

Dr. Beattie – Learning Disabilities Continued Part 3 - Transcript

We stopped on Thursday of last week looking at the criteria that are used to identify kids who may have attention deficit disorder. What we'll do now is discuss the potential side effects medication might have on these kids. Medication, as it stands now, is the most common treatment for attention deficit disorder and attention deficit hyperactive disorder.

It is important to note that there are essentially two types of attention deficit disorder. One disorder has hyperactivity present within the child's behavior, attention deficit hyperactive disorder (ADHD), and one does not have hyperactivity present, attention deficit disorder (ADD). Hyperactivity will not be present in all cases and it will be important to direct parents accordingly, explaining that their child does not need to show signs of being hyperactive to be classified ADHD. The major focus of ADHD and ADD is a child's attention. It's a deficit in one's ability to focus on target material.

What's the broad category of medicine used to treat children with ADD? Methamphetamines. Stimulant Medications. Psycho-stimulation Medications. Adderall. Ritalin. I take Dexadrine. They're great drugs. If I was a dishonest person, I would get my prescription of Dexadrine and meet people on a corner and start selling the stuff because I could probably make good money doing it. It's basically speed.

Why would we give a child, who is not specifically overactive or hyperactive, speed? It has the opposite effect. Why? If you aren't ADD or ADHD it would definitely stimulate you. If you do have ADD or ADHD and you take these medications it stimulates some stuff but it doesn't stimulate in general.

My apologies to any biology majors here, if I describe anything that is inappropriate biologically please let me know. These lines are our nerves or neurons. There's basically a space between all of the nerves in our body, in our neurological system. These lines don't connect. What's the space called? It's called the synapse. I think of the synapse basically being a little tiny bridge that allows one neuron or one nerve to communicate with one another. In our system we also have chemicals called neurotransmitters and their function is to stimulate the synapse to do their job to enable communication between nerves. In people with ADHD the neurotransmitters aren't doing what they are suppose to be doing and that communication bridge isn't there. So information isn't transmitted correctly across the nerves.

This maybe a crude example but this is basically what occurs within our bodies. So I can be thinking and concentrating on something then, all of a sudden, my concentration disappears into this gap here and I'm distracted by something else because my body isn't following through with this information or thought process. Biology people is that ok?

So we take the medication to stimulate the neurotransmitters to do their job that lets the synapse bridge this gap of communication. It's wonderful when it works. When it doesn't work you will know about it because kids will come in and say, "What are we gonna do today?" and be frazzled. In this case the medication has done exactly the opposite of what you had hoped would be the reaction or result.

Question: So the medication takes the place of the neurotransmitters or...?

Answer: The medicine simply stimulates the neurotransmitters to perform correctly and bridge the synapse gap the medicine itself doesn't replace the neurotransmitters.

Serious medication. This is something that way to many people jump in and administer because it's easy. We tend to classify kids as ADD overzealously and give them medication in hopes that it will calm the kid down and help them concentrate. In some cases it calm kids too much and can turn them into a zombie. You've got to be careful with the medication.

Alright the side effects. (See possible side effects side) The first potential side effect is, and these aren't necessarily always true, loss of appetite. When I started my medication I lost 15 pounds. It was great. Absolutely wonderful. But I was an adult. When you have a child, 8-10 year old child, that loss of appetite can be very serious. Matthew, my son, was on medication fro ADHD and he basically didn't eat and what I told him was while his head said he wasn't hungry, his body was, and he needed to eat anyway. That worked for him, and it might for you, but not always. However, some attention and some consideration needs to be paid to this side effect. So we have loss of appetite and possibly loss of weight that essential go together.

As a possible extension to both of the first two, a young person may grow at a slower rate because they aren't getting the food, the nutrients, and all the stuff he or she needs. Remember all of these are potential and possible side effects of these medications.

Headaches can occur for many different neurological reasons. I used to have headaches, but I simply attributed them to the fact that I was doing what I was suppose to be doing instead of letting my mind wander and that was too much for my mind to deal with. I'm not sure that that is true, but there is a potential relationship there as well.

Stomach pains. This may be a function of the fact the kids isn't eating enough. It may be a function of a persons reaction to the medication. Some people will react differently to different medications. There are many different medications out there, so it is important to find the right one for each individual.

Alright. These medicines are stimulates, right? So as a consequence there are instances when kids wont be able to sleep because of this. I am a product of this. I can list most all the infomercials that are on between 2 and 5am in the morning because I am up many nights a week do to bouts of insomnia.

Irritability is also another possibility. People can become aware of things they may have not been aware of for a long time. I have been on medication for ADHD for about ten years now and I am convinced that this is one of the reasons I am divorced from my first wife. I never noticed a whole bunch of stuff going on. I was concerned with a thousand different things and wasn't aware of things that were going on from day to day. Once I started taking the medication I became aware of a lot more around me which began to make me irritable. So irritability can possibly come from two different sources. It can simply be a reaction to the medication or, like it my case it can be a reaction to becoming aware or more things around you.

The next possible side effect is sad/depressed behavior. My experience, both personally and professionally, is that if there is sad/depressed behavior it is not exclusively because of the medication. There is probably something else going on in the person's life that is causing this behavior and the medicine simply increases the occurrences or awareness of this depression.

The last possible effect is nervousness. This can happen especially if the medication is inappropriate. People happens because people become wired, the medicine is doing more than simply helping them attend to tasks. It causing an overreaction or over stimulation and kids especially will show themselves as being nervous as an effect.

Alright, what do we do with these kids? (See To Do slide) Locking them up is not an option - although it might feel like that is the best possible thing that we can do. I think it's really interesting that kids with ADHD tend to bother teacher more than criminals or future criminals. Kids with ADHD tend to be at the top of the "I don't want these kids in my classroom" list because the teachers are not sure what to do when these kids are in their room. Lets talk about that.

Applying structure is at the top of the list of things to do with kids with ADHD. They are not internally structured so they need someone externally to be structured for them and if you do that as a professional the more likely they will be able to function appropriately in your classroom.

Limit the distracters. Don't get crazy with this. I worked with a person once who was very proud of her accommodations to kids with ADHD, but when I walked into her classroom it was like a dungeon. The walls were all one color. There were no posters. As you can see you can get carried away. You don't want to have stuff everywhere, but use discretion when limiting the distracters in the classroom.

Clear and simple directions. We talked a little about learning styles last class. Be aware of a kids learning styles and try to accommodate to that. Be it visual, auditory, or tactile. Don't ramble on about many other things or details before giving the directions clearly. The more I work with the kids the more I find this to be true. It is very important to give the kids chunks or information rather than an overarching vision or goal. I'll bet that 75% of kids could benefit from consideration in that regard. Breaking things into sizable, manageable chunks of information.

We talked about allowing extra time for kids with learning disabilities and it is very appropriate here too. It gives them the opportunity to show you what they know.

Consistency is one of the most important considerations for kids with ADHD. They need to understand the rules. That this is okay today AND tomorrow. Without that consistency there can be a lot of confusion.

Kids with ADHD move a lot and will be distracted if they aren't given the opportunity to move or to do something. The more hands on the directions and activity is the more the child will be able to concentrate.

I think we talked about this earlier. Physical contact. Not physical contact like hands around the throat, but just a simple pat on the shoulder. That way the kid knows I'm here for a reason.

Get the kids attention before doing anything. Calling on a kid will grab their attention toward you and will pay attention. This, proximity, and physical contact are a great way to get a kids attention. This easy steps and increase the chances of things going the right way.