



Building Blocks Pediatrics
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Dear Parents,

Your child has been diagnosed with ADHD/ADD. As discussed at your appointment, treatment is multifaceted – educational, behavioral, and pharmacologic. Included in this packet are suggestions for academic accommodations, a list of counselors, and other informational resources for you.

If your child's doctor has prescribed a medication for ADHD/ADD, it is important to know that some of these medications are regulated by the US Drug Enforcement Agency. As such, we must maintain strict control over the prescriptions we write.

Our policy regarding these medications is as follows:

- We will order enough medication for one month at a time unless you have a mail-order prescription plan.
- We cannot order refills on these prescriptions.
- Your primary care physician must write your prescription. If they have an extended time away from the office, they may arrange for another physician to authorize it.
- We request AT LEAST 3 DAYS' NOTICE for writing or sending prescriptions. We might not be able to write the prescription on the same day you request it. Please try to plan ahead.
- Your child must be scheduled and evaluated regarding the use of their medication at least every 6 months. These visits are often separate from check-ups. Additional visits may be needed to adjust medication doses, to assess side effects, or to discuss behavior issues.
- Please note that there have been significant difficulties with stimulant medication availability. These are completely beyond our control. Furthermore, we do not know pharmacy's supplies and shortages. If we need to send a second prescription, we ask that you please call the pharmacy to confirm medication availability, so you don't have to call us multiple times.

If you have any further questions or concerns, feel free to call the office and speak to the office manager or nurse. Thank you for your cooperation with our policy.

Sincerely,
Building Blocks Pediatrics

ADHD Quick Facts

ADHD Presentations

Three Possible ADHD Presentations

Children need to exhibit six or more symptoms in two or more settings for a diagnosis; older teens and adults should have at least five of the symptoms. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists three presentations of ADHD—Predominantly Inattentive, Hyperactive-Impulsive, and Combined.

Inattentive



Often:

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring sustained mental effort
- Loses things
- Is easily distracted
- Is forgetful in daily activities

Hyperactive-impulsive



Often:

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively; extreme restlessness in adults
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside as if they are driven by a motor
- Talks excessively
- Blurts out answers
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others

Combined



Meets the criteria for both inattention and hyperactive-impulsive presentations.

To receive a diagnosis, these symptoms need to start before age 12, be present in more than one setting, interfere with functioning at home, school or work, in social settings, and cannot be better explained by another disorder.

Attention Deficit Hyperactivity Disorder (ADHD)

Definition

- Children with ADHD have problems with poor attention span, hyperactivity, and impulsive behavior
- ADHD is a disorder that affects 5% to 7% of children. ADHD is more common in boys than in girls.
- A normal attention span is 3 to 5 minutes per a child's year of age. Therefore, a 2-year-old should be able to concentrate on a particular task for at least 6 minutes. A child entering kindergarten should be able to concentrate for at least 15 minutes. Note: A child's attention span while watching TV is not an accurate measure of their attention span.

Health Information

Symptoms of ADHD

- Poor attention span is the main symptom. A child with ADHD has trouble listening when someone talks, finishing a task, or returning to a task if interrupted. (Caution: These can be normal behaviors for many children less than 3 or 4 years old.)
- Hyperactivity: 80% of boys and 50% of girls with ADHD are also hyperactive. A child who has symptoms of hyperactivity is restless, impulsive, and in a hurry.
- Learning Disability: 50% of children also have a learning disability. The most common one is an auditory processing problem. This means they have trouble remembering spoken instructions.
- IQ: the intelligence of most children with ADHD is normal.
- If you suspect that your child has a short attention span, ask another adult (such as a teacher) for what they see.
- ADHD is a diagnosis that is confirmed by standardized tests.

Causes

- ADHD (like other learning disabilities) is probably due to small differences in brain chemistry and function.
- ADHD often runs in the family.
- ADHD is not caused by poor parenting.
- Changes in daily routines (such as not getting enough sleep) however, can make the symptoms of ADHD worse.

Care Advice

1. Overview: How to Help Your Child:

- ADHD is an ongoing condition. Medicine alone is not the answer.
- Your child also needs special kinds of help at home and school.
- For the poor attention span, encourage activities to help them learn to listen and complete tasks.
- For impulsive behavior, work on structure in your home and improving discipline. Teach self-control. It is a gradual process that can start when your child begins to walk.
- For hyperactive behavior, learn to channel it.

2. Accept Your Child's High Energy Level:

- Accept the fact that your child is active and energetic and possibly always will be. The hyperactivity is not intentional.
- Don't expect to stop the hyperactivity. Just try to bring it under control. Any attempt to change an energetic child into a quiet child will cause more harm than good.
- Nothing helps a hyperactive child more than having a noncritical, patient, low-key parent.

3. **Provide Outlets for Excess Energy:**
 - Daily outdoor activities such as running, sports, and long walks are good outlets for excess energy.
 - In bad weather your child needs a room where he can play as he pleases with minimal restrictions.
 - Toys need to be safe and sturdy.
 - Don't encourage hyperactive activities. Don't initiate roughhousing with your child. Avoid "chase me" and other running games in the house.
 - While it can be fun, it can become your child's main way of interacting with people.
4. **Set Up Daily Routines in Your Home:**
 - Structure helps the hyperactive child accept order.
 - Keep a regular schedule for wake-up, meals, snacks, chores, naps, and bed times as much as possible.
 - Try to keep your surroundings relatively quiet. Reason: quietness promotes thinking, listening, and reading at home. Leave the TV and radio off.
 - ADHD symptoms are made worse by lack of sleep and hunger. Be sure your child has an early bedtime, gets adequate sleep, and has a big breakfast.
5. **Maintain Firm Discipline and Clear Rules:**
 - Children with ADHD are often difficult to manage.
 - Hyperactive children tolerate fewer rules than the average child. Focus on a few clear, consistent, important rules. Add other rules at your child's pace.
 - Start with rules to prevent harm to your child and others. Aggressive behaviors such as biting, hitting, and pushing are not allowed.
 - Avoid repeated negative comments such as "Don't do that," and "Stop that."
 - Develop a hand signal rather than repeated spoken reminders to "slow down".
 - Avoid unneeded or extra rules, such as keeping his hands and feet still.
6. **Enforce Your Rules:**
 - When your child breaks a rule, correct them right away.
 - If words of disapproval don't work, give them a time-out. Without a time-out system, overall success is unlikely in younger children.
 - Try to use a friendly, matter-of-fact tone of voice when you discipline your child. If you yell, your child will be quick to do the same.
 - Don't use any physical punishment. We want to teach hyperactive children to be less aggressive and try to use words to express their emotions. Your child needs adult role models of consistency and calmness.
7. **Stretch Your Child's Attention Span While Growing Up:**
 - While the attention span may never be average, it can be improved. Better attention span and persistence with tasks can be taught at home. Don't wait. Start preparing your child for school.
 - Set aside several brief periods each day to read to your child. Reason: reading teaches listening skills. Start with picture books, and gradually progress to reading stories.
 - Encourage coloring books.
 - Matching pictures is an excellent way to build your child's memory.
 - Teach games, gradually increasing the difficulty. Start with building blocks and progress to puzzles, dominoes, card games, and dice games.
 - When your child becomes restless, stop and return to the game later.
 - Praise your child for paying attention.
 - All of these small steps toward better attention spans need a quiet environment. That means away from the sounds of television, radio and others talking.

8. Protect Your Child's Self Esteem:

- Don't let anyone in your family or neighborhood label your child as "a bad kid". Protect his self-image as a good kid with excess energy.
- Your child must always feel loved and accepted within your family. Never give up on him.
- As long as a child is loved and accepted at home, his positive self-esteem will survive.
- If your child has trouble doing well in school, help him gain a sense of success through a hobby in an area of strength.
- Finally, avoid taking your child places where high energy levels are less accepted (such as concerts or restaurants).

