



Case Study: Attention Deficit Hyperactivity Disorder

Amrit is a nine year old boy who has recently received a diagnosis of ADHD from the local CAMHS service and takes twice daily doses of methylphenidate (Ritalin). According to his class teacher Amrit is a bright boy who is under-achieving in school due to his extreme difficulties with concentration and cannot focus for longer than a few minutes without adult intervention. He fidgets in his seat and has difficulty remaining seated. He is easily distracted and has great difficulty awaiting his turn in groups, often blurting out answers to questions. He also has difficulty following instructions. Amrit has poor fine motor skills, his handwriting is illegible and he produces very little work. He experiences great difficulty seeing a piece of work through to completion. He is highly distractable and usually manages to take the attention of his peers away from their learning. At the beginning of the school year Amrit did this by playing the 'class clown' but this effect soon wore thin and caused his peers to be impatient and intolerant of Amrit's regular interruptions. He constantly disturbs lessons by swinging his arms about in class, slapping others on the back and overall appears to care very little about the consequences of his actions. This has led to Amrit being isolated in class and left out of social activities. He reports that he does not have any friends in school.

School staff report that Amrit has more difficulty in the afternoons, which may be related to the timing and dosage of his medication.

Amrit's behaviour in the playground is closely monitored as he is unable to join in with his peers and will leap around, play fight and frequently ends up tripping over and hurting himself. Amrit's classmates can get very angry with him, especially when he interrupts their games and insists that he is the centre of attention.

Amrit's parents report that at home he suffers from extreme anxiety and low self-esteem and often seems to be very depressed. His relationship with his sister is described of being 'both love and hate'. He argues with his sister and quickly becomes very angry and very verbal with her, then storms off. Amrit enjoys going to the gym club after school and becomes very fidgety when he knows it's nearly time for him to go there. Amrit says that he likes the gym because it helps him burn up energy and when he returns home he reports that he feels much better. He struggles to get to sleep at night often lying awake until almost midnight. This can result in Amrit being very tired the next day. He is often very moody in the mornings and says that he feels negative about everything. His sleeping pattern deteriorates as the term progresses.

Peer Relationships

Social skills intervention programmes should aim at providing successful peer contacts by increasing the pupil's knowledge about appropriate behaviour and developing appropriate social skills. The range of what can be taught includes conversational skills such as timing and showing interest in what others say. Strategies to develop these skills include discussion, role-play and staff or other pupils modelling appropriate behaviours in both day-to-day contact and structured sessions. The skills and behaviours that should be explicitly taught include the ability to concentrate, give attention, manage impulses and deal appropriately with social interactions. Social skills training should promote successful peer interactions in the natural environment. Involving the peer group in social skills programmes improves the acceptance of the child with ADHD.