

*Information about:*

# Attention Deficit/ Hyperactivity Disorder ADD/ADHD

Revised September 2009



Vermont Family Network  
600 Blair Park Road, Ste 240  
Williston, VT 05495  
1-800-800-4005  
[www.VermontFamilyNetwork.org](http://www.VermontFamilyNetwork.org)

## Introduction

*Information About Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)* is part of a series of information packets developed by the Vermont Family Network (VFN). Designed to provide basic information, the packet includes fact sheets, articles, advocacy tips, and resources for families of children with special needs and for the professionals working with them.

After reading the packet, we hope that you'll have a greater understanding of attention-deficit/hyperactivity disorder (ADD/ADHD) and the ways in which parents and professionals can support children at home, in school, and in the community. We've selected information from a variety of sources, and many articles are on the Internet.

Thank you to BEST (Building Effective Strategies for Teaching), Vermont Department of Education, for making this publication possible. Thanks also go to the organizations and authors who gave us permission to use their articles and fact sheets. Use of any specific articles in this packet is meant for information purposes only and doesn't indicate any endorsement on the part of VFN of the views and opinions of the authors.

Because your comments are important to us, we've included a reader's response form at the end of the packet. Please take a few minutes to fill it out and return it to our office. Thank you.

## Contents

Title	Pages
Children Who Can't Pay Attention/ADHD American Academy of Child and Adolescent Psychiatry	1-3
Fact Sheet: Attention - Deficit/Hyperactivity Disorder National Alliance for the Mentally Ill	4-7
CHADD Fact Sheet #2 - Parenting a Child with AD/HD CHADD Resource Center	8-11
Teaching Children with Attention Deficit/Hyperactivity Disorder ERIC Clearinghouse	12-16
Advocating for Your Child: 25 Tips for Parents David Fassler, M.D.	17-20
Resources	20-22
Reader's Response Form	23-24

## Children Who Can't Pay Attention – ADHD

Publication Number 6

No. 6; Updated May 2008

*Supported by a grant from The Klingenstein Third Generation Foundation.*

Parents are distressed when they receive a note from school saying that their child won't listen to the teacher or causes trouble in class. One possible reason for this kind of behavior is Attention Deficit/Hyperactivity Disorder (ADHD).

Even though the child with ADHD often wants to be a good student, the impulsive behavior and difficulty paying attention in class frequently interferes and causes problems. Teachers, parents, and friends know that the child is misbehaving or different but they may not be able to tell exactly what is wrong.

Any child may show inattention, distractibility, impulsivity, or hyperactivity at times, but the child with ADHD shows these symptoms and behaviors more frequently and severely than other children of the same age or developmental level. ADHD occurs in 3-5% of school age children. ADHD must begin before the age of seven and it can continue into adulthood. ADHD runs in families with about 25% of biological parents also having this medical condition.

A child with ADHD often shows some of the following:

- trouble paying attention
- inattention to details and makes careless mistakes
- easily distracted
- loses school supplies, forgets to turn in homework
- trouble finishing class work and homework
- trouble listening
- trouble following multiple adult commands
- blurts out answers
- impatience
- fidgets or squirms
- leaves seat and runs about or climbs excessively
- seems "on the go"
- talks too much and has difficulty playing quietly
- interrupts or intrudes on others

There are three types of ADHD. Some people have only difficulty with attention and organization. This is also sometimes called Attention Deficit Disorder or ADD. This is ADHD inattentive subtype. Other people have only the hyperactive and impulsive symptoms. This is ADHD-hyperactive subtype. The Third, and most commonly

identified group consists of those people who have difficulties with attention and hyperactivity, or the combined type.

A child presenting with ADHD symptoms should have a comprehensive evaluation. Parents should ask their pediatrician or family physician to refer them to a child and adolescent psychiatrist, who can diagnose and treat this medical condition. A child with ADHD may also have other psychiatric disorders such as conduct disorder, anxiety disorder, depressive disorder, or bipolar disorder. These children may also have learning disabilities.

Without proper treatment, the child may fall behind in schoolwork, and friendships may suffer. The child experiences more failure than success and is criticized by teachers and family who do not recognize a health problem.

Research clearly demonstrates that medication can help improve attention, focus, goal directed behavior, and organizational skills. Medications most likely to be helpful include the stimulants (various methylphenidate and amphetamine preparations) and the non-stimulant, atomoxetine. Other medications such as guanfacine, clonidine, and some antidepressants may also be helpful.

Other treatment approaches may include cognitive-behavioral therapy, social skills training, parent education, and modifications to the child's education program. Behavioral therapy can help a child control aggression, modulate social behavior, and be more productive. Cognitive therapy can help a child build self-esteem, reduce negative thoughts, and improve problem-solving skills. Parents can learn management skills such as issuing instructions one-step at a time rather than issuing multiple requests at once. Education modifications can address ADHD symptoms along with any coexisting learning disabilities.

A child who is diagnosed with ADHD and treated appropriately can have a productive and successful life.

For additional information see *Facts for Families*:

[www.aacap.org/cs/root/facts\\_for\\_families/facts\\_for\\_families\\_numerical\\_list](http://www.aacap.org/cs/root/facts_for_families/facts_for_families_numerical_list)

[#16 Learning Disabilities](#)

[#21 Psychiatric Medication for Children](#)

[#29 Psychiatric Medication: Types of Medications](#)

[#33 Conduct Disorders](#)

[#38 Bipolar Disorder in Teens](#)

[#51 Questions to Ask about Psychiatric Medications for Children and Adolescents](#)

[#52 Comprehensive Psychiatric Evaluation](#)

[#00 Definition of a Child and Adolescent Psychiatrist](#)

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 6900 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

The Facts for Families® series is developed and distributed by the American Academy of Child and Adolescent Psychiatry (AACAP). Facts sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale.

Free distribution of individual Facts for Families sheets is a public service of the AACAP Special Friends of Children Fund. Please make a tax-deductible contribution to the AACAP Special Friends of Children Fund and support this important public outreach. (AACAP, Special Friends of Children Fund, P.O. Box 96106, Washington, D.C. 20090).

Copyright ©2009. American Academy of Child Adolescent Psychiatry.  
All Rights Reserved.

## Attention-Deficit/Hyperactivity Disorder

### What is attention-deficit/hyperactivity disorder?

Attention-deficit/hyperactivity disorder (ADHD) is an illness characterized by attention, hyperactivity, and impulsivity. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimated three percent to five percent of school-age children.

Although ADHD is usually diagnosed in childhood, it is not a disorder limited to children-ADHD often persists into adolescence and adulthood and is frequently not diagnosed until later years.

### What are the symptoms of ADHD?

There are actually three different types of ADHD, each with different symptoms: *predominantly inattentive*, *predominantly hyperactive/impulsive*, and *combined*.

#### Those with the *predominantly inattentive* type often:

- fail to pay close attention to details or make careless mistakes in schoolwork, work, or other activities
- have difficulty sustaining attention to tasks or leisure activities
- do not seem to listen when spoken to directly
- do not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace
- have difficulty organizing tasks and activities
- avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort
- lose things necessary for tasks or activities
- are easily distracted by extraneous stimuli
- are forgetful in daily activities

#### Those with the *predominantly hyperactive/impulsive* type often:

- fidget with their hands or feet or squirm in their seat
- leave their seat in situations in which remaining seated is expected
- move excessively or feel restless during situations in which such behavior is inappropriate
- have difficulty engaging in leisure activities quietly
- are "on the go" or act as if "driven by a motor"
- talk excessively
- blurt out answers before questions have been completed
- have difficulty awaiting their turn
- interrupt or intrude on others

Those with the *combined* type, the most common type of ADHD, have a combination of the inattentive and hyperactive/impulsive symptoms.

### **What is needed to make a diagnosis of ADHD?**

A diagnosis of ADHD is made when an individual displays at least six symptoms from either of the above lists, with some symptoms having started before age seven. Clear impairment in at least two settings, such as home and school or work, must also exist. Additionally, there must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

### **How common is ADHD?**

ADHD affects an estimated two million American children, an average of at least one child in every U.S. classroom. In general, boys with ADHD have been shown to outnumber girls with the disorder by a rate of about three to one. The combined type of ADHD is the most common in elementary school-aged boys; the predominantly inattentive type is found more often in adolescent girls.

While there is no specific data on the rates of ADHD in adults, the disorder is sometimes not diagnosed until adolescence or adulthood, and half of the children with ADHD retain symptoms of the disorder throughout their adult lives. (It is generally believed that older individuals diagnosed with ADHD have had elements of the disorder since childhood.)

### **What is ADD? Is it different than ADHD?**

This is a question that has become increasingly difficult to answer simply. ADHD, or attention-deficit/hyperactivity disorder, is the only clinically diagnosed term for disorders characterized by inattention, hyperactivity, and impulsivity used in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, the diagnostic "bible" of psychiatry. However (and this is where things get tricky), ADD, or attention-deficit disorder, is a term that has become increasingly popular among laypersons, the media, and even some professionals. Some use the term ADD as an umbrella term—after all, ADHD is an attention-deficit disorder. Others use the term ADD to refer to the predominantly inattentive type of ADHD, since that type does not feature hyperactive symptoms. Lastly, some simply use the terms ADD and ADHD interchangeably. The bottom line is that when people speak of ADD or ADHD, they generally mean the same thing. However, only ADHD is the "official" term.

### **Is ADHD associated with other disorders?**

Yes. In fact, symptoms like those of ADHD are often mistaken for or found occurring with other neurological, biological, and behavioral disorders. Nearly half of all children with ADHD (especially boys) tend to also have oppositional defiant disorder, characterized by negative, hostile, and defiant behavior. Conduct disorder (marked by aggression towards people and animals, destruction of property, deceitfulness or theft, and serious rule-breaking) is found to co-occur in an estimated 40 percent of children with ADHD. Approximately one-fourth of children with ADHD (mostly younger children and boys) also experience anxiety and depression. And, at least 25 percent of children with ADHD suffer from some type of communication/learning disability. There is additionally a correlation between Tourette's syndrome, a neurobiological disorder characterized by motor and vocal tics, and ADHD—only a small percentage of those with ADHD also have Tourette's, but at least half of those with Tourette's also have ADHD. Research is also beginning to show that ADHD-like symptoms are sometimes actually manifestations of childhood-onset bipolar disorder.

### **What causes ADHD?**

First of all, it is important to realize that ADHD is not caused by dysfunctional parenting, and those with ADHD do not merely lack intelligence or discipline.

Strong scientific evidence supports the conclusion that ADHD is a biologically based disorder. Recently, National Institute of Mental Health researchers using PET scans have observed significantly lower metabolic activity in regions of the brain controlling attention, social judgment, and movement in those with ADHD than in those without the disorder. Biological studies also suggest that children with ADHD may have lower levels of the neurotransmitter dopamine in critical regions of the brain.

Other theories suggest that cigarette, alcohol, and drug use during pregnancy or exposure to environmental toxins such as lead may be linked to the development of ADHD.

Research also suggests a genetic basis to ADHD-the disorder tends to run in families. While early theories suggested that ADHD may be caused by minor head injuries or brain damage resulting from infections or complications at birth, research found this hypothesis to lack substantial supportive evidence. Furthermore, scientific studies have not verified dietary factors, another widely discussed possible influence for the development of ADHD, as a main cause of the disorder.