9. From Time to Time, Get Away From It All:

- Periodic breaks help parents better tolerate high energy behavior.
- Parents who work outside the home can try to take over when they come home. This also helps them better understand what the at home parent deals with during the day.
- A sitter some afternoons and an evening out can help an exhausted parent.
- Parents need a chance to renew themselves so that they can continue to meet their child's extra needs.

10. Support the Special Education Team at School:

- Preschool at age 3 is essential for children with ADHD. Reason: it provides structure and helps them get along better with other children.
- Once your child enters school, the school is responsible for providing appropriate programs for your child's ADHD and any learning disability they might have.
- Teachers have special techniques for helping children with ADHD.
- Many of these children also spend part of their day with special teachers who can help them improve their skills and confidence.
- If you think your child has ADHD and he has not been tested by the school's special education team, request an evaluation.
- Often you will get the help your child needs by working closely with the school staff through parent-teacher conferences and special meetings. Become part of their team.
- Your main job is to continue to help your child improve his attention span, self-discipline, and friendships at home.

11. Stimulant Medicines Can be Helpful:

- Stimulant medicines can improve a child's ability to concentrate. Stimulants are most effective if they are part of a broader treatment plan including special education and behavior management.
- If you and your child's teacher both feel that your child's short attention span is not responding to school services, discuss prescription medication with your child's doctor.
- In general, medicine is not recommended before school age.

Call Your Doctor If

- Your child shows continued aggressive behavior
- Your child has been suspended or expelled from school
- Your child can't make or keep friends
- You can't stop using physical punishment on your child
- You have other questions or concerns

Pediatric Care Advice

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Educational Support/Accommodation Ideas for Students with ADD/ADHD

The first step is to submit a written request for evaluation for educational assistance, accommodations, or special education. This letter should include any diagnoses that could play a factor, ex ADD/ADHD, anxiety, special learning disability, autism spectrum disorder, etc. Educational plan could fall under Section 504 or IDEA (Individual with Disabilities Education Act)/IEP.

Common areas of weakness/struggle and suggestions to manage:

Inattention

- Preferential seating – quiet area, front of room, near teacher, increased space between
- Seating near good role model or study buddy
- Extra time for work/tests
- Shorter assignments or work periods with “brain breaks” between
- Break longer assignments in smaller parts/chunks to make less intimidating
- Set short term goals
- Frequent checks for work/assignment completion
- Give assignments one at a time to avoid overload
- Reduce homework load/repetitive assignments
- Pair written instruction with oral instruction. Make instructions clear and concise.
- Teach specific methods of self-monitoring (stop-look-listen, proofreading, etc)
- Provide teacher notes or peer assistance in note taking
- Cue student to stay on task – example: private signal
- Allow test taking in a different room free of distractions or allow headphones or privacy boards

Impulsivity

- Preferential seating – quiet area, front of room, near teacher, increased space between
- Seating near good role model
- Ignore minor inappropriate behavior
- Increase immediacy and frequency of rewards and consequences
- Use time-out for misbehaviors
- Cue student to stay on task – example: private signal
- Use a well-defined behavior plan with rewards
- Supervise closely during transition times
- Attend to positive behaviors of student and surrounding students
- Instruct student in self-monitoring of behavior – raising hand vs calling out. Only call on when appropriate and praise appropriate behavior

Fidgeting

- Allow student to stand at times/use a standing desk or wiggle chair
- Allow use of fidget toy, footrest or resistance band on chair legs
- Have defined “personal space”



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- Provide opportunity for “seat breaks” - running errand, handing out paper, exercise breaks
- Supervise closely during transition times
- Provide extra time for assignments
- Give reminders to check work if rushing and careless

Mood

- Provide reassurance and encouragement
- Look for opportunities for student to display leadership
- Make time to talk to student alone
- Help student develop calming strategies and anger/conflict management

Academic Skills

- Allow extra time
- Weaker reader – lessened text per page, avoid reading aloud, allow for previewing of material
- Weaker oral expression – accept all oral responses, allow for displays rather than oral report, encourage student to talk about ideas and experiences they like
- Weaker written language – allow displays, oral reports or projects, accept typewritten or recorded work, allow for variations in testing – oral, multiple choice, fill-in the blank rather than essays or longer written work
- Weaker math – allow use of calculator or graph paper
- Set realistic goals

Organization/Planning (Executive function)

- Use assignment book. Supervise recording of assignments
- Use notebook with dividers or folders. Color code subjects
- Use timers to help improve time management
- Regular desk/notebook checks for neatness. Reward neatness rather than pointing out sloppiness
- Allow student to have extra set of books at home
- Provide typed notes or outline or peer assistance with note taking
- Assist with setting short term goals/chunking
- Encourage use of keyboard skills and computer work

Socialization

- Prompt appropriate social interactions and praise/reward
- Develop a private signal with the student to help prompt appropriate behavior
- Encourage cooperative learning
- Assign special responsibilities to student in the presence of peers so others observe student in positive light

ADHD—What is Behavioral Therapy?

Most experts recommend using both behavioral therapy and medication to treat ADHD depending on the age of the child. This approach is known as multimodal treatment.

There are many forms of behavioral therapy, but all have a common goal: that caring adults learn to change the child's physical and social environments to help them improve their attention and activity.

Here is information from the American Academy of Pediatrics about behavioral therapy for a child with ADHD.

Behavioral therapy has 3 basic principles.

1. **Set specific, doable goals.** Set clear and reasonable goals for your child, such as staying focused on homework for a certain amount of time or sharing toys with friends.
2. **Provide rewards and consequences.** Give your child a specified reward (positive reinforcement) every time they demonstrate the desired behavior. Give your child a consequence (unwanted result or punishment) consistently when they exhibit inappropriate behaviors. Sometimes when you start using a punishment, the behavior may increase before it starts to decrease and disappear.
3. **Keep using the rewards and consequences.** Using the rewards and consequences consistently for a long time will shape your child's behavior in a positive way.

Under this approach, parents, teachers, and other caregivers learn better ways to work with and relate to a child with ADHD. You will learn how to set and enforce rules, help your child understand what they need to do, use discipline effectively, and encourage desired behavior. Your child will learn better ways to control their behavior as a result. You will also learn how to be more consistent.

Table 1 shows specific behavioral therapy techniques that can be effective with children who have ADHD.

How can I help my child improve their attention and activity?

As their child's primary caregivers, parents play a major role in behavioral therapy. Parent training is available to help you learn more about ADHD and specific, positive ways to respond to ADHD-type behaviors. This will help your child improve. In many cases, attending parenting classes with other parents will suffice, but with children who have more challenging behaviors, individual work with a counselor or coach may be needed.

Caring for yourself will also help your child. Being the parent of a child with ADHD can be challenging. It can test the limits of even the best parents. Parent training and support groups made up of other families with children who have ADHD can be a great source of help. Learn stress management techniques to help you respond calmly to your child. Seek your own counseling if you feel overwhelmed or hopeless.

Ask your child's doctor to help you find parent training, counseling, and support groups in your community.

Table 1: Behavioral Therapy Techniques

Technique	Description	Example
Positive reinforcement	Complimenting the child and providing rewards or privileges in response to a desired behavior	The child completes an assignment and is permitted to play on the computer.
Time-out	Removing access to a desired activity because of unwanted behavior	The child hits a sibling and, as a result, must sit for 5 minutes in the corner of the room.
Response cost	Withdrawing rewards or privileges because of unwanted behavior	The child loses free-time privileges for not completing homework.
Token economy	Combining reward and consequence. The child earns rewards and privileges when exhibiting desired behaviors. Rewards and privileges are lost for unwanted behaviors.	The child earns stars or points for completing assignments and loses stars or points for getting out of their seat. Stars or points at the end of the week can be used to get a prize.

Behavioral therapy is designed to help families recognize the limits that having ADHD puts on a child. It focuses on how the important people and places in the child's life can adapt to encourage desired behavior and discourage unwanted behavior. It differs from play therapy or other therapies that focus mainly on the child and their emotions.

What you can do

- **Keep your child on a daily schedule.** Try to keep the times your child wakes up, eats, bathes, leaves for school, and goes to sleep the same each day.
- **Cut down on distractions.** Loud music, computer games, and TV can overstimulate your child. Make it a rule to keep the TV or music turned off during mealtimes and homework. Don't place a TV into your child's bedroom. Whenever possible, avoid taking your child to places that may be too stimulating, such as busy shopping malls.
- **Organize your house.** If your child has specific and logical places to keep their schoolwork, toys, and clothes, they are less likely to lose them. Save a spot near the front door for their school backpack so they can grab it on the way out.
- **Reward desired behavior.** Offer kind words, hugs, or small prizes for achieving goals in a timely manner or for demonstrating desired behavior. Praise and reward your child's efforts to pay attention.
- **Set small, achievable goals.** Aim for slow progress rather than instant results. Be sure that your child understands they can take small steps.
- **Help your child stay "on task."** Use charts and checklists to track progress with homework or chores. Keep instructions brief. Offer frequent, friendly reminders.
- **Limit choices.** Help your child learn to make good decisions by giving them only 2 or 3 options at a time.

- **Find activities at which your child can succeed.** All children need to experience success to feel good about themselves.
- **Use calm discipline.** Use consequences such as calling time-out, removing your child from the situation, or distracting them. Sometimes it is best to simply ignore the behavior. Physical punishment, such as spanking or slapping, is not helpful. Discuss your child's behavior with them when both of you are calm.
- **Reach out to teachers.** Develop a good communication system with your child's teachers.

Visit HealthyChildren.org for more information.

Adapted from the American Academy of Pediatrics patient education booklet, *Understanding ADHD: Information for Parents About Attention-Deficit/Hyperactivity Disorder*.

The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults.

In all aspects of its publishing program (writing, review, and production), the AAP is committed to promoting principles of equity, diversity, and inclusion.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Counseling/Therapy, Psychology, + Psychiatry Referral List

Counselors/Therapists include various types of providers - social workers, licensed clinical therapists, psychologists. These providers can help manage mood disorders, anxiety, and provide behavior strategies for conditions such as ADD or disruptive/oppositional behaviors.

Psychologists generally have a broader scope than Counselors. While some may provide counseling, many do more thorough diagnostic testing and evaluations. This may include ADD testing and learning disability testing.

Psychiatrists are medical doctors. Although some may do therapy, generally, their role is prescribing medications.

For specific needs/conditions, please check out cap4kids.org for many more resources.

We have a counselor in our office, Mary Evans, LISW. She is an NCH Behavioral Health provider who does telehealth appointments and in office appointments. Referrals are made by use to NCH but scheduled by Mary.

Please always check with providers as to the insurances they accept.

Practice/Provider	Restriction/Special Interest	Counseling	Psychology/Testing	Psychiatry	Scheduling Contact
NCH Behavioral Health		X	X	X	614-355-8080
New Horizons	Fairfield County	X		X	Lancaster: 740-277-6733 Pickerington: 614-834-1919
Access Ohio	All Medicaid Plans	X		X	614-367-7700
Sondermind	No Medicaid Plans Therapist Coordination Service	X			844-256-8915 sondermind.com
St. Vincent Family Services		X		X	614-252-0731
Syntero	Offers Case Management + Parenting Resources	X			614-889-5722
Buckeye Ranch	Intensive/Residential Options	X		X	614-384-7798
Directions for Youth		X			614-294-2661
Practical Solutions - Rhonda Moskowitz	Parent Coaching				614-459-8628

Practice/Provider	Restriction/Special Interest	Counseling	Psychology/Testing	Psychiatry	Scheduling Contact
Center of Cognitive Behavioral Health		X	X	X	614-459-4490
Boundless	Intellectual/Developmental Disability Services	X	X		800-409-2729
Lifestance Health		X	X	X	216-468-5000
Gahanna Counseling	Lori Baker, LISW	X			888-336-1772 614-342-0990
Playful Therapies	Ted Borkan, PhD	X			614-231-9495
After the Storm Counseling				X	614-783-6010
Metta Psychology Group		X	X		614-705-0026
Sommer Group	Disordered Eating	X			614-985-5500
Beth Rosner, PhