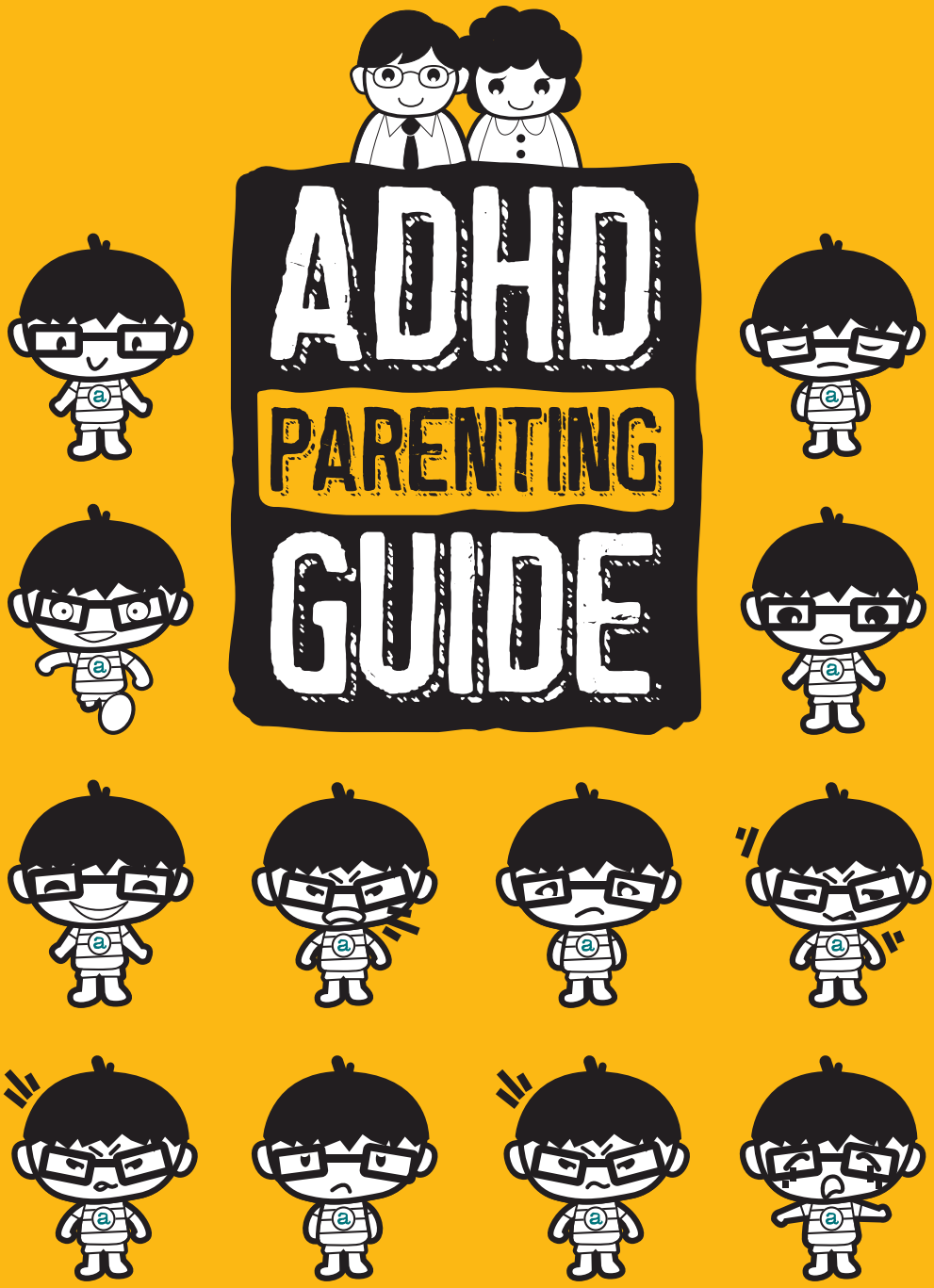

ADHD
PARENTING
GUIDE

MEET ADRIAN

Adrian is 8 years old this year. He enjoys drawing, playing catch with his friends and is particularly good with Lego. He may seem like your typical playful schoolboy who is full of energy.

