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## **EVALUATING HYPERACTIVE CHILDREN: WHAT THE DOCTORS REALLY NEED TO KNOW**

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**Is there evidence of overexcitability?** Does your child tend to get carried away or have a harder time handling his/her excitability? Is this a child who tends to get angry when he/she is disappointed or frustrated, or too silly when having fun? If your child wants something, does he/she have to have it right now? Does your child have trouble waiting to say something or to take a turn? Does he/she have a harder time calming down when excited, or have trouble stopping something he/she is enjoying or interested in? A truly hyperactive child is not necessarily more active, certainly not under all circumstances. They are, however, always children of extremes and youngsters that have trouble "putting on the brakes."

**Is the pattern of overexcitability evident in different situations?** Although hyperactive children may have more difficulty in stimulating environments such as a classroom, there should be indications of overexcitability at home, in extracurricular activities or with peers.

**Does the child's exuberance and overexcitability stand out when he/she is among peers?** Would the child be noticeable to a classroom observer or to someone watching a soccer game or swimming class?

**Were there indications of impulsivity or overexcitability when the child was young?** Most hyperactive children showed signs of overexcitability when they were younger. They might have been more challenging in restaurants or when shopping or when visiting another family. Most parents of a truly hyperactive child recall the earlier years as requiring a great deal of their time and effort.

**Do other people see this style in the child?** Although people have very strong feelings about the label "hyperactive," the style of a true ADHD (Attention Deficit-Hyperactivity Disorder) child is generally evident to babysitters, neighbors, coaches, relatives, etc. Are there people who spend significant time with the child who don't see the features of restlessness or excitability or impulsivity?

**Is there a family history of impulsive, excitable behavior?** A positive family history, even without formal diagnosis or treatment, is helpful in making a diagnosis.

**Are there learning factors that might be affecting the child's behavior?** Children with learning disabilities, fine motor problems, or auditory processing disorders sometimes have difficulty with their classroom behavior. We must make sure that is not the basis for the child's self-control problems, remembering that it is common for a child to have both ADHD and learning weaknesses.

**Are there emotional or family factors that might be affecting a child's behavior?** Are there family stresses or adjustment pressures that might be affecting a child's mood or behavior? Are there parenting or marital issues that might need to be considered?

**Are there health factors that might affect behavior?** Is the child getting enough sleep and eating regularly? Is there evidence of seizures or allergies or other medical problems that might explain the difficulties that we see? Are there signs of tics or other neurological symptoms?

**Do the problems with overexcitability affect the child's learning, peer relationships, family relationships or happiness? Are the weaknesses in self-control limiting the child's potential?** There are many active children who do well socially, perform readily in the classroom, and are generally happy. A clinical definition of hyperactivity must involve some notion of how the problems are affecting the child.

**What are the child's interests and talents?** The treatment of an ADHD child is far more effective when we connect with a child's interests and build upon his talents. It is impossible to teach effectively or develop self-control without knowing what the youngsters enjoy doing and what they do well.

**What are the family/school resources?** Who is available to support the child/family/teacher? Are there resource room resources or counselors or neighbors or extended family who can be of help? Does the family/teacher have the time to coach and support the hyperactive youngster? Do they have the financial resources that might be necessary? Are there factors that might limit their effectiveness as a treatment helper?