

Attention Deficit
Hyperactivity
Disorder
(ADHD)

A HANDBOOK FOR PARENTS

TABLE OF CONTENTS

What does ADHD look like?.....	1
How do we know for sure that my child has ADHD?.....	2
What do we do now?.....	2
Psychological Treatment.....	3
Behavioral Management.....	3
Medication.....	4
Suggestions to try at home.....	4
What are some other ways I can help my child?.....	5
What if I feel like I can't take it?.....	6
How will ADHD change as my child matures?.....	6
Alternative/Complementary treatment.....	6
ADHD Resources.....	7

How do we know for sure that my child has ADHD?

There is no single test that can diagnose ADHD. The diagnosis cannot be based on how a person behaves in the doctor's office.

People sometimes have problems describing the behavior, so it helps to get information from the teacher or employer. The best way to be sure is to get information from several settings. There are also tests that can support the diagnosis.

We use the following guidelines in making the diagnosis of ADHD:

- A history of high activity level, impulsive behavior, and attention span problems beginning as a young infant and continuing through the toddler and school years.
- Symptoms of ADHD occur in school, work and possibly at home. The teacher or employer rates the patient as having less ability, compared to other students/employees, to pay attention, concentrate, and finish a task. Commonly used tests to determine this are the Conners Parent and Teacher Questionnaire, and the DSM-IV Scale.
- The doctor has ruled out other medical problems that could be causing these symptoms. It is also important to be sure that stress, or another mental condition such as depression, is not causing the ADHD symptoms.

What do we do now?

ADHD does not necessarily mean the need for medication such as Ritalin. There are many components of treatment, and medication is appropriate only in certain cases.

It is important to keep active. Structure is good, but be flexible so that your child will have a range of activities and not become bored. Noncompetitive activities – such as scouting, swimming, and karate – are ideal. Team activities – such as baseball and soccer – will also help develop social skills and improve self-esteem.

The behavior that occurs is not the parents fault. We believe ADHD occurs because of a chemical imbalance that occurs in certain parts of the brain. Some people are more affected than others. Treatment will help manage but NOT cure the symptoms.

The following are possible supports that are available to help.

- The doctor
- School Counselor
- Teacher
- Resources (such as CHADD)
- Support Groups (ADHD, Social Skills)
- Medication

At School

Be aware of your child's educational rights. You can be an advocate for your child, assuring that an appropriate school plan is developed and implemented. (For more information, refer to www.chadd.org; see CHADD Fact Sheet Number 3 – Legal Rights and Services for Children with ADD)

The school is where the ADHD child has most of his or her problems. The choice of teacher is the most important factor in helping your child. Teachers who work well with ADHD children are nurturing but FIRM. They provide a lot of warmth and attention to the child, while at the same time setting clear limits and guidelines for behavior. (See CHADD Fact Sheet Number 6)

Another important school resource for the ADHD child is the school social worker or counselor. This person can communicate with the doctor, teach the child how to make friends, and help you work with the school to provide the best learning experience.

Psychological Treatment

Hyperactivity often can be treated with medication, but other ADHD symptoms – poor social skills, low self-esteem, and aggressive behavior – may need psychological counseling.

One effective approach is called the “Parent-Child Interaction Training.” There are two stages for this: the Child’s Game and the Parent’s Game.

The Child’s Game

Once every day, create a special time for your child – about ten minutes – to play “The Child’s Game.” Let your child be the boss and do whatever he wants. Your role is to play with your child, and not ask any questions or try to direct the child. Think of yourself as a television commentator. Simply narrate what your child is doing. This will help in creating a positive relationship.

The Parent’s Game

During the parent’s game, you will begin to focus on your child’s ability to comply with commands. When you give a command, attempt to do the following:

- Give a clear, simple command. Be sure the child understands the directions.
- If he does the right thing, praise him.
- If your child does not react as you want, repeat the command with a warning that if he does not do what you want, he will have to go to “time out.”