This booklet has been written to provide you with some practical coping strategies for day-to-day situations. We hope it will answer some of the questions you may have about ADHD and give you the confidence to support your child, and help them overcome any difficulties they may face. If you have any further questions or concerns about your child's ADHD, please contact your doctor or healthcare professional for advice.

CONTENT

BE CLEAR ON ADHD

ADHD stands for

ATTENTION DEFICIT HYPERACTIVITY DISORDER

The causes have not been established but

IT IS COMMONLY THOUGHT TO HAVE A GENETIC LINK[1]

IT IS A COMPLEX NEUROBIOLOGICAL DISORDER[2]

CURE ✗

TREATMENT[2] ✓

ADHD is a neurobiological disorder. Research shows strong evidence that the malfunction of Dopamine and Norepinephrine (neurotransmitters) play a large role in ADHD-type behaviours.[5]

Close to

ONE IN TWENTY

children are diagnosed with ADHD[3]

AFFECTS MORE BOYS THAN GIRLS[4]

References: 1) "The genetics of ADHD: A literature review of 2005" Khan SA, Faraone SV. Curr Psychiatry Rep 8(5):393–7. 2006. 2) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, Pg 4, published by The American Academy of Pediatrics 2004. 3) American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition: DSM-5. Washington: American Psychiatric Association, 2013. 4) NCHS Data Brief No. 70 August 2011 "Attention Deficit Hyperactivity Disorder Among Children" Aged 5–17 Years in the United States, 1998–2009. Lara J. Akinbami, M.D.; Xiang Liu, M.Sc.; Patricia N. Pastor, Ph.D.; and Cynthia A. Reuben, M.A. 5) "Attention-Deficit/Hyperactivity Disorder" by Mary Fowler, National Dissemination Center for Children with Disabilities (NICHY), Page 15, 18-19, FS14, 3rd Edition, April 2002, Resouces updated 2004.

3 CORE SYMPTOMS[5]

INATTENTION

3 aspects of inattention include[5]:
1) Sustaining attention
2) Resisting distractions
3) Not paying sufficient attention

HYPERACTIVITY

Symptoms include[5]:
1) Fidgetting with hands or feet
2) Inability to remain seated
3) Runs about or climbs excessively
4) Difficulty keeping quiet
5) Often "on the go"
6) Talks excessively

IMPULSIVITY

1) Act/ Speak without fully considering consequences, often engaging in risky behaviour[5].
2) Difficulty with delayed gratification[5].

ADD

Hyperactivity

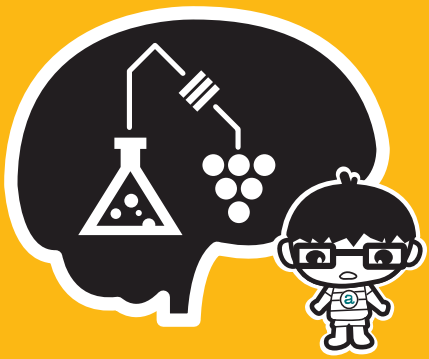
Impulsive

Combine

COMMONLY CO-OCCUR WITH ADHD[5]

ODD (Oppositional Defiant Disorder)	Pattern of negative, hostile, and defiant behaviour including frequent loss of temper, arguing, refusal to obey rules, intentionally annoying others, blaming others.
Learning disability	Children with ADHD frequently have problems with reading fluency and mathematical calculations. Problems are associated with attention, memory and executive function difficulties.
Conduct disorder	Persistently violates rights of others or societal rules. Aggression towards others and animals, destruction of property, deceitfulness, theft, rule violation.
Anxiety	Excessive worry that occurs frequently and is difficult to control. Symptoms include feeling restless, edgy, easily fatigues, irritability, and sleep disturbances.
Depression	Commonly low mood for days, over/under eating or sleeping, low energy and self-esteem, poor concentration, feeling hopeless.

