

## **Difficult behaviour in school-age children**

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In another article<sup>1</sup> I wrote about young children and difficult behaviour, something all of us will have experienced at some point. Unreasonable behaviour in young kids is rarely anything but par for the course, needing straightforward behaviour management. Importantly, any form of 'diagnosis' is seldom appropriate.

At school age, it's a different matter altogether. There are still a good few children who haven't been taught what they can and can't do, so kick off when they don't get their own way. On the other hand, this is often the first time when children with real behaviour disorders start to run into problems as, suddenly, life is structured, with rules and timetables, quiet times and times for concentrating. These problems are present all the time to some extent, which is why any assessment has to take into account both home and school to ensure that the problems are there all the time, and not just in certain situations.

Many Reception children take time to settle, sit for any length of time or concentrate on the new Jolly Phonics letter, but a child with Attention Deficit Hyperactivity Disorder (ADHD) is much worse than their peers, and can be a nightmare for a teacher. These kids feel 'fizzy' inside and distracted all the time; they feel restless and itchy-footed and just can't help squirming and fiddling and getting down from their chair when everyone else is sitting neatly, and prodding the girl in front with the very long blonde plait, and shouting out answers when it's not their turn, and butting in endlessly when the Class Assistant is helping little Johnny instead, and 'Oh! What happens if I pull that plug out...' and... "But I didn't mean to, Miss!" What I'm talking about here is hyperactivity and impulsiveness.

Exhausting? My mother certainly found it so, and my childhood nickname of YoYo gives a hint of what it was like living with me. The hyperactivity irritates and exhausts everyone, and the only person who is still full of life at the end of the day is the child, who still can't get off

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<sup>1</sup> Difficult behaviour in young children

to sleep at 10 pm and is then grumpy and groggy at 7.30 the next morning. OK, I've described a pretty 'bad case', but believe me when I say I meet kids like that, along with their desperate parents, every week in clinic.

As well as being hyperactive, these kids may also have tremendous problems paying attention i.e attention deficit (can't concentrate). Every little scratch of a pencil on the other side of the room or buzz of a fly at the window grabs their attention just as much as what's being said by the teacher, or their mind races from idea to idea... 'Is it pizza for lunch...I could have a go at that climbing frame...is Mum going to let me go swimming after school...if I do lend Alex that Power Rangers figure, I can have a go at his ...and there's that great remote control car in that shop... ' then, "I don't know, Mrs. Jones!" as they suddenly find they have no idea what the teacher's talking about because they haven't been listening for ten minutes.

If a child is hyperactive and inattentive i.e. have full blown ADHD, then they will be noticed pretty quickly and their parents speedily informed. However, if the child 'just' (?!) has inattention, i.e. Attention Deficit Disorder (ADD), a subtype of ADHD, then they can be often missed as they are usually not nearly so disruptive. Teachers have to meet the educational needs of at least 30 children per class in most Primary Schools, and the quiet child at the back who isn't performing terribly well may possibly have ADD, and be much brighter than everyone thinks.

ADHD and ADD are not made up by overzealous doctors. ADHD medications are not poison, and side-effects are unusual rather than the norm. It's pretty clear though that a very careful job needs to be done in choosing the right children for the diagnosis, and the right children to receive medication and careful monitoring. Diagnosing ADHD is a skilful and cautious business, requiring significant and ongoing training.

A highly regarded research trial in the U.S. (the MTA trial, 1999) proved that medication works better than in-depth psychological management. Panorama's recent programme 'exposing the myth that

medications are beneficial long-term' was flawed and not statistically rigorous.

It's important to emphasise however that general behaviour management (firm boundaries and using rewards rather than punishments) is part and parcel of ADHD and ADD management. Whereas adding medication to in-depth psychological management reaps many advantages, there are few advantages in adding psychological management to medication. You need to re-jig the medication instead. Parents should always be guided as to good behaviour strategies to try at home, as well as being advised on different medication options. The approach is then a holistic one. Involving the child too means that they feel part of the decision-making as far as is possible – they're more likely to take the medication.

ADHD and ADD are medical labels, there's no doubt about that. But they're diagnoses; as valid as asthma, epilepsy, diabetes to name a few. As labels, they are far better, however, than "Naughty... lazy... stupid..." - just a few of the alternative labels bandied about before these children and young people are diagnosed. Children and young people with ADHD and ADD need active help, not misunderstanding, bias and rejection. If they are not diagnosed and helped, their chances of being respected, fulfilled members of society as adults are significantly reduced. Sometimes, I feel that treating these children and young people truly gives them a more than deserved second chance at life.