

## **Sibling Issues and Attention Deficit Hyperactivity Disorder (ADHD)**

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**Abstract:** Attention deficit hyperactivity disorder (ADHD) is at present the most frequently diagnosed behavioral disorder in children. It affects 3-5% of school aged children and characterized by inattention, hyperactivity and impulsivity. The impact of this disorder can be pervasive, affecting schooling and academic performance, home life, peer relationships and social- emotional development. The families of children with ADHD have to contend with a greater number of behavioral, developmental and educational disturbances. Parenting a child with ADHD can require a great deal of patience and understanding on the part of the parent but what about the siblings? Having a brother or sister with ADHD can also be a great challenge. The specific focus on the child with ADHD can result in siblings feeling secluded, left out and taken for granted. The needs of siblings may get unnoticed and they may experience a range of emotions as anxiety, worry, changes in routine, resentment or the perception that parents do not respond to them, sadness about being overlooked or about the lack of a normal family and childhood. Hence this paper has focused the impact of ADHD on the siblings and how it can be managed through patient education, psychosocial interventions and medical therapy, where appropriate. Further the role of social workers, parents and treatment team in incorporating various interventional techniques to the family, and the siblings are been highlighted. Finally, the importance of treatment to work, consistency and communication between home and school are also discussed.

**Keywords:** Attention Deficit Hyperactivity Disorder (ADHD), Family, Siblings Issues, Social workers.

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### **I. Introduction**

Attention deficit hyperactivity disorder (ADHD) is one of the most commonly diagnosed behavioural disorder in children. It affects 3–5% of school going children.

ADHD is characterized by inattention, hyperactivity and impulsivity. The impact of this disorder can be persistent, affecting not only schooling and academic performance but also home life, peer relationships and social-emotional development. The exact source of ADHD is not known, but the condition has been revealed to run in families. Research has also recognized a number of possible differences in the brains of people with ADHD compared to those who don't have the condition. ADHD can occur in people of any intellectual ability, although it's more familiar in people with learning difficulties.

### **II. Signs and Symptoms**

Symptoms of Inattention include:

1. forget or miss details, make careless mistakes in schoolwork, at work, or during other activities
2. Have problems supporting attention in tasks or play, including conversations, lectures, or lengthy reading
3. Lack of listening when spoken directly
4. Fail to follow instructions and fail to finish schoolwork, chores, or duties in the workplace or start tasks but quickly lose focus and get easily sidetracked
5. Have problems organizing tasks and activities, such as what to do in sequence, keeping materials and belongings in order, having messy work and poor time management, and failing to meet deadlines
6. Losing things necessary for tasks or activities, such as school supplies, pencils, books, tools, wallets, keys, paperwork, eyeglasses, and cell phones
7. Be easily diverted by unrelated thoughts or stimuli
8. Be absentminded in daily activities, such as chores, errands, returning calls, and keeping appointments

Symptoms of Hyperactivity-Impulsivity include:

1. Fidget and wriggle in their seats
2. Leave their seats in situations when staying seated is expected, such as in the classroom or in the office
3. Restless feeling
4. Be unable to play or engage in hobbies quietly
5. Be constantly in motion or “on the go,” or act as if “driven by a motor”
6. Nonstop talking

7. Come out with an answer before a question has been completed, finish other people's sentences, or speak without waiting for a turn in conversation
8. Have trouble waiting his or her turn
9. Interrupt or break in on others, for example in conversations, games, or activities

### **III. Risk Factors**

Scientists are not sure what causes ADHD. Like many other illnesses, a number of factors can contribute to ADHD, such as:

1. Genes
2. Cigarette smoking, alcohol use, or drug use during pregnancy
3. Exposure to environmental toxins during pregnancy
4. Exposure to environmental toxins, such as high levels of lead, at a young age
5. Low birth weight
6. Brain injuries

ADHD is more common in males than females, and females with ADHD are more likely to have problems mainly with inattention. Other conditions, such as learning disabilities, anxiety disorder, conduct disorder, depression, and substance abuse, are common in people with ADHD.

### **IV. ADHD statistics**

The survey results, published by the Centers for Disease Control and Prevention (CDC), approximate that 6.4 million children (11%) aged 4 to 17 were diagnosed with ADHD (as of 2011). This is a rise from 7.8% in 2003. An interesting statistic from the same CDC survey results shows that boys (13.2%) were more likely than girls (5.6%) to have received an ADHD diagnosis.

### **V. Types of ADHD**

There are three types of ADHD. They are defined according to which symptoms stand out the most.

#### **5.1. Predominantly Inattentive Type**

The person finds it very hard to organize or finish a task. They find it hard to pay attention to details and find it difficult to follow information or conversations.

#### **5.2. Predominantly Hyperactive-Impulsive Type**

The person finds it hard to keep still - they fiddle and talk a lot. A smaller child may be continually jumping, running or climbing. They are restless and impulsive - interrupting others, grabbing things and speaking at inappropriate times. They have difficulty waiting their turn and find it hard to listen to directions. A person with this type of ADHD will have more injuries and/or accidents than others.

#### **5.3. Combined Type**

A person whose symptoms include the above 2 types belong to this category.

### **VI. Impact of ADHD**

#### **6.1. Academic achievement**

Problems at school are common with ADHD, and in many cases are the signs that bring the child to the doctor's attention. The educational problems faced by children with ADHD are various impairments, limitations and restrictions that affect their academic performance. School performance can be concerned for the parents, who may be anxious for their child's academic future. Because of this, children living with ADHD can be perceived to be poor academic performers, regardless of intellect, skills, and individual competence. It is common for children and adolescents living with ADHD to develop unhealthy behaviour patterns at school and have difficulty doing well in their studies. Students may have a tough time understanding instructions, remembering what was learned, showing concern for others, sitting still in a classroom, and controlling impulse responses, among other challenges.

The most frequent classroom challenges for children with ADHD are:

1. Difficulty in understanding and arithmetic
2. Repetition
3. Expulsion
4. Failing tests
5. Need for study aids, tutoring, and special education services (four to five times more often than in children without ADHD)

## **6.2. Social settings**

ADHD has a significant impact on almost all areas of a person's life, including social situations. Children, adolescents, and adults with this condition can present a more aggressive and disruptive attitude, react angrily with high levels of irritation in situations, and often do not feel guilty doing so. The impact of this hostility can vary based on the child, but some common consequences observed by parents include:

1. Not being invited to activities, such as birthday parties, by classmates
2. Being expelled or sitting out of after-school activities, because they do not want to play by the rules
3. Problem in building strong friendships with other children

These consequences can be emotionally difficult for both children and parents to experience. It is important to consider how to support children when they experience feelings of isolation from other children.

## **6.3. Families**

The families of children with ADHD have to compete with a greater number of behavioural, developmental and educational disturbances. This often requires that more time, logistics and energy be spent. It is not surprising that these increased demands are frequently associated with more stress in marital and family performance. The financial burden of treating ADHD and its associated psychiatric disorders can add to these difficulties.

When family environments are chronically stressful, both the adults and children are at greater risk of physical and mental health problems. In families affected by ADHD, marital conflict is common, and has been consistently associated with poor health and mental outcomes. Some believe that marital conflict can negatively impact a child by:

1. Reducing the child's sense of safety and security in their home environment;
2. Upsetting parent-child relationships;
3. Adding to conflicting discipline;
4. Decreasing parental monitoring of potentially dangerous behaviours
5. More directly acting as a platform for aggressive behaviours.

## **6.4. Siblings**

1. ADHD has a major impact on the siblings of children who have the condition. Previous studies indicate that 10 of the 13 siblings (brothers and sisters) thought they were "severely and negatively" affected by living with a sibling who had ADHD. These studies found the most significant problem identified by siblings was the disturbance caused by the behaviour of the child with the condition. Examples of this disruptive behaviour included physical and verbal aggression, out-of-control hyperactivity, emotional and social immaturity, academic underachievement and learning problems, family conflicts, poor peer relationships, and difficult relationships with extended family.
2. Siblings of children with ADHD experience the disruptive effects of the condition by three ways: victimisation, caretaking and feelings of sorrow and loss. Siblings feel victimised through physical violence, verbal aggression and manipulative and controlling behaviour. Many siblings feel unprotected by their parents who were perceived as too exhausted or overwhelmed to intervene.
3. Siblings can become self-reliant at an early age, keep to themselves, avoid family activities or become quiet. This can be seen in hesitation to ask for help, even when needed and spending a large amount of time playing by themselves. Some children indicate that they felt guilty asking for help because they knew their sibling had special needs.
4. Siblings can start to do poorly in school or misbehave at home, mimicking the behavior of the child with ADHD to obtain their parents' attention.
5. Siblings can demand attention, throw temper tantrums or consistently interrupt their parents. This may be to compensate for feeling as if they are not noticed. If children with ADHD are going through a particularly rough time, requiring additional attention, these types of behaviors in siblings may be intensified.

In addition these are the other negative effects of ADHD on the siblings

1. Anger, jealousy, & sadness over the loss of parental attention
2. Frustration over repeated disruptions of family activities
3. Destruction, stealing of possessions, invasion of privacy
4. Physical aggression, bullying, and teasing
5. Strain on friends because they don't want to be around the sibling with ADHD
6. Worry about the sibling with ADHD
7. Worry about the health, mental health of parents
8. Public embarrassment, humiliation because of behavior of sibling with ADHD
9. Sense of security disrupted

## **VII. Management of ADHD**

The management of ADHD should include patient education, psychosocial interventions and medical management.

