He suffered from hypothermia and jaundice, and was slow to thrive in his early months. Nevertheless, his physical health was generally good. John's early developmental milestones were average. His parents divorced when he was 3 years old. John maintained contact with his father and his older brother, who resided with his father. His mother subsequently remarried and had a further six children. When he was 5 years old, John was described as having been hyperactive and inattentive from an early age. It was reported that he was not allowed to stay for school lunch because he ran around the dining room throwing 'anything in reach' around. As a consequence, his mother gave up her job in order to care for him. John's 5-year medical noted that he had a poor concentration span, immature motor development, poor pencil grip and hyperactive behaviour. Following this medical, he was referred to a London hospital because of his behavioural problems.

At 12 years of age, John was placed in a small residential school for children with learning and behavioural difficulties. His annual review documented that he was in a one-year chronologically younger group of five pupils because of his level of academic functioning. John was also receiving art psychotherapy on an individual-session basis. He was noted to be an affectionate and likeable person at times, although these qualities were overshadowed by his problematic attention-seeking behaviour. These behaviours prevented John from functioning satisfactorily within the residential setting (as they had in a mainstream setting), and also from forming positive relationships with both adults and peers. Particular problems identified included his need for his demands to be met immediately and his inability to tolerate sharing adult attention with other children, often resorting to 'extreme' attention-seeking behaviours. When confronted by unsatisfactory performance or failure on a task, John became angry and frustrated. His immature attitudes and behaviours were considered to be restricting his progress both academically and socially: such behaviours were perceived to result in 'inappropriate social behaviour with peers' which caused him to be ostracized by his fellow pupils.

John - OUTCOMES

John was referred for assessment at a national adult ADHD clinic based at a London hospital. His performance gave him an estimated IQ of 65. The information from an interview with John's mother and the documentation relating to his educational history all confirmed that he had experienced considerable problems with inattention, impulsiveness and hyperactivity from a young age. Formal psychological assessment, information from his mother and self-report all indicated that these early cognitive and behavioural difficulties had not abated in late adolescence. On the basis of the assessment, John was formally diagnosed as having ADHD.