DIAGNOSIS OF ADHD



ADHD cannot be detected from any laboratory tests. No urinalysis, blood test, CAT scan, MRI, EEG, PET or SPECT scan can help to diagnose the disorder. The diagnosis is made on the basis of observable behavioural symptoms, in more than one setting.

1 EARLY WARNING SIGNS[2]

Frequently exhibits ADHD symptoms - inattentive, impulsivity, hyperactivity or any similar behavioural problems.

2 GATHER MORE INFORMATION

1. Your child's withdrawn behaviours or frequent disciplinary problems seem to be more than the usual difficulties of childhood.
2. Schedule a meeting as soon as possible with the school counsellor and teachers. They are able to:
   - observe your child's behaviour in group settings.
   - compare your child's behaviour against children of the same age groups.

3 EVALUATION[2]

A doctor is able to give a careful evaluation of your child's behavioural problems using The American Academy of Pediatrics' (AAP) recommended guidelines.

4

THE PROCEDURE[1]

AAP (2000) recommends that clinicians collect the following information:

1. A thorough medical and family history.
2. A medical examination for general health and neurologic status.
3. A comprehensive interview with the parents, teachers and child.
4. Standardized behaviour rating scales, including ADHD specific ones completed by parents, teachers, and the child when appropriate.
5. Observation of the child behaviour.
6. A variety of psychological tests to measure IQ and social and emotional adjustment. These tests also help to determine the presence of specific learning disabilities, which can co-occur with ADHD.

YES

NO

5

LEVEL OF FUNCTIONS[2]

By considering the child's current level of functioning and the extent in which a child's behaviour interfere with his/her ability to function in social settings, the doctor or other health professionals can begin to arrive at a better idea of whether ADHD is the best explanation for the problems.

6

ADHD OR COEXISTING PROBLEM OR BOTH[2]

Two thirds of children with ADHD have one or more co-existing conditions - e.g. depression, anxiety, learning disabilities, and language disorders. It is important to consider that such accompanying disorders can have a profound effect on how well your child functions behaviourally, emotionally, socially, and academically.

Healthcare professionals working with your child will carefully consider whether such disorders may be your child's central challenge. To determine this, further evaluation, including referrals to other specialists, may be necessary.

References: 1) "Attention-Deficit/Hyperactivity Disorder" by Mary Fowler, National Dissemination Center for Children with Disabilities (NICHY), Page 6 FS14, 3rd Edition, April 2002, Resouces updated 2004. 2) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, Pg 20, Pg 24, Pg 25, Pg 31, Pg 35, Pg 36, published by The American Academy of Pediatrics 2004.

THE IMPACT AND CONSEQUENCES OF ADHD AT DIFFERENT STAGES

Key stage 2

Age (years) **7**

ADHD only

Low self esteem

Key stage 3

Age (years) **11**

Disruptive behaviour

Learning delay

Poor social skills

Key stage 4

Age (years) **13–adult**

Oppositional defiant disorder	Challenging behaviour
Criminal behaviour	School exclusion
Substance abuse	Conduct disorder
Lack of motivation	Complex learning difficulties

The effect of ADHD on the life of an individual, their family, and community from preschool to adult life.[10]

FAMILY RELATIONSHIP

3x more parental divorce/separation[7]

2 to 4x more sibling fights[8]

SCHOOL AND OCCUPATION

46% suspended[3]

35% drop out[3]

low occupational status[4]

HEALTHCARE SYSTEM

10% more hospital and ER visits[2]

4x more car accidents[1]

EMPLOYER

absenteeism and low productivity[9]

SOCIETY

Substance Use Disorders

50% more risk[5]

earlier onset[6]

less likely to quit in adulthood[6]

3x more

speeding tickets[1]

References: 1) U.S. Department Of Health and Human Services, National Institutes of Health. NIH Publication No. 12–3572. Revised 2012 2) Use and Costs of Medical Care for Children and Adolescents With and Without Attention-Deficit/ Hyperactivity Disorder. C L Leibson, S K Katusic, W J Barbaresi, J Ransom, P C O'Brien. Department of Health Sciences Research. The Journal of the American Medical Association (Impact Factor: 29.98). 01/2001; 285(1):60-6. DOI:10.1001/jama.285.1.60 3) ADHD in Adults: What the Science Says" Pg 246, By Russell A. Barkley, Kevin R. Murphy, Mariellen Fischer 4) Childhood attention problems and socioeconomic status in adulthood: 18-year follow-up Ce´dric Gale´ra, Manuel-Pierre Bouvard, Emmanuel Lagarde, Gre´gory Michel, Evelyne Touchette, Eric Fombonne and Maria Melchior The British Journal of Psychiatry (2012) 201, 20–25. doi: 10.1192/bjp.bp.111.102491 5) Substance Abuse in Patients With Attention-Deficit/Hyperactivity Disorder Oscar Bukstein, MD, Associate Professor Medscape J Med. 2008; 10(1): 24 6) J Am Acad Child Adolesc Psychiatry. 2011 June ; 50(6): 543–553. doi:10.1016/j.jaac.2011.01.021. 7) Wymbs B, Pelham W, Molina B, Gnagy E, Wilson T, Greenhouse J. Rate and predictors of divorce among parents of youths with ADHD. Journal Of Consulting And Clinical Psychology [serial online]. October 2008;76(5):735-744. Available from: PsycARTICLES, Ipswich, MA. Accessed June 24, 2014. 8) Sibling Interactions of Hyperactive and Normal Children and Their Relationship to Reports of Maternal Stress and Self-Esteem. Eric J. Mash and Chariotte Johnston. Journal of Clinical Child Psychology 1983, Vol. 12, Nov 1, 91–99 9) The negative impact of attention-deficit/hyperactivity disorder on occupational health in adults and adolescents Thomas Ku¨pper, Jan Haavik, Hans Drexler, Josep Antoni Ramos-Quiroga, Detlef Wermelskirchen, Christin Prutz, Barbara Schauble. Int Arch Occup Environ Health (2012) 85:837–847 DOI 10.1007/s00420-012-0794-0 10) Arch Dis Child 2005;90(Suppl I):i2–i7. doi: 10.1136/adc.2004.059006. The effect of ADHD on the life of an individual, their family, and community from preschool to adult life by V A Harpin

POSITIVE ATTITUDE[1]

Have a sense of humor - there are many challenges so you need a double dose of this.

COMMON SENSE[3]

Keep things in perspective and refrain from being a perfectionist.

ORGANISE[2]

Organise your life in ways that will allow you to manage your family's challenges.

BELIEVE IN THEM[1]

Most of the unacceptable behaviours are unintentional so believe that they can learn, change, mature and succeed.

SUCCESSFUL PEOPLE WITH ADHD

Michael Phelps

Whoopi Goldberg

Sir Richard Branson

PREPARATION

BELIEF SYSTEM[1]

Changing the way you view your child will help them change their self-concept.

TAKE CARE OF YOURSELF[1]

Eat right, keep fit, beat stress, remember to seek support when you need help, take a break when you are feeling a little exhausted.

KNOWLEDGE[1,4]

Be scientific, question everything, remain open to new information, seek knowledge and be voracious about it.

ACCEPTANCE[5]

Accept what your child is and may become, and, equally important, what your child is not and may never be.

References: 1) "Attention-Deficit/Hyperactivity Disorder" by Mary Fowler, National Dissemination Center for Children with Disabilities (NICHY), Page 14 FS14, 3rd Edition, April 2002, Resouces updated 2004. 2) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, Pg 96, published by The American Academy of Pediatrics 2004. 3) Taking Charge of ADHD, Third Edition: The Complete, Authoritative Guide for Parents by Russell A. Barkley Page 208 4) Taking Charge of ADHD, Third Edition: The Complete, Authoritative Guide for Parents by Russell A. Barkley Page 12 5) Taking Charge of ADHD, Third Edition: The Complete, Authoritative Guide for Parents by Russell A. Barkley Page 153