- If he does what you want, praise him with the same level of support as if he had done it the first time.
- If he does not comply, place him in “time out” (preferably a dull place for one minute per year of age, five minutes at most.)
- The next step is the most important part. After time out, repeat the command. If you do not do this, he learns that he can avoid doing something simply by being sent to time out. If he completes the task, praise your child as warmly as if he had done it right the first time. If he does not, repeat the time out.

Behavioral Management

Be realistic about improving the behaviors. Pick the most important behavior and let others slide for a while.

Spanking and other forms of physical punishment are not good because they teach your child that it is OK to use aggressive behavior.

Negative consequences can be effective with ADHD children. Examples of appropriate negative consequences include: time out, restriction from an activity, or loss of allowance. You should also provide rewards for good behavior.

It is important for your child to understand that he is responsible for his behavior. ADHD does not give permission to misbehave. Yet it is also important not to “double punish”. For example, if the rule is “don’t put your feet on the table,” feedback is needed each time. Since the child is impulsive and often forgetful, give him feedback such as: “Our rule is no feet on the table.” Don’t say, “You just can’t listen!” or “I already told you ten times before, don’t put your feet on the table.”

Social skills training, sometimes available in the classroom or another setting, can help children with aggressive behaviors. These programs show children how their behavior affects others, and teaches them new behaviors that will help them get along better.

Medication

Of the various ways to treat ADHD, medication has been studied the most and found to be the most effective treatment for those with severe symptoms that interfere with their ability to function effectively in school. The most commonly used medications are called stimulants:

Methylphenidate (Ritalin) Dextroamphetamine (Dexedrine & Adderall)

These medications start working within an hour or two, and the effects last for four to six hours. There are some common side effects – including loss of appetite, sleep difficulty, weight loss and headaches. These almost always are temporary and go away within a month.

Some children seem tired or lethargic on medication, and this could be a sign of too high a dose, if it persists for more than a week or two. Also, if he develops a nervous twitch, or “tic”, this should be reported to the doctor. We suggest that you fill all prescriptions in the same pharmacy so that drug interactions can be monitored.

It may be an option to stop the medication (under the doctor’s direction) during a vacation, or weekend periodically. This allows observation to see if the symptoms have improved enough to function without medication. The hyperactive type of ADHD is the one most likely to outgrow the need for medication earlier.

Effects of medication can include:

- Improved attention span
- Decreased activity level
- Improved ability to follow directions and complete tasks
- Decreased impulsiveness
- Improved ability to do schoolwork.

Medication does not:

- Make ADHD “normal”
- Work with every person. About 20% will not respond.
- Maintain its positive benefit once drug treatment is stopped. For those with the hyperactive/Impulsive type of ADHD, we suggest dosing to cover the entire day for treatment.
- Teach a person how to learn new tasks.
- Teach a person how to make friends.
- Make a person addicted to medication. In fact a recent study showed that those treated with medication were LESS likely to abuse drugs than children who were not treated with medication.

Sometimes the stimulants are not effective. When this happens, other types of medications have shown some improvement in symptoms. These include Welbutrin, Prozac, Buspar and others.

Another medication commonly used is **clonidine**. This is sometimes used for aggressive behaviors and defiant behaviors that accompany ADHD.

Since children with ADHD do not “grow out” of the problem, it is sometimes necessary to

continue the use of medication into adolescence and adult life.

Suggestions to try at home

Develop a schedule. Set up specific periods for waking, bedtime, chores, homework, recreation, TV time, and dinner. Changes in schedule are disturbing to those with ADHD, so be as consistent as possible.

Set up clear and concise rules of behavior. Rules are for the family, including the child with ADHD. Rules – as well as consequences for breaking them, and rewards for appropriate behavior – can be written down and posted on a bulletin board. Consistency is the key: If a rule is broken, consequences should follow every time. If your child behaves appropriately, reward him!

Set limits. Be firm, but give plenty of love and affection, too. Enforce discipline, but avoid physical punishment, teaching your child to be less aggressive.

Give instructions simply and clearly. Demonstrate if necessary. Ask your child to repeat them back to you, then praise him when he responds correctly. Do not give more than one or two instructions at one time. If a task is difficult, break it into smaller parts and teach each separately.

Keep your child's stimulation level as low as possible. Have him play with one child at a time, involve him in one activity at a time, remove needless background noise such as radio or TV, and put unused toys and games out of sight. Roughhousing should be discouraged. Siblings should not be allowed to say, "Chase me, chase me," or to start other noisy play.

Provide one special quiet spot in which to do schoolwork. This space should be free of

distractions. Face the desk toward a blank wall, remove clutter, and avoid bright colors and patterns. Remember, your child has difficulty filtering out unnecessary stimulation.

Avoid nagging. Nagging is not effective and it creates an unpleasant atmosphere. Try the following instead: Say what you need to say, but say it once, briefly, clearly, completely, firmly, calmly. Follow through with logical consequences. Act, don't yak!

Provide supervision by being near your child.

Allow your child choices. Choices offered should be within the limits you have set. Help him develop self control.

Teach appropriate verbal skills. Children sometimes use misbehavior as a way to communicate. Help your child find useful, acceptable ways to express himself. Ask yourself, "What does my child want to have happen as a result of this behavior?" and help him search for other ways to gain the same end.

Plan a set time for completing small chores. This will help give your child a sense of passing time.

What are some other ways I can help my child?

Provide outlets for the release of excess energy. Outside activities, such as running, sports, and long walks, are good. For bad weather, set up a recreational area where your child can do as he or she pleases without harming anything.

Plan carefully for special gatherings. For example, make reservations at restaurants to avoid waiting. Bring things to do if waiting cannot be avoided.

Reward non-hyperactive behavior. Show pictures in a book, and if the child is attentive, reward him or her with a praise and a hug. Read stories. Encourage coloring pictures. Matching pictures is an excellent way to build memory and attention span. Use safe, unbreakable toys.

Guard your child. Others may overreact to his behavior. If your child gets a reputation as a “bad kid,” stress the attitude that he is a good child with excess energy. Don’t give up on your child. As long as there is acceptance by his family, your child’s self-esteem and self-confidence will survive.

What if I feel like I can’t take it?

The behavior of children with ADHD can be very irritating. However, should you become very angry, you will not be able to deal with your child effectively. Strive to keep your voice quiet and slow.

Separate behaviors which you do not like from the child’s self. (“I like you. I just don’t like you to track mud through the house.”)

Above all else, the child with ADHD needs understanding. His parents and teachers should not pity, tease, be frightened by, or favor him. They must understand that the condition is real, and much can be done to help children with ADHD.

As a parent, accept the fact that your child is active and energetic and possibly always will be. The hyperactivity is not intentional. Do not try to eliminate it, but work to keep it under control. Criticism or attempts to change an energetic child into a quiet child will cause more harm than good. Nothing is more helpful for the hyperactive child than having a tolerant, patient, low key parent.

Don’t forget to take time for yourself. You must occasionally be away from your hyperactive child to be able to have more patience. The parent who spends less time with the child should try to give his or her spouse a deserved break. A baby-sitter and an occasional evening out with your spouse can save an exhausted parent. A preschool nursery or Head Start class is another option.

How will ADHD change as my child matures?

ADHD is a condition that can affect a person throughout life, yet it may change as a person gets older. Here are some stages your child may go through:

Infancy: May show difficulty adjusting to changes in schedule. May be very active, or irritable. May have severe colic or difficulty with feeding and sleeping.

Preschool: High activity level, trouble obeying commands, a poor attention span, and easily distracted.

Elementary School: Poor attention span, difficulty finishing schoolwork, lack of self control, problems getting along with other people, aggressive, possibly destructive or doing the opposite of what he or she is asked to do.

Adolescence: Low self-esteem, lack of social skills, learning problems, difficulty concentrating, and behavior problems (such as running away, problems with the law).

Adulthood: Lower educational achievement, difficulty getting along with others, low self-esteem, anxiety, restlessness, risk of alcohol/drug abuse, and increased risk of depression. Sixty percent of adults with ADHD will adjust well however.

Alternative/Complementary treatment approaches

Sometimes parents want to try treatments that have been publicized in the news or by word of mouth, but which are not proven scientifically to work. These include diet, megavitamins, biofeedback, amino acids, chiropractic, visual training exercises, and orthomolecular therapy. At this time, there is no scientific evidence to support these therapies. They are costly (e.g. biofeedback costs between \$3,000-\$6,000) and studies show that they may delay more effective treatments (counseling, medication, and school-based programs). For more information about these see www.chadd.org; CHADD Facts Sheet #4.

ADHD Resources

Books:

Bain L.J., *A Parent's Guide to Attention Deficit Disorders*, 1991. From The Children's Hospital of Philadelphia.

Baren, M., *Hyperactivity and Attention Disorders in Children*, Health Information Network. (To order call 1-800-446-1947)

Friedman, R.O. and Doyal, G., *Attention Deficit Disorder and Hyperactivity*, 2nd Edition., 1987.

Hallowell, E., and Ratey, J., *Driven to Distraction*. A very popular book now in paperback. Case examples and accounts of ADHD in children and adults.

Ingersoll, B., *Your Hyperactive Child – A parent's guide to coping with attention deficit disorder*. Doubleday 1988. Description of symptoms and causes of ADHD and overview of treatments.

Parker, H., *The ADD Hyperactivity Workbook for Parents, Teachers, and Kids*, Impact Pub.

Phalen, T., *All about Attention Deficit Disorder*. Good overview about Behavior management strategies!

Silver, L., *Larry Silver's advice to parents of children with Attention Deficit Hyperactivity Disorder*. A comprehensive guide for parents.

Turecki, S., *The Difficult Child*. Excellent place to start for behavior management.

Wender, P. *The Hyperactive Child, Adolescent and Adult...ADD Throughout the Lifespan*.

Videos:

Barkley, R., *ADHD: What Do We Know?* Overview, video of 3 people with ADHD.

Barkley, R., *ADHD: What Can We Do? Companion to above, focuses on treatment*.

Goldstein, S. and Goldstein, M., *Why Won't My Child Pay Attention*. Entertaining, easy to follow.

Newsletter for Children:

Stern, J. and Quinn, P. ed. *Brakes*. For ages 7-14. Call 1-800-825-3089.

Books for Children with ADHD:

Quinn, P., *Adolescents and ADD: Gaining the Advantage*.

Gerbert, J., *The Don't Give Up Kid*.

Gerbert, J., *Eagle Eyes: A Child's View of Attention Deficit*.

Gordon, M., *Jumpin' Johnny, Get Back to Work*. 1-315-446-4849.

Galvin, M, *Otto Learns About His Medication.*

Moss, D., *Shelly, The Hyperactive Turtle.*

Books About Adult ADHD:

Weiss, L., *Attention Deficit Disorder in Adults.*

Kelly, K. and Ramundo, P., *You Mean I'm Not Lazy, Crazy or Stupid?* Written by adults with ADHD, useful strategies for organization, time management etc.

National Support Groups and Advocacy Groups:

ADD Warehouse: 1-800-233-9273: Sells books, tapes, videos and aids.

Children and Adults with Attention Deficit Disorders (CHADD): 1-954-587-3700. Offers parent support groups, workshops, conferences, meetings. Publishes a newsletter called CHADDER.

Learning Disabilities Association (LDA): 1-412-341-1515. Concerned with children with learning disabilities and ADHD.

On the Internet:

Children and Adults with Attention Deficit Disorder (CHADD):

www.chadd.org

National Attention Deficit Disorder:

www.add.org

National Institute of Mental Health:

www.nimh.nih.gov/publicat/adhd.cfm

Usenet newsgroups: alt.support.attn-deficit
Alt.support.opp-defiant

Acknowledgements:

This original guideline was developed by the CHP ADHD Project Group and revised by: Harry Miller, M.D.; Emlen Jones, M.D.; Casja Schumacher, M.D.; James Bottiggi, M.D. and Aaron Harrison, D.O..