### **7.1. Patient education**

As a part of management, doctors will often provide patients and their families with up to date information on the disorder, its causes and treatment options. This is termed patient education. Parents should understand that ADHD is a medical disorder. Understanding this can help remove the stigma surrounding diagnosis, and also restore confidence to the parents that their particular parenting style or life situation did not cause the condition.

### **7.2. Psychosocial interventions**

Psychosocial interventions include parent training and school-based interventions. Parent training is a form of behavioural therapy. It usually involves:

1. Education about ADHD;
2. Understanding parent-child relationships;
3. Effective communication
4. Encouragement of positive behaviours;
5. Providing motivation; and
6. Introducing strategies for managing difficult behaviours.

School-based interventions are proposed to complement the interventions taking place in the home environment. It may include teacher education (similar to parent training) and school-specific strategies, such as providing an overview of learning exercises, doing academic work in smaller chunks with the majority to be completed before lunch, and extra breaks. This is designed to create consistency between school and home environments to achieve the best outcome.

### **7.3. Medical management- Medical management is given in the form of stimulant and Non-stimulant medicines.**

#### **7.4. Education and Training**

1. Parenting skills training teaches parents the skills they need to give confidence and reward affirmative behaviors in their children. It helps parents learn how to use a system of rewards and consequences to modify a child's behavior. Parents are taught to give immediate and positive feedback for behaviors they want to encourage, and ignore or redirect behaviors that they want to discourage. They would also learn to structure situations in ways that support desired behavior.
2. Stress management techniques can benefit parents by increasing their ability to deal with frustration so that they can respond peacefully to their child's behavior.
3. Support groups can help parents and families join with others who have similar problems and concerns. Groups often meet frequently to share frustrations and successes, to exchange information about recommended specialists and strategies, and to talk with experts.

## **VIII. Siblings of ADHD Children - How to help them Cope?**

Young siblings have a tough time getting along as it is. However, when one of those siblings has ADHD, it may seem impossible; hence the non ADHD children need to develop coping mechanism to get along with the family as well as the ADHD child, hence it is the accountability of the care taking team which includes parents, psychiatrists, social workers, teachers etc to help the non ADHD child to manage up.

### **8.1. Role of Parents, Social workers and Treatment team**

1. Maintaining a sensible family time with the help of treatment team
2. Parents should make sure for constant routines that are helpful for the child with ADHD, and they are also important for the whole family.
3. Arrange for the siblings to keep up extracurricular activities like sports or music lessons, play dates, and other activities.
4. Same rules for behaviour at home should be followed as before the diagnosis. Rules and regulation should be consistent for the whole family.
5. Special "family time" together should be planned, where the focus should be on the whole family, not just the child with ADHD.
6. Parents should spend time alone with other children on a regular basis. Opportunity to express their feelings and emotions should be given.
7. Distinguish and reward siblings for their help.
8. Seek out out sibling support groups through ADHD organizations.

9. If non ADHD children seem to be under pressure, or if they are showing signs of anxiety or depression, parents can seek help through the treatment team.

### **8.2. Acknowledge and authorize feelings**

1. Let parents talk about life with a sibling with ADHD
2. Open ended questions can be used to express hurt, anger, fears, hatred, disgust, even love
3. Parents should tell them that they accept their feelings, however strong they are
4. Parents should not hasten to defend the sibling with ADHD

### **8.3. Show empathy**

1. The treatment team along with the social workers as well as the parents should try to see things from the sibling of Non ADHD child's perspective
2. Check out the exactness of suppositions
3. When the child is upset because of a particular incident, be compassionate about it, then indicate how to fix the problem

### **8.4. Explain the ABCs of ADHD**

1. Social workers can have face to face interaction with the siblings and they can explain the symptoms of ADHD after developing a good rapport.
2. Treatment team can make sure that the child understands that s/he is not the cause of the sibling's ADHD
3. Describe how medication helps
4. Explaining other things that are been done to help the sibling with ADHD- therapy, educational interventions, etc.
5. Social workers can invite the non-ADHD sibling to participate in family therapy sessions focused on sibling relationships
6. Social workers can help the child develop coping strategies
7. Social workers can point out when the non-ADHD child shows compassion, acceptance, tolerance, and patience and they need to describe how such traits will be valuable as they grow up and face the world

## **IX. Conclusion**

This paper signifies that the siblings of ADHD children perceive a difference in the way in which they are treated by their parents, compared to their ADHD sibling. In addition these siblings perceive themselves as a hindrance to their parents, because their ADHD sibling needed more assistance and support. This perception turns into rejection. Children with ADHD may negatively impact their siblings hence it is the joint effort of the entire treatment team along with parents to look out for any negative impacts. The siblings' thoughts and feelings about their siblings with ADHD should be listened and considered. And it is the responsibility of the care team to deal with these impacts as well as seek family therapy as needed.

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