WHAT CAN YOU DO

MEDICATION

Management of ADHD symptoms with the use of medication. eg. Methylphenidate[1]

BEHAVIOUR THERAPY

Manage and shape a child's behaviour using behavioural management techniques.[1]

Combination of Treatments

Medication

Behaviour Therapy

By helping the child to focus, stimulants lay the groundwork for him to respond better to behaviour management techniques, academic instruction and other demands on his attention.[1]

THE LARGEST STUDY

"The largest study of long-term treatment for ADHD (Multimodal Treatment Study) found that stimulants used as the sole form of treatment lead to significantly better results for the core symptoms of ADHD than behaviour therapy used alone. A combination of the 2 approaches lead to the best overall improvement, especially in the areas of oppositional and aggressive behaviour, social skills, parent-child relations and in some areas of academic achievement."[2,3]

References: 1) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004, Pg 55 2) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004, Pg 56 3) Pediatrics. 2004 Apr;113(4):754-61. National Institute of Mental Health Multimodal Treatment Study of ADHD follow-up: 24-month outcomes of treatment strategies for attention-deficit/hyperactivity disorder. 4) "ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. SUBCOMMITTEE ON ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, STEERING COMMITTEE ON QUALITY IMPROVEMENT AND MANAGEMENT. Pediatrics; originally published online October 16, 2011; DOI: 10.1542/peds.2011-2654 5) "Attention-Deficit Hyperactivity Disorder Recent Advances in Paediatric Pharmacotherapy Diane E. May and Christopher J. Kratochvil Department of Psychiatry, University of Nebraska Medical Center, Omaha, Nebraska, USA 6) OROS MPH: Comparison to Ritalin LA (Mini-Publish Rendition) 7) Novartis Pharma, Ritalin PI January 2014 8) Concerta PI, Jun2011 9) "Short-acting versus Long-acting Medications for the Treatment of ADHD" Elisa Cascade, Amir H. Kalali, MD, and Richard H. Weisler, MD 10) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004 Pg 54 11) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004 Pg 67 12) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004 Pg 70 13) Arch Pediatr Adolesc Med. 2008 October ; 162(10): 916–921. doi:10.1001/archpedi.162.10.916. Impact of Prior Stimulant Treatment for Attention-Deficit Hyperactivity Disorder in the Subsequent Risk for Cigarette Smoking, Alcohol, and Drug Use Disorders in Adolescent Girls. Timothy E. Wilens, M.D.1, Joel Adamson, B.A, Michael C. Monuteaux, Sc.D, Stephen V. Faraone, Ph.D., Mary Schillinger, B.A., Diana Westerberg, B.A., and Joseph Biederman, MD 14) Treatment of Adults with Attention-Deficit/Hyperactivity Disorder; Dusan Kolar, Amanda Keller, Maria Golfinopoulos, Lucy Cumyn, Cassidy Syer, Lily Hechtman; Neuropsychiatr Dis Treat. 2008 April; 4(2): 389–403. Published online 2008 April. PMCID: PMC2518387 15) ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents Pediatrics; originally published online October 16, 2011; DOI: 10.1542/peds.2011-2654

MEDICATIONS

Stimulants

- Most prescribed[4]
- Proven effectiveness[4]
- Strong clinical evidence[4]

Non-Stimulants

- Prescribed as an alternative treatment[4]
- Benefit generally observed after 2-8 weeks[5]
- Less but sufficient clinical evidence[4]

Short-Acting (e.g. Methylphenidate Hydrochloride IR)[6]

4 hours[6]

Medium-Acting (e.g. Methylphenidate Hydrochloride SR or LA)[7]

8 hours[7]

Long-Acting (e.g. Methylphenidate HCl ER Tablets)[8]

12 hours[8]

Research on medication use has shown that healthcare professionals prescribe long acting medication 78% of the time for patients age 0 to 17[9]

Stimulants work by stimulating the brain to make slightly more of the brain chemicals (neurotransmitters) that help us focus, control our impulses, organize, plan, and stick to routines. The use of stimulants can be compared to wearing glasses for a person with poor vision, because stimulants help "put things into focus" for a child. Far from making a child someone he is not, stimulants act as medication that can help many children with ADHD be who they are.[10,11]

Stimulants are considered effective and safe medications. Despite controversies of potential abuse, there is no evidence that stimulants produce "euphoric" effects in children when restricted to normal treatment. Furthermore, research has shown that stimulant therapy in childhood is associated with a reduced risk for subsequent drug and alcohol use disorders.[12,13]

Non-stimulants may also be prescribed as an alternative treatment for ADHD, especially when there is comorbid ADHD and tic disorder.[14] Because non-stimulants are newer, the evidence base that supports them is considerably smaller than that for stimulants. Nonetheless, research has shown that non-stimulants are generally effective in the treatment of ADHD in the longer term but with a smaller effect size than stimulants.[15]

ISSUES CONFRONTING

A child's day encompasses a full active day. As a consequence,

- Academic achievement[4,5,6,7,]
- Time management, planning[5]
- Social relationships and cooperation[5,7,8,]
- Self-esteem[7]
- Accident/injury rate[2,7,10]
- Delay tolerance[5]
- Family/household functioning[7,8,11]
- Parental emotional health and quality of life[7,8,11]

References: 1. CONCERTA™ Approved Product Information, September 2012. 2. Feldman M, Bélanger S. Extended-release medications for children and adolescents with attention-deficit hyperactivity disorder. Paediatr Child Health. 2009 Nov;14(9):593–602. 3. Coghill D et al. Impact of attention-deficit/hyperactivity disorder on the patient and family: results from a European survey. Child Adolesc Psychiatry Ment Health. 2008 Oct 28;2(1):31. 4. Barbaresi WJ et al. Modifiers of long-term school outcomes for children with attention-deficit/hyperactivity disorder: does treatment with stimulant medication make a difference? Results from a population-based study. J Dev Behav Pediatr. 2007 Aug;28(4):274–87. 5. Abikoff H et al. Effects of MPH-OROS on the organizational, time management, and planning behaviours of children with ADHD. J Am Acad Child Adolesc Psychiatry. 2009 Feb;48(2):166–75. 6. Wigal SB et al. Academic, behavioural, and cognitive effects of OROS® methylphenidate on older children with attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2011 Apr;21(2):121–31.

CHILDREN WITH ADHD

ADHD also impacts children and their families throughout the day.[7]

Extracurricular activity engagement[9]

Noise/disruption[3,7,8]

Attention span[5,6,7] and impulse control[5,6,7]

Performance of homework tasks[7,8]

Co-operation with parents and siblings[7,11]

Bedtime routine[8]

References: 7. Buitelaar J, Medori R. Treating attention-deficit/hyperactivity disorder beyond symptom control alone in children and adolescents: a review of the potential benefits of long-acting stimulants. Eur Child Adolesc Psychiatry. 2010;19:325–40. 8. Berek M et al. Improved functionality, health related quality of life and decreased burden of disease in patients with ADHD treated with OROS® MPH: is treatment response different between children and adolescents? Child Adolesc Psychiatry Ment Health. 2011 Jul 26;5:26. doi: 10.1186/1753-2000-5-26. 9. Gerwe M et al. Tolerability and effects of OROS® MPH (Concerta®) on functioning, severity of disease and quality of life in children and adolescents with ADHD: results from a prospective, non-interventional trial. Atten Def Hyp Disord 2009 1:175–186. 10. Swensen A et al. Incidence and Costs of Accidents Among Attention-Deficit/ Hyperactivity Disorder Patients. 11. Harpin VA. The effect of ADHD on the life of an individual, their family, and community from preschool to adult life. Arch Dis Child. 2005 Feb;90 Suppl 1:i2–7.

GUIDE 101

BASIC PARENTING REVISITED

01 EDUCATE

Your child needs to understand and take ownership of his challenges and thus, education is a critical element of treatment at every stage of development.[1]

02 DEMYSTIFY

Children often see their diagnosis as a stigma and their treatment plan as something imposed on them instead of seeing themselves as active participants.[2]

03 ADVOCACY

Be your child's best advocate. As you discover new ways to facilitate positive behaviours, learning and self-esteem, pass it on to others in his life.[3]

04 FOCUS ON "CAN"

Do not let him use ADHD as an excuse. Focus on what he can do rather than what he cannot. This helps him build optimism and confidence.[4]

References: 1) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004, Pg104. 2) Pg107 3) Pg115 4) Pg97

05 PROTECT

Your child is NOT doomed to a life of failure if you don't protect him from every danger and solve every problem for him. [5]

06 PRIVACY

Monitoring your child's behaviour is a basic parenting responsibility but do not overdo it. Don't "snoop" on your child. [5]

07 CHOICES

Use "Structured Choices". For example, "Do you want to do your math or your science assignment next?"[6]

08 RULES

Make rules and enforce them. Expect rule-breaking, respond like a police officer, be respectful, consistent, and matter-of-fact. [6]

09 BE REALISTIC

Even with the ideal intervention in place, most children will likely still struggle at times. Don't expect too much from your child or yourself.[5]

10 TALENTS AND STRENGTHS

Discover and nurture their strengths and talents. Celebrate their success, praise them as they overcome trials.[4]

5) "Mothering Without Smothering: How to Avoid Being An Overprotective Parent" Peter Jaksa, Ph.D. 6) "Parenting Kids with ADHD: 16 Tips to tackle Common Challenges" Published by Psych Central, Reviewed by John M. Grohol, Psy.D. 2013

REWARDS AND DISCIPLINE

EFFECTIVE BEHAVIOUR TECHNIQUES[1]

POSITIVE REINFORCEMENT

- Provide rewards/privileges
- Dependent on the child's performance

Child: Completes an assignment
Reward: Earns play-time on the computer

TIME-OUT

- Remove access to positive reinforcement
- Contingent upon the performance of unwanted/problem behaviour

Child: Hits sibling impulsively
Deterrent: Sits in the corner for 5 minutes

RESPONSE COST

- Withdraw rewards/privileges
- Contingent upon the performance of unwanted/problem behaviour

Child: Not completing homework
Deterrent: Loses free-time privileges

TOKEN ECONOMY

- The child earns rewards/privileges
- Contingent upon the performance of desired behaviours
- This type of positive reinforcement can be combined with response cost (where a child loses rewards/ privileges for undesirable behaviour)

Child: Completes tasks and assignments - Earns stars
Child: Gets out of the seat - Losses stars
Cashes in the sum of stars at the end of the week for a prize

USING TIMEOUT[2]

Many studies have shown that spanking is a less effective strategy than time-out or removal of privileges. In addition, spanking can lead to agitated or aggressive behaviour, physical injury, or resentment toward parents. Time-out involves sending the child to a specified room for a preset time- usually 1 minute per year of the child's age. [2]

1. Before instituting, explain purpose of time-out
2. Warning with a specific time for compliance
3. Non-Compliance, firmly and calmly send him to time-out
4. Tell him how many minutes and set a timer. Do not negotiate
5. Some experts suggest adding another minute each time he leaves the time-out space
6. After time-out, make a point to help your child reflect on what he did wrong and how he can choose differently next time.

References: 1) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004. Pg 140 2) Pg 142-144 3) Pg 131-133

EFFECTIVE COMMUNICATION

Children with ADHD need to be told what to do in a clear, straightforward and nonemotional way if they are to learn to control their actions. You can give effective commands and instructions by

MINIMIZING DISTRACTIONS

Turn off or ask the child to turn off the television or computer. If you are in a noisy setting, move to somewhere quieter.

ESTABLISHING GOOD EYE CONTACT

Fully engage by making good eye contact. It helps to touch a younger child's arm or hold his hand before addressing him.

CLEARLY STATING THE COMMAND

State your command in a simple, nonemotional statement and not as a question. Eg. "You need to stop pushing your brother now." instead of " Would you please stop pushing your brother?". If behaviour does not stop, follow with a warning. Always keep a firm and neutral tone, refrain from shouting or looking angry.

REPEAT COMMAND

If you are unsure of whether or not the child has heard the command, get him to repeat it back to you.

PRAISE CHILD

If the child has complied with the command, make sure to praise the child.

TIME-OUT

If the child does not cooperate according to the time limit that you set, invoke the consequences (eg. Time-out)

CONSISTENCY AND REPETITION

- Make it a point to follow through every time
- You will soon find that you no longer need to continually repeat instructions as you did before
- Do not be tempted to "let it slide" as it will reduce the effectiveness of this method in future
- Consider the importance of every command
- Limit the number of commands to make it easier for you to follow up on every one

HOW TO HELP

60 to 80% of students with ADHD underachieve academically because of problems with work production and consistency. Only 20% have specific learning disabilities such as reading disorder, mathematics disorder, or expressive language disorder that are separate from their ADHD symptoms.[2]

At the start of each academic year, meet with your child's teachers to inform them of your child's condition. Keep the communication lines open all year.

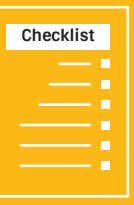
Routines and Systems[3]

Setup after-school routines that include sports, and homework and stick to it. Use charts and checklists to help your child track his progress with chores and homework. Keep instructions brief[3]

Planning & Organisation[1]

- Have daily and weekly organization and clean-up routines
- Check frequently on work and system of organization
- Teach your child to use a daily planner and a task organizer.
- Limit number of folders used

Starting and Finishing Tasks[1]



- Allow the child choice in tasks
- Divide larger tasks into easily completed segments.

Improving Their Memory[1]

- Focus on one concept at a time
- Teach them memory strategies (grouping, chunking, mnemonic devices)
- Provide summaries, study guides and outlines

References: 1) "Attention-Deficit/Hyperactivity Disorder" by Mary Fowler, National Dissemination Center for Children with Disabilities (NICHY), Page 15, 18-19, FS14, 3rd Edition, April 2002, Resouces updated 2004. 2) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004. Pg 158 3) Pg 99, 100, 190 4) Pg 161 5) Teaching Children with Attention Deficit Hyperactivity Disorder: InstructionalStrategies and Practices By: Office of Special Education Programs (ED/OSERS). US Department of Education. 2008 40 pp. (ED502960)

ACADEMICALLY

EDUCATIONAL PERFORMANCE PROBLEMS[1]

- Starting task
- Staying on task
- Completing task
- Following through on Directions
- Organizing Multi-step task
- Making transitions
- Producing work at consistently normal levels

MANAGING SCHOOL LIFE[4]

- Identifying the greatest obstacles to the child's academic performance
- Establish a system to track success and failure and adjust appropriately[4]
- Creating a treatment plan to address these obstacles

- Seat the child near the teacher.[5]
- State and post the classroom rules clearly.[1]
- Pair student with a study buddy or learing partner who is an exemplary student.[1]

ORGANISATION AND ESTABLISHING ROUTINE

PROVIDE STRUCTURE

Picture your growing child as a building in progress, the limits, lists, routines and other measures you put in place are like scaffolding that will provide necessary support as he grows.[1]

Tips for structuring your child's home environment[2]

1. **Keep your child on a daily schedule -** try to keep the time for various activites about the same each day.
2. **Cut down on distractions -** distractions for each child is different, as you identify them, eliminate them one by one.
3. **Organize Your Home -** have specific logical places for your child to keep his toys, schoolwork and clothes and he is less likely to lose them.
4. **Use charts and checklists -** Keep instructions brief, offer frequent, friendly reminders and make sure each task has been completed.
5. **Limit Choices -** Help your child learn to make good decisions by giving 2 or 3 options at a time.
6. **Set small, reachable goals -** This is to help the child understand that he can succeed by taking small steps and building on those successes.

References: 1) "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004. Pg 99 2) Pg 100

CONTACTS

PROFESSIONAL HELP

THE CHILD GUIDANCE CLINIC

Health Promotion Board Building
3 Second Hospital Avenue
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WEBSITES

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