



by Harold S. Koplewicz, M.D.

Managing Social Skills All Day, Every Day

FAMILIES AFFECTED BY AD/HD are familiar with the many different ways the condition impacts the child and the entire family. Despite recognition of AD/HD as one of the most common mental health conditions among school-age children by leading authorities such as the American Psychiatric Association (APA), the American Academy of Pediatrics (AAP), and the American Academy of Child and Adolescent Psychiatry (AACAP), many people perceive AD/HD as just a “school-day disorder.” While the effects of AD/HD on academics have been researched extensively, little has been done to examine its effect on social development of children.

The symptoms of AD/HD affect children morning, noon and night. A child with AD/HD is most often described as “the hyper one who constantly disrupts the class,” but beyond academic difficulties, children with AD/HD have trouble managing social skills all day. They often find it difficult to follow rules and get along with family members, peers at school, those they encounter during after-school activities, and neighborhood children. A new survey helps shed light on parents’ perceptions of the all-day, every-day impact AD/HD has on all aspects of a child’s life.

The national **I.M.P.A.C.T. (Investigating the Mindset of Parents about AD/HD & Children Today) 2001 Survey** conducted by the New York University Child Study Center found that AD/HD takes a major toll on the life of a child and the whole family. Not surprising to anyone living in a household with a family member who has AD/HD, children diagnosed with the disorder face serious social development issues that affect their relationships with family and friends. This is the first national study comparing the attitudes and perceptions of parents whose children have AD/HD with other parents whose children do not have the condition. The survey of more than 500 parents of children ages 6–14 was sponsored by an unrestricted

educational grant from McNeil Consumer & Specialty Pharmaceuticals.

IMPACT at Home

Parents of children with AD/HD face more challenges in helping their child successfully complete everyday tasks. According to the survey, they were more likely than other parents to report feeling frustrated while helping their child through daily activities, such as getting ready for school, doing homework and getting ready for bed. They also reported spending at least three hours a day helping their children with AD/HD manage their routines. Thirty-five percent of parents of children with AD/HD say they play “a major role” in their child’s daily routine, compared to 23 percent of parents of children without AD/HD.

AD/HD also takes its toll on the relationships at home. Seventy-two percent of parents of children with AD/HD report that their child has trouble getting along with siblings or other family members, compared to 53 percent of parents of children without AD/HD. Parents often must devote extra time and energy to the child with AD/HD, leaving less time for other children. The family dynamics may focus on taking care of and meeting the needs of the child with AD/HD, but it’s important for parents to carve out time for all of their children.

IMPACT at School: Beyond the 3 Rs

The school experience is much more than reading, writing and arithmetic. Peer relationships and a sense of belonging are important to a child’s development. Many kids with AD/HD feel different just because they have been diagnosed with the condition. Add to this the label of “problem child” that can accompany the diagnosis, plus the stigma of taking medication during school, and it’s easy to see why. As children get older, they may become uncomfortable when their peers

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question why they need to visit the nurse every day.

These feelings of not "fitting-in" are reflected in the survey results. Parents of children diagnosed with AD/HD are nearly three times more likely to report that their child has difficulty getting along with neighborhood children, more than twice as likely to say their child gets picked on, half as likely to believe their child has many good friends and are less likely to play with a group of friends than parents of children without AD/HD.

The IMPACT on After-School Activities

A majority of parents surveyed agree that participation in after-school activities, such as sports, clubs or after-school programs, is important to a child's emotional and social development. Sixty-nine percent of parents of children with AD/HD and 78 percent of parents of children without AD/HD report that their child participates in after-school activities. However, nearly one-quarter of parents of children with AD/HD say their child has problems that limit their partic-

ipation in after-school activities, as compared to only seven percent of parents of children without AD/HD.

How can a child participate in after-school activities when he hardly gets by in school? Each day, children with AD/HD experience a series of clearly missed social cues. They don't pick up on social nuances, so the best type of weekend or after-school activities are important to help them practice learning social skills. The more success these children experience in different social settings, the better their self-esteem—that can make a huge difference in their lives. The right kind of activity can be invaluable to help redirect a child's energy, tap into hidden talents or interests and develop social skills. Games can often teach valuable life lessons and skills: concentration, anticipation and appreciation of others' strengths and weaknesses, the joy of victory and recovery from defeat.

The IMPACT of Not Treating AD/HD

Perhaps one of the more disturbing issues uncovered in the survey is that parents indicate many children are

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not following physician-recommended treatment for their condition. Research shows that left untreated, children with AD/HD can suffer academically and experience behavioral, social and emotional problems through adulthood.

Of parents of children with AD/HD, 45 percent say that behavior therapy has been recommended for their child, but less than one-quarter (21 percent) report that their child participates in behavior therapy. Additionally, 89 percent of parents of children with AD/HD report that their child has been prescribed medication to help manage the symptoms, but only 55 percent report their child is currently taking medication. While nearly all parents whose children take medication for their AD/HD report being concerned that their child gets the correct dosage of medication (99 percent) and is consistently medicated while at school (94 percent), far fewer are concerned about consistent medication during evenings and weekends (67 percent).

Parents should talk with their child's doctor about finding the right comprehensive treatment plan—one that may include behavioral modification, educational

and social support, and medication, if appropriate. Recent treatment guidelines for AD/HD issued by the American Academy of Pediatrics state that, if appropriate, physicians should recommend behavior therapy and/or stimulant medication to improve specific symptoms in children with AD/HD. Today, longer-lasting, once-daily stimulant medications can help children with AD/HD effectively manage the symptoms of their condition before, during and after school, including weekends.

AD/HD is not just a school-day disorder, it is an all-day disorder. Helping these children realize success means addressing all aspects of their daily lives. Maintaining a regular schedule, celebrating accomplishments, evaluating personal strengths and weaknesses, and building a support team of parents, teachers and coaches to work through challenges are just some ways to encourage the social development of a child with AD/HD. For more information about AD/HD and the I.M.P.A.C.T. survey, visit the NYU Child Study Center website: www.AboutOurKids.org. ■

Dr. Koplewicz is director of the NYU Child Study Center.



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