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.
ADHD stands for **Attention Deficit Hyperactivity Disorder**.

The causes have not been established but it is commonly thought to have a genetic link.

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.

**ADHD Parenting Guide 02/03**

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**ADD**

**Hyperactivity**

**Impulsivity**

- **3 CORE SYMPTOMS**
  - **INATTENTION**
    - 3 aspects of inattention include:
      1) Sustaining attention
      2) Resisting distractions
      3) Not paying sufficient attention
  - **HYPERACTIVITY**
    - Symptoms include:
      1) Fidgeting 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) Acts/Speaks without fully considering consequences, often engaging in risky behaviour.
    - 2) Difficulty with delayed gratification.

**ADHD stands for**

**ATTENTION**

**DEFICIT**

**HYPERACTIVITY**

**DISORDER**

**AFFECTS**

**MORE BOYS THAN GIRLS**

**IT IS A COMPLEX NEUROBIOLOGICAL DISORDER**

**COMMONLY CO-OCCUR WITH ADHD**

- ODD (Oppositional Defiant Disorder)
- Learning disability
- Conduct disorder
- Anxiety
- Depression

Pattern of negative, hostile, and defiant behaviour including frequent loss of temper, arguing, refusal to obey rules, intentionally annoying others, blaming others.

Children with ADHD frequently have problems with reading fluency and mathematical calculations. Problems are associated with attention, memory and executive function difficulties.

Persistently violates rights of others or societal rules. Aggression towards others and animals, destruction of property, deceitfulness, theft, rule violation.

Excessive worry that occurs frequently and is difficult to control. Symptoms include feeling restless, edgy, easily fatigued, irritability, and sleep disturbances.

Commonly low mood for days, over/under eating or sleeping, low energy and self-esteem, poor concentration, feeling hopeless.

References:
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.

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

**EARLY WARNING SIGNS**

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.

**GATHER MORE INFORMATION**

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

**THE PROCEDURE**

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.

**LEVEL OF FUNCTIONS**

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.

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.
ADHD Parenting Guide

The Effect of ADHD on the Life of an Individual, Their Family, and Community from Preschool to Adult Life.

**ADHD only**
- Low self-esteem
- Disruptive behavior
- Learning delay
- Poor social skills

**ADHD only**
- High self-esteem
- Prosocial behavior
- Good academic performance
- Strong social skills

**Oppositional defiant disorder**
- Challenging behavior
- School exclusion
- Conduct disorder
- Complex learning difficulties

**Criminal behavior**
- School suspension
- Drop-out

**Substance abuse**
- Increased hospital and ER visits
- Increased car accidents
- Increased substance use

**Lack of motivation**
- Increased absenteeism
- Decreased productivity

**School and Occupation**

**Society**

**Employer**

**References:**
8. The effect of ADHD on the life of an individual, their family, and community from preschool to adult life by V A Harpin.
Have a sense of humor – there are many challenges so you need a double dose of this.

Keep things in perspective and refrain from being a perfectionist.

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

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

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

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

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

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

**WHAT CAN YOU DO**

**MEDICATION**

- Management of ADHD symptoms with the use of medication. eg. Methylphenidate
- Combination of Treatments
- Non-stimulants (e.g. Methylphenidate Hydrochloride IR)
- Short-Acting (e.g. Methylphenidate Hydrochloride SR or LA)
- Long-Acting (e.g. Methylphenidate HCl ER Tablets)

**BEHAVIOUR THERAPY**

- Manage and shape a child’s behaviour using behavioural management techniques.
- Behaviour Therapy
- 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.

**REFERENCES:**
1. 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
7. Novartis Pharma, Ritalin PI January 2014
8. Concerta PI, Jun2011

**MEDICATION**

- Stimulants
- Non-Stimulants
- Most prescribed
- Proven effectiveness
- Strong clinical evidence
- Less but sufficient clinical evidence
- Prescribed as an alternative treatment
- Benefit generally observed after 2-8 weeks
- Less but sufficient clinical evidence
- Research on medication use has shown that healthcare professionals prescribe long acting medication 78% of the time for patients age 0 to 17

**Short-Acting (e.g. Methylphenidate Hydrochloride IR)  4 hours**

**Medium-Acting (e.g. Methylphenidate Hydrochloride SR or LA) 7-8 hours**

**Long-Acting (e.g. Methylphenidate HCl ER Tablets) 2-3 days**

**Non-stimulants** may also be prescribed as an alternative treatment for ADHD, especially when there is comorbid ADHD and tic disorder. 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.
A child’s day encompasses a full active day. As a consequence, ADHD also impacts children and their families throughout the day.7

References:
1. CONCERTA™ Approved Product Information, September 2012.
7. Swensen A et al. Incidence and Costs of Accidents Among Attention-Deficit/Hyperactivity Disorder Patients. 11
**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.  

**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.  

**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.  

**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.  

**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.  

**06 PRIVACY**
Monitoring your child’s behaviour is a basic parenting responsibility but do not overdo it. Don’t “snoop” on your child.  

**07 CHOICES**
Use “Structured Choices”. For example, “Do you want to do your math or your science assignment next?”  

**08 RULES**
Make rules and enforce them. Expect rule-breaking, respond like a police officer, be respectful, consistent, and matter-of-fact.  

**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.  

**10 TALENTS AND STRENGTHS**
Discover and nurture their strengths and talents. Celebrate their success, praise them as they overcome trials.  

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**References:**
2) Pg.107  
3) Pg.115  
4) Pg.97  
TIME-OUT

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

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

- 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

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

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

- 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 - Loses stars
Cashes in the sum of stars at the end of the week for a prize

References:
2) Pg 142-144
3) Pg 131-133

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. (Pg 142-143)

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.

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
Planning & Organisation

- 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

Routines and Systems

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.

Starting and Finishing Tasks

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

Improving Their Memory

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

Educational Performance Problems

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

MANAGING SCHOOL LIFE

- Establish a system to track success and failure and adjust appropriately
- Creating a treatment plan to address these obstacles
- Identifying the greatest obstacles to the child’s academic performance
- Seat the child near the teacher
- State and post the classroom rules clearly
- Pair student with a study buddy or learning partner who is an exemplary student

State and post the classroom rules clearly. Pair student with a study buddy or learning partner who is an exemplary student. Seat the child near the teacher.

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.

References:
2) Pg 59, 100, 109
3) Pg 99, 100, 190
4) Pg 161
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.

Tips for structuring your child’s home environment

1. Keep your child on a daily schedule - try to keep the time for various activities 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:
2) Pg 100