

36. BEHAVIOUR DISORDER AND ATTENTION DEFICIT DISORDER

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36.2 Behaviour Disorders - Introduction

36.2.1 Children regarded as having behaviour problems form a very broad group. Parents who experience difficulty managing a child, may describe the child as having behaviour problems: it may be the expectation of the parents, or their way of managing the child, that are inappropriate, rather than the child's behaviour. Problem behaviours are common in children: they are often trivial, and of short duration. More serious persistent problems of behaviour are likely to come to the attention of professionals: health visitors; teachers; school doctors and nurses; psychologists, child psychiatrists or paediatricians. Oppositional defiant disorder, and conduct disorder, are medically recognised categories of problem behaviour.

36.3 Clinical Description

36.3.1 Oppositional Defiant Disorder

This is a pattern of negative and defiant behaviour. The child often loses his temper; argues with adults, is defiant or non-compliant to requests or rules. The child may be irritable and easily annoyed, or deliberately annoy other people. The child is often angry and resentful.

36.3.2 Conduct Disorder

This is a repetitive and persistent pattern of behaviour in which the basic rights of others, or normally accepted rules are violated. The types of behaviour included are bullying and threatening of others; initiating physical fights; using weapons to harm others; physical cruelty to people or animals; deliberate destruction of property by fire or otherwise. It also includes significant theft, running away from home for significant periods, and truancy from school.

36.4 Causes of Behaviour Disorder

36.4.1 Childrens' behaviour problems may arise from a condition affecting the child itself, or the environment in which it grows up (ie. early family experiences, parenting), or both of these. Factors intrinsic to the child include: attention deficit disorder; organic brain disease; epilepsy; mental retardation; autism and specific learning difficulties (eg. dyslexia). Family factors include: neglect; inconsistent parenting; unstable families; violence and anti-social personalities in the parents. It can be difficult to establish the precise cause in any particular case of behaviour disorder.

36.5 Care Needs

36.5.1 Although children with behaviour problems are by definition more difficult to manage, they will not require more attention for their bodily functions than normal children (unless the behaviour problems are associated with such conditions as significant mental retardation).

36.5.2 Some of these children will show poor awareness of danger, and will not learn to take more care as a result of experience. Such children will require a greater level of vigilance from parents and carers than ordinary children. However, this is unlikely to amount to continual supervision; indeed, some children are perceived as problematic largely because they are not receiving the amount of supervision which is appropriate to their age. If behaviour problems are severe and associated with another significant disability, such as severe mental retardation, then much higher levels of care are likely to be required.

36.5.3 Children with behaviour problems are often said to be difficult to settle at night. Once settled however, the majority will sleep through the night, and would be unlikely to require regular night-time attention.

36.6 Mobility Considerations

36.6.1 Children with behaviour problems do not have difficulty walking, unless there are other associated disabilities. They should be able to get around with no greater supervision than a normal child of the same age.

36.7 Further Evidence

36.7.1 Children with severe disorders of behaviour are likely to be known to professionals in the health and education services. Reports from school will be helpful; a Statement of Special Educational Needs may be available for information, or a report from an educational psychologist should be sought. Alternatively, the health visitor, GP, clinical psychologist, child psychiatrist, or paediatrician, may be able to provide a report on the degree of the child's behavioural difficulties, and the likely cause. Because of the wide range of possible behaviour problems, it is not adequate to rely on parents alone identifying their child as having a behaviour disorder.

36.8 Attention Deficit Disorder (Attention Deficit/Hyperactivity Disorder) - Introduction

36.8.1 Attention deficit disorder is a developmental disorder. Affected children have great difficulty in directing their attention to appropriate details; they have difficulty sustaining attention in tasks or play activity; they often do not listen when spoken to, and do not follow through on instructions. Such children have difficulty organising tasks and activity, and are very distractible. In addition, they are often fidgety and restless, and even have difficulty in engaging in leisure and pleasure activities appropriately. Such children are often impulsive, and interrupting and intrusive towards others.

36.8.2 Attention deficit disorder may be associated with mental retardation and epilepsy. Its presence in children greatly increases the likelihood of behaviour disorder occurring, as such children are difficult to manage and direct appropriately. It is important to note that there are drug treatments for attention deficit disorder, which are highly effective for many children. Information as to whether a child is being treated for their disorder, and the effectiveness of the treatment, should be sought. The symptoms of attention deficit disorder usually lessen gradually, even without medication, and by their second decade such children usually have better attention and less impulsivity.

36.8.3 The diagnosis of attention deficit disorder should be made by a specialist (paediatrician, child psychiatrist, or psychologist). It is not sufficient to accept the parents' own diagnosis of their child as having attention deficit disorder. Specialists vary widely in their readiness to diagnose this disorder, with some reluctant to diagnose it at all, and others using a very low threshold indeed for diagnosis. It is the overall picture of need in the individual case, rather than the specific diagnosis which is important.

36.9 Care Needs

36.9.1 Children with attention deficit disorder may require more supervision than normal children, though if within the normal range of IQ, their extra needs

should not be marked. Night needs of children with attention deficit disorder are unlikely to be great; such children often sleep well.

36.10 Mobility Considerations

36.10.1 The overactivity, distractibility and impulsivity of these children may put them at risk from traffic when outside the home, and they may require some extra oversight, particularly in their earlier years.

36.11 Further Evidence

36.11.1 One would expect a specialist to be involved with such a child, and a report should be obtained from such a person. In addition, a report from school or nursery should provide useful information about care and mobility needs. Because of the variation of the frequency of diagnosis depending on the particular specialist involved [see para 36.8.3 above] advice from a Medical Services doctor may be helpful in clarifying whether the child is suffering from a severe physical or mental disability.