### **How can ADHD be treated?**

Many treatments-some with good scientific basis, some without-have been recommended for individuals with ADHD. The most proven treatments are medication and behavioral therapy.

#### **Medication**

Stimulants are the most widely used drugs for treating attention-deficit/ hyperactivity disorder. The four most commonly used stimulants are methylphenidate (Ritalin), dextroamphetamine (Dexedrine, Desoxyn), amphetamine and dextroamphetamine (Adderall), and pemoline (Cylert). These drugs increase activity in parts of the brain that are underactive in those with ADHD, improving attention and reducing impulsiveness, hyperactivity, and/or aggressive behavior. Antidepressants, major tranquilizers, and the antihypertensive clonidine (Catapres) have also proven helpful in some cases.

Every person reacts to treatment differently, so it is important to work closely and communicate openly with your physician. Some common side effects of stimulant medications include weight loss, decreased appetite, trouble sleeping, and, in children, a temporary slowness in growth; however, these reactions can often be controlled by dosage adjustments. Medication has proven effective in the short-term treatment of more than 76 percent of individuals with ADHD.

#### **Behavioral Therapy**

Treatment strategies such as rewarding positive behavior changes and communicating clear expectations of those with ADHD have also proven effective. Additionally, it is extremely important for family members and teachers or employers to remain patient and understanding.

Children with ADHD can additionally benefit from caregivers paying close attention to their progress, adapting classroom environments to accommodate their needs, and using positive reinforcers. Where appropriate, parents should work with the school district to plan an individualized education program (IEP).

### **Other Treatments**

There are a variety of other treatment options offered (some rather dubious) for those with ADHD. Those treatments not proven to work scientifically include biofeedback, special diets, allergy treatment, megavitamins, chiropractic adjustment, and special-colored glasses.

### **Recommended resources:**

#### **Books**

- Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adulthood by Edward M. Hallowell, M.D., and John J. Ratey, M.D. New York: Pantheon Books, 1994.
- Neurobiological Disorders in Children and Adolescents by Enid Peschel, Richard Peschel, Carol W. Howe, and James W. Howe (eds). New Directions for Mental Health Services, no. 54. San Francisco: Jossey-Bass Publishers, 1992.
- Taking Charge of ADHD: The Complete, Authoritative Guide for Parents by Russell A. Barkley, Ph.D. New York: The Guilford Press, 1995.

#### **Support Groups and Organizations**

- The Attention Deficit Information Network, Inc. (AD-IN), 475 Hillside Avenue, Needham, MA 02194. Phone: 781/455-9895. Fax: 781/444-5466. Email: [adin@gis.net](mailto:adin@gis.net). Web site: "<http://www.addinfonetwork.com>"
- A.D.D. WareHouse, 300 Northwest 70th Avenue, Suite 102, Plantation, FL 33317. Phone: 800/233-9273 (toll-free), 954-792-8100 (local). Fax: 954-792-8545. Web site: "<http://www.addwarehouse.com>"
- Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD), 8181 Professional Place, Suite 201, Landover, MD 20785. Phone: 800/233-4050 (toll-free), 301/306-7070 (local). Fax: 301/306-7090. Web site: "<http://www.chadd.org>"
- NAMI-National Alliance for the Mentally Ill, 200 N. Beauregard Street, 6th Floor, Alexandria, VA 22201-3042. 703-684-7722 Helpline: 1-800-969-6642 <http://www.nami.org> Reviewed by Rex Cowdry, M.D., NAMI medical advisor, 8/99



## CHADD Fact Sheet #2

### Parenting a Child with AD/HD - CHADD Fact Sheet #2

---

Often, when a child is diagnosed with AD/HD, the first response from his or her concerned parent is, "What can *I do* about it?" Although life with your child may at times seem challenging, it is important to remember that children with AD/HD can and do succeed. As a parent, you can help create home and school environments that improve your child's chances for success. The earlier you address your child's problems, the more likely you will be able to prevent school and social failure and associated problems such as underachievement and poor self-esteem that may lead to delinquency or drug and alcohol abuse.

Early intervention holds the key to positive outcomes for your child. Here are some ways to get started:

- **Don't waste limited emotional energy on self-blame.** AD/HD is the result of dysfunction in certain areas of the brain and in the majority of cases is inherited. It is *not* caused by poor parenting or a chaotic home environment, although the home environment can make the symptoms of AD/HD worse.
- **Learn all you can about AD/HD.** There is a great deal of information available on the diagnosis and treatment of AD/HD. It is up to you to act as a good consumer and learn to distinguish the "accurate" information from the "inaccurate." But how can you sort out what will be useful and what will not? In general, it is good to be wary about ads claiming to cure AD/HD. Currently, there is no cure for AD/HD, but you can take positive steps to decrease its impact.
- **Make sure your child has a comprehensive assessment.** To complete the diagnostic process, make sure your child has a comprehensive assessment that includes medical, educational, and psychological evaluations and that other disorders that either mimic or commonly occur with AD/HD have been considered and ruled out.

### How to Ensure Your Child's Success at School

- **Become an effective case manager.** Keep a record of all information about your child. This includes copies of all evaluations and documents from any meetings concerning your child. You might also include information about AD/HD, a record of your child's prior treatments and placements, and information for the professionals who have worked with your child.
- **Take an active role in forming a team that understands AD/HD and wants to help your child.** Meetings at your child's school should be attended by the principal's designee, as well as a special educator and a classroom teacher that knows your child. You, however, have the right to request input at these meetings from others that understand AD/HD or your child's special needs. These include your child's physician,

the school psychologist, and the nurse or guidance counselor from your child's school. If you have consulted other professionals, such as a psychiatrist, educational advocate or behavior management specialist, the useful information they have provided should also be made available at these meetings. A thorough understanding of your child's strengths and weaknesses and how AD/HD affects him will help you and members of this team go on to develop an appropriate and effective program that takes into account his or her AD/HD.

- **Learn all you can about AD/HD and your child's educational rights.** The more knowledge you have about your child's rights under the two education laws -- the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act -- the better the chance that you will maximize his or her success. Each state has a parent training and information center that can help you learn more about your child's rights (visit [www.taalliance.org/centers](http://www.taalliance.org/centers) to find the center in your state).
- **Become your child's best advocate.** You may have to represent or protect your child's best interest in school situations, both academic and behavioral. Become an active part of the team that determines what services and placements your child receives in an Individualized Education Plan (IEP) or Section 504 plan. See *What We Know # 4, Educational Rights for Children with AD/HD in Public Schools*, for more information.

### How to Make Life at Home Easier

- **Join a support group.** Parents will find additional information, as well as support, by attending local CHADD meetings where available. You can find the nearest chapter to your home on the [CHADD chapter locator](#).
- **Seek professional help.** Ask for help from professionals, particularly if you are feeling depressed, frustrated and exhausted. Helping yourself feel less stressed will benefit your child as well.
- **Work together to support your child.** It is important that all of the adults that care for your child (parents, grandparents, relatives, and babysitters) agree on how to approach or handle your child's problem behaviors. Working with a professional, if needed, can help you better understand how to work together to support your child.
- **Learn the tools of successful behavior management.** Parent training will teach you strategies to change behaviors and improve your relationship with your child. Identify parent training classes in your community through your local [parent information and resource center](#) or parent training and information center ([www.taalliance.org/centers](http://www.taalliance.org/centers)).
- **Find out if you have AD/HD.** Since AD/HD is generally inherited, many parents of children with AD/HD often discover that they have AD/HD when their child is diagnosed. Parents with AD/HD may need the same types of evaluation and treatment that they seek for their children in order to function at their best. AD/HD in the parent may make the home more chaotic and affect parenting skills.

### Parent training will help you learn to:

- **Focus on certain behaviors and provide clear, consistent expectations, directions and limits.** Children with AD/HD need to know exactly what others expect from them. They do not perform well in ambiguous situations that don't specify exactly what is expected and that require they read between the lines. Working with a professional can help you narrow the focus to a few specific behaviors and help you set limits, and consistently follow through.

- **Set up an effective discipline system.** Parents should learn proactive -- not reactive -- discipline methods that teach and reward appropriate behavior and respond to misbehavior with alternatives such as "time out" or loss of privileges.
- **Help your child learn from his or her mistakes.** At times, negative consequences will arise naturally out of a child's behavior. However, children with AD/HD have difficulty making the connection between their behaviors and these consequences. Parents can help their child with AD/HD make these connections and learn from his or her mistakes.

## How to Boost Your Child's Confidence

- **Tell your child that you love and support him or her unconditionally.** There will be days when you may not believe this yourself. Those will be the days when it is even more important that you acknowledge the difficulties your child faces on a daily basis, and express your love. Let your child know that you will get through the smooth and rough times together.
- **Assist your child with social skills.** Children with AD/HD may be rejected by peers because of hyperactive, impulsive or aggressive behaviors. Parent training can help you learn how to assist your child in making friends and learning to work cooperatively with others.
- **Identify your child's strengths.** Many children with AD/HD have strengths in certain areas such as art, athletics, computers or mechanical ability. Build upon these strengths, so that your child will have a sense of pride and accomplishment. Make sure that your child has the opportunity to be successful while pursuing these activities and that his strengths are not undermined by untreated AD/HD. Also, avoid, as much as possible, targeting these activities as contingencies for good behavior or withholding them, as a form of punishment, when your child with AD/HD misbehaves.
- **Set aside a daily "special time" for your child.** Constant negative feedback can erode a child's self-esteem. A "special time," whether it's an outing, playing games, or just time spent in positive interaction, can help fortify your child against assaults to self-worth.

## Suggested Reading

### *For Help Parenting Your Children and Teens*

Barkley, Russell (2000). *Taking Charge of ADHD: The Complete Authoritative Guide for Parents* (Revised Edition). New York: Guilford Press.

Brooks, Robert and Goldstein, Sam (2001). *Raising Resilient Children: Fostering Strength, Hope, and Optimism in Your Child*. Lincolnwood, IL: Contemporary Books.

Copeland, Edna and Love, Valerie (1995). *Attention, Please! A Comprehensive Guide for Successfully Parenting Children with Attention Deficit Disorders and Hyperactivity*. Plantation, FL: Specialty Press.

Dishion, Thomas J. and Patterson, Scot G. (1996). *Preventive Parenting with Love, Encouragement, and Limits: The Preschool Years*. Eugene, OR: Castalia Publishing Co.

Edwards, C. Drew (1999). *How to Handle a Hard-To-Handle Kid: A Parents' Guide to Understanding and Changing Problem Behaviors*. Minneapolis, MN: Free Spirit Publishing.

Flick, Grad (1996). *Power Parenting for Children with ADD/ADHD: A Practical Parent's Guide for Managing Difficult Behaviors*. San Francisco, CA: Jossey-Bass.

Forgatch, Gerald R. and Forgatch, Marion S. (2005). *Parents and Adolescents Living Together, Part 1: The Basics*. Champaign, IL: Research Press.

Forgatch, Gerald R. and Forgatch, Marion S. (2005). *Parents and Adolescents Living Together: Part 2: Family Problem Solving*. Champaign, IL: Research Press.

Heininger, Janet E. and Weiss, Sharon (2001). *From Chaos to Calm: Effective Parenting of Challenging Children with ADHD and Other Behavioral Problems*. New York, NY: Perigee Books.

Monastra, Vincent (2004). *Parenting Children with ADHD: 10 Lessons That Medicine Cannot Teach*. Washington, DC: Magination press.

Phelan, Thomas (2003). *1-2-3 Magic: Training your child to do what you want!* (Third Edition) Glen Ellyn, IL: ParentMagic Inc.

Parker, Harvey (1999). *The ADD Hyperactivity Workbook for Parents, Teachers, and Kids* (Third Edition) Plantation, FL: Specialty Press.

Silver, Larry (1999). *Dr. Larry Silver's Advice to Parents on ADHD* (Second Edition). New York, NY: Three Rivers Press.

---

*The information provided in this sheet was supported by Cooperative Agreement Number R04/CCR321831-01 from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. It was approved by CHADD's Professional Advisory Board in December 2004.*

© 2004 Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD).

For further information about AD/HD or CHADD, please contact:

National Resource Center on AD/HD  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
8181 Professional Place, Suite 150  
Landover, MD 20785>  
1-800-233-4050  
[www.help4adhd.org](http://www.help4adhd.org)

Please also visit the CHADD Web site at  
[www.chadd.org](http://www.chadd.org).

## Teaching Children with Attention Deficit/Hyperactivity Disorder

### Defining Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Attention deficit disorder is a syndrome characterized by serious and persistent difficulties in the following three specific areas:

1. Attention span.
2. Impulse control.
3. Hyperactivity (sometimes).

ADHD is a chronic disorder that can begin in infancy and extend through adulthood, having negative effects on a child's life at home, school, and within the community. It is conservatively estimated that 3 to 5% of our school-age population is affected by ADHD.

The condition previously fell under the headings, "learning disabled," "brain damaged," "hyperkinetic," or "hyperactive." The term attention deficit disorder was introduced to describe the characteristics of these children more clearly.

### Diagnosis of Attention Deficit Disorder/Hyperactivity Disorder (ADHD)

According to the criteria in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., rev.) (American Psychiatric Association, 1994), to be diagnosed as having ADHD, the clinician must note the presence of at least 6 of the 9 following criteria for either Attention Span or Hyperactivity/Impulsivity.

#### Attention Span Criteria

- Pays little attention to details; makes careless mistakes
- Has short attention span
- Does not listen when spoken to directly
- Does not follow instructions; fails to finish tasks
- Has difficulty organizing tasks
- Avoids tasks that require sustained mental effort
- Loses things
- Is easily distracted
- Is forgetful in daily activities

#### Hyperactivity Criteria

- Fidgets; squirms in seat
- Leaves seat in classroom when remaining seated is expected

- Often runs about or climbs excessively at inappropriate times
- Has difficulty playing quietly
- Talks excessively

### **Impulsivity Criteria**

- Blurts out answers before questions are completed
- Has difficulty awaiting turn
- Often interrupts or intrudes on others

### **Establishing the Proper Learning Environment**

- Seat students with ADHD near the teacher's desk, but include them as part of the regular class seating.
- Place these students up front with their backs to the rest of the class to keep other students out of view.
- Surround students with ADHD with good role models.
- Encourage peer tutoring and cooperative/collaborative learning.
- Avoid distracting stimuli. Try not to place students with ADHD near air conditioners, high traffic areas, heaters, or doors or windows.
- Children with ADHD do not handle change well, so avoid transitions, physical relocation (monitor them closely on field trips), changes in schedule, and disruptions.
- Be creative! Produce a stimuli-reduced study area. Let all students have Encourage parents to set up appropriate study space at home, with set times and routines established for study, parental review of completed homework, and periodic notebook and/or book bag organization.

### **Giving Instructions to Students with ADHD**

- Maintain eye contact during verbal instruction.
- Make directions clear and concise. Be consistent with daily instructions.
- Simplify complex directions. Avoid multiple commands.
- Make sure students comprehend the instructions before beginning the task.
- Repeat instructions in a calm, positive manner, if needed.
- Help the students feel comfortable with seeking assistance (most children with ADHD will not ask for help). Gradually reduce the amount of assistance, but keep in mind that these children will need more help for a longer period of time than the average child.
- Require a daily assignment notebook if necessary:
  - Make sure each student correctly writes down all assignments each day. If a student is not capable of this, the teacher

- should help him or her.
- Sign the notebook daily to signify completion of homework assignments. (Parents should also sign.)
- Use the notebook for daily communication with parents.

### **Giving Assignments**

- Give out only one task at a time.
- Monitor frequently. Maintain a supportive attitude.
- Modify assignments as needed. Consult with special education personnel to determine specific strengths and weaknesses of each student.
- Develop an individualized education program.
- Make sure you are testing knowledge and not attention span.
- Give extra time for certain tasks. Students with ADHD may work slowly. Do not penalize them for needing extra time.
- Keep in mind that children with ADHD are easily frustrated. Stress, pressure, and fatigue can break down their self-control and lead to poor behavior.

### **Modifying Behavior and Enhancing Self-esteem**

#### **Providing Supervision and Discipline:**

- Remain calm, state the infraction of the rule, and avoid debating or arguing with the student.
- Have pre-established consequences for misbehavior.
- Administer consequences immediately, and monitor proper behavior frequently.
- Enforce classroom rules consistently.
- Make sure the discipline fits the "crime," without harshness.
- Avoid ridicule and criticism. Remember, children with ADHD have difficulty staying in control.
- Avoid publicly reminding students on medication to "take their medicine."

#### **Providing Encouragement:**

- Reward more than you punish, in order to build self-esteem.
- Praise immediately any and all good behavior and performance.
- Change rewards if they are not effective in motivating behavioral change.
- Find ways to encourage the child.
- Teach the child to reward himself or herself. Encourage positive self-talk (e.g., "You did very well remaining in your seat today. How do you feel about that?"). This encourages the child to think positively about himself or herself.

## Other Educational Recommendations

- Educational, psychological, and/or neurological testing to determine learning style and cognitive ability and to rule out any learning disabilities (common in about 30% of students with ADHD).
- A private tutor and/or peer tutoring at school.
- A class that has a low student-teacher ratio.
- Social skills training and organizational skills training.
- Training in cognitive restructuring (positive "self-talk," e.g., "I did that well").
- Use of a word processor or computer for schoolwork.
- Individualized activities that are mildly competitive or noncompetitive such as bowling, walking, swimming, jogging, biking, karate. (Note: Children with ADHD may do less well than their peers in team sports.)
- Involvement in social activities such as scouting, church groups, or other youth organizations that help develop social skills and self-esteem.
- Allowing children with ADHD to play with younger children if that is where they fit in. Many children with ADHD have more in common with younger children than with their age-peers. They can still develop valuable social skills from interaction with younger children.

## References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed., rev.) (DSM-IV-R). Washington, DC: APA.

## Suggested Reading

Bender, W. (1997). *Understanding ADHD: A Practical Guide for Teachers and Parents*. Upper Saddle River, NJ: Merrill/Prentice Hall.

Fiore, T. (1993). *Educational interventions for students with attention deficit disorder*. *Exceptional Children*, 60(2), 163-73.

Gardill, M. (1996). *Classroom strategies for managing students with attention deficit/hyperactivity disorder*. *Intervention in School and Clinic*, 32(2), 89-94.

Hallowell, E. (1994). *Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adulthood*. Tappan, NJ: Simon & Schuster.

Hartmann, T. (1993). *Attention Deficit Disorder: A Different Perception*. Novato, CA: Underwood-Miller.

Reeve, R. (1996). *A Continuing Education Program on Attention Deficit/Hyperactivity Disorder*. Reston, VA: Council for Exceptional Children.

Rief, S. (1997). *The ADD/ADHD Checklist. An Easy Reference for Parents and Teachers*. Reston, VA: Council for Exceptional Children.

Robelia, B. (1997). *Tips for working with ADHD students of all ages*. *Journal of Experiential Education*, 20(1), 51-53.

Schiller, E. (1996). *Educating children with attention deficit disorder*. *Our Children*, 22(2), 32-33.

For more information on ADD, write to:  
CHADD  
Children with Attention Deficit Disorder  
1859 North Pine Island Road  
Suite 185  
Plantation, FL 33322  
(305) 587-3700

Contact your local school psychologist, examiner, or personnel in charge of assessment and diagnosis in your school district for specific information and local programs.

ERIC Digests are in the public domain and may be freely reproduced and disseminated, but please acknowledge your source. This publication was prepared with funding from the U.S. Department of Education, Office of Educational Research and Improvement, under Contract No. R193002005. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education.

THIS DIGEST SUPERSEDES ERIC EC DIGEST #E462

ERIC EC Digest #E569  
September 1998 , Copyright ©1996-1998

The ERIC Clearinghouse on Disabilities and Gifted Education  
The Council for Exceptional Children  
1110 N. Glebe Rd.  
Arlington, VA 22201-5704  
Toll Free: 1.800.328.0272  
E-mail: [ericec@cec.sped.org](mailto:ericec@cec.sped.org)  
Internet: <http://ericec.org>

Dr. Fassler is a Board Certified Child and Adolescent Psychiatrist practicing in Burlington, Vermont.

## **Advocating for Your Child: 25 Tips for Parents**

by David Fassler, M.D.

According to the Surgeon General, 1 child in 5 will experience significant problems due to a psychiatric disorder. The good news is that we can help many, if not most, of these youngsters. The real tragedy is that so few, less than 1 in 3, are receiving the comprehensive treatment they really need.

Children and adolescents with emotional and behavioral problems deserve access to the best possible mental health care. Unfortunately, such services are often difficult to obtain. Parents can help by being informed, involved and persistent advocates on behalf of their children.

The following outline offers specific tips and suggestions which parents may find useful in such advocacy efforts:

1. Get a comprehensive evaluation. Child psychiatric disorders are complex and confusing. A full assessment will often involve several visits. Effective treatment depends on a careful and accurate diagnosis.
2. Insist on the best. Talk to physicians, therapists, guidance counselors and other parents. Find out who in your community has the most experience and expertise in evaluating and treating your child's particular condition. Check the clinician's credentials carefully. Are they appropriately licensed or certified in your state? If he or she is a physician, are they "Board Certified"? Push schools, insurance companies and state agencies to provide the most appropriate and best possible services, not merely services which are deemed sufficient or adequate.
3. Ask lots of questions about any diagnosis or proposed treatment. Encourage your child to ask any questions he or she may have, as well. Remember that no one has all the answers, and that there are few simple solutions for complex child psychiatric disorders. In addition, all treatments have both risks and benefits. Make sure you and your child understand the full range of treatment options available so you can make a truly informed decision.
4. Insist on care which is "family centered" and which builds on your child's strengths. Ask about specific goals and objectives. How will you know if treatment is helping? If your child's problems persist or worsen, what options and alternatives are available?
5. Ask about comprehensive "wrap around" or individualized services, geared specifically to the needs of your child and family. Are such services available in your state or community? If not, why not?

6. Be prepared. One of the most important things you can do to help your child is to keep all information, including past consultation and treatment reports, in an organized place. Insist on receiving your own copies of all evaluations. Records can easily be misplaced, delayed or even destroyed. Maintaining your own file with all relevant information can help avoid unnecessary duplication of previous treatment efforts.
7. Feel free to seek a second opinion. Any responsible mental health professional will be glad to help with referrals or by sharing information. If you have any questions at all about your child's diagnosis or the proposed course of treatment, by all means, arrange an independent consultation with another clinician.
8. Help your child learn about their condition. Use books, pamphlets and the Internet. Make sure the information is age-appropriate. Answer questions with honest, accurate and consistent information, but don't overload children with more detail than they need or want.
9. Learn the details of your insurance policy, and learn about the laws governing insurance in your state. For example, in some states, insurance companies must provide access to a specialist, such as a child and adolescent psychiatrist, within a certain distance from your home. If no such specialist is available as part of the company's "network", you may be able to receive treatment from a provider of your choice, with the insurance company responsible for full payment.
10. Work with the schools. Insist on access to appropriate mental health consultation services. Suggest inservice training programs to enhance awareness about child psychiatric disorders. Request copies of your child's educational records, including the results of any formal testing or other evaluations. Ask to be included in any and all school meetings held to discuss your child.
11. Learn about the reimbursement and funding systems in your state. The more you know, the better you can advocate on behalf of your child. How does Medicaid work? Which services are covered and which are excluded? Is there a "waiver program" which allows increased flexibility based on the specific needs of children and families? Is your child eligible? If not, why not? What other sources of funding are potentially available?
12. Get to know the state insurance commissioner and healthcare "ombudsperson" or consumer representative. Ask them to attend regular meetings with parent groups. Let them know about your experiences.
13. Use a lawyer, if necessary. Learn about the local legal resources. Find out which lawyers in your community are familiar with educational and mental health issues. Talk to your local Protection and Advocacy agency or American Civil Liberties Union for suggestions. Call the State Bar Association. Talk to other parents who are lawyers or who have used lawyers. Consider a legal consultation to make sure you are pursuing all appropriate avenues and options regarding services for your child.

14. Become politically active. Meet with state senators and representatives. Question candidates about their positions on access to necessary and appropriate mental health services for children and families. Testify at hearings on state legislation and budgets. Legislators are more likely to be influenced and persuaded by personal stories than by data, statistics or the opinions of professionals.
15. Build coalitions and work with local advocacy and parent organizations such as NAMI, NMHA and the Federation of Families. Develop and publicize a common "Agenda for Children's Mental Health".
16. Teach children about advocacy. Invite them to become involved in advocacy activities, where appropriate, but don't force them to participate.
17. Develop a legislative strategy. If your state does not yet have parity legislation, put this at the top of the agenda. Other "family protection" initiatives include:
  - access to an independent panel to review and potentially reverse insurance company denials
  - consumer representation on community mental health center boards
  - adequate network provisions, which mandate timely and appropriate access to specialists
  - adequate funding for school and community based mental health services.
18. Seek bipartisan support. Mental illness affects families of all political persuasions. Building a broad base of support has been a key to successful legislative initiatives, both at the State and Federal levels.
19. Fight stigma. Develop an ongoing local education campaign that reiterates the key messages:
  - child psychiatric disorders are very real illnesses
  - they affect lots of kids and adolescents
  - fortunately, they are also quite treatable, especially if treatment begins early and is individualized to the needs of each child and family.
20. Become involved with medical education. Meet with local medical students and residents. Sensitize them to the issues and challenges families face when caring for a child with emotional and behavioral problems.
21. Use the media. Write letters to the editor and/or op-ed pieces on child mental health issues. Meet with local reporters covering health care topics. Suggest story ideas to local TV stations.
22. Work with local professional organizations. Psychiatrists, psychologists, social workers, psychiatric nurses, and mental health counselors are natural allies with a common advocacy agenda. Coordinate efforts on issues such as parity, funding for mental health services, managed care oversight, etc. Professional organizations may also have access to resources, including funds for lobbying and/or public education initiatives, from their national associations.

23. Talk to other parents. Seek out and join local parent support groups. If none exist, consider starting one. Develop an email "listserv" to facilitate communication. Circulate articles, information and suggestions about local resources.
24. Attend regional and national conferences of parent and advocacy organizations. Such meetings provide information, ideas, camaraderie and support. Sharing experiences with other parents is both helpful and empowering.
25. Don't give up. Aim for and celebrate incremental victories and accomplishments. Remember, advocacy is an ongoing process!

There's no right or wrong way to be an advocate for your child. Advocacy efforts and initiatives should be individualized to your state, community and the particular issues, circumstances and needs within your family. Advocacy is also hard work. Even when people want to help, and are willing to listen, it takes lots of time and energy to change the system. But when it works, and it often does, the outcome is clearly worthwhile. You really can make a difference, both for your own child, and ultimately for all children who need and deserve access to appropriate and effective mental health treatment services.

## Resources

The following organizations are excellent resources regarding advocacy on behalf of children's mental health:

American Academy of Child and Adolescent Psychiatry  
3615 Wisconsin Avenue, NW  
Washington, DC 20016  
(202) 966-7300  
[www.aacap.org](http://www.aacap.org)

National Alliance for the Mentally Ill  
Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
(703) 524-7600  
[www.nami.org](http://www.nami.org)

American Psychiatric Association  
Division of Public Affairs  
1400 K Street, NW  
Washington, DC 20005  
(202) 682-6140  
[www.psych.org](http://www.psych.org)

National Mental Health Association  
1021 Prince Street  
Alexandria, VA 22314-2971  
1-800-969-6642  
[www.nmha.org](http://www.nmha.org)

Federation of Families for Children's Mental Health  
1101 King Street, Suite 420  
Alexandria, VA 22314  
(703) 684-7710  
[www.ffcmmh.org](http://www.ffcmmh.org)

The Children's Defense Fund  
25 E Street NW  
Washington, DC 20001  
(202) 628-8787  
[www.childrensdefense.org](http://www.childrensdefense.org)

Bazelon Center for Mental Health Law  
1101 15th Street NW, Suite 1212  
Washington, DC 20005-5002  
(202) 467-5730  
[www.bazelon.org](http://www.bazelon.org)

*Continued on next page*

## Resources *(continued)*

Childhood and Adolescent Bipolar Foundation  
1187 Wilmette Avenue  
P.M.B. #331  
Wilmette, IL 60091  
(847) 256-8525  
[www.bpkids.org](http://www.bpkids.org)

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)  
8181 Professional Place, Suite 201,  
Landover, MD 20785 CHADD  
1-800-233-4050, (301) 306-7070  
[www.chadd.org](http://www.chadd.org)

Juvenile Bipolar Research Foundation  
49 S. Quaker Road  
Pawling, NY 12564  
(203) 226-2216  
[www.bpchildresearch.org](http://www.bpchildresearch.org)

Depression and Bipolar Support Alliance (DBSA)  
730 N. Franklin Street, Suite 501  
Chicago, IL 60610  
1-800-826-3632  
(312) 642-0049  
[www.ndmda.org](http://www.ndmda.org)

*Dr. Fassler is a Board Certified Child and Adolescent Psychiatrist practicing in Burlington, Vermont. He is a Clinical Associate Professor in the Department of Psychiatry at the University of Vermont College of Medicine. Dr. Fassler is also a Trustee of the American Psychiatric Association ([www.psych.org](http://www.psych.org)), a Fellow of the American Academy of Child and Adolescent Psychiatry ([www.aacap.org](http://www.aacap.org)), and a member of the Board of the Federation of Families for Children's Mental Health ([www.ffcmh.org](http://www.ffcmh.org)).*

## Resources

### Books

Phelan, T. (1994). *A Vital Parents' Guide □ Surviving Your Adolescent □ How to Manage and Let Go Of Your 13 to 18 Year Olds*. Glen Ellyn, Illinois: Child Management Inc.

Phelan, T. (1994). *1-2-3 Magic □ Who's in Charge at Your House?* Glen Ellyn, Illinois: Child Management Inc.

Barkley, R. (1998). *Attention deficit hyperactivity disorders: A handbook for diagnosis and treatment*. New York: Guilford Press.

Brown, T.E. (2000) *Attention-deficit disorders and comorbidities in children, adolescents, and adults*. Washington, D.C.: American Psychiatric Press, Inc.

Dendy, C.A.Z. (1995). *Teenagers with ADD*. Bethesda, MD: Woodbine House.

Goldstein, S. (1999). The facts about AD/HD: An overview of attention-deficit hyperactivity disorder. *CHADD 1999 Conference Book*, Landover, MD: CHADD.

Parker, H.C. (1988). *The attention deficit disorder workbook for parents, teachers and kids*. Plantation, FL: Impact Publications.

Rief, S. (1993). *How to reach and teach children with ADD/AD/HD*. West Nyack, NY: The Center for Applied Research in Education.

Canter, L. (1985). *Assertive Discipline □ Parent Resource Guide*. Canter and Associates, Inc.

Weingartner, P. (1999). *ADHD Handbook for Families □ A Guide to Communicating with Professionals*. Washington, DC: Child and Family Press.

Clark, L. (1985). *SOS! □ Help for Parents □ A Practical Guide for Handling Common Everyday Behavior Problems*. Bowling Green, KY: Parents Press.

Barkley, R. (1995). *Taking Charge of ADHD □ The Complete Authoritative Guide for Parents*. New York: Guilford Press.

### Videos

Why Won't My Child Pay Attention? by Dr. Sam Goldstein. Published by John Wiley and Sons, 1993.

ADD: What Do We Know? by Russell A. Barkley. Published by NY: Guilford Press, 1992

ADD: What Can We Do? by Russell A. Barkley. Published by NY: Guilford Press, 1992.

Dear Reader,

Vermont Family Network (VFN) strives to make each of its publications clear, correct, and complete. Please help us by answering a few questions.

1. Which publication are you evaluating? Attention Deficit/Hyperactivity Disorder ADD/ADHD

	EXCELLENT	GOOD	FAIR	POOR
a. for <i>completeness</i> of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. for <i>clarity</i> (ease of use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. for <i>accuracy</i> of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <i>overall</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you found any *incorrect information* in this publication, please specify the page(s) and correction(s) to be made. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If you felt *information was left out* of this publication, please specify the page(s) and addition(s) to be made. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If you found *anything hard to understand* in this publication, please specify the page(s) and confusing passage(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If any part of this publication was *especially good* at helping you understand the topic, please specify the page(s) and passage(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How do you *plan to use* the information you've obtained from this publication? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Finally, please check *all* of the following that apply to you:
- |  |   |
|--|---|
| <input type="checkbox"/> parent or guardian                    | <input type="checkbox"/> surrogate or foster parent               |
| <input type="checkbox"/> relative, friend or advocate          | <input type="checkbox"/> educator                                 |
| <input type="checkbox"/> individual with a disability          | <input type="checkbox"/> service provider ( <i>agency</i> ) _____ |
| <input type="checkbox"/> other ( <i>please specify</i> ) _____ |   |

*Thank you* for taking the time to let us know how we might improve our materials.



PLACE  
STAMP  
HERE

Vermont Family Network  
600 Blair Park Road, Suite 240  
Williston, VT 05495-7549

\_\_\_\_\_ CITY, STATE, ZIP:

\_\_\_\_\_ ADDRESS:

\_\_\_\_\_ NAME:

If you'd like to learn more about VFN's materials, please visit our website at  
[www.VermontFamilyNetwork.org](http://www.VermontFamilyNetwork.org)  
or write your name and address below:

*Fold form in half and tape shut along this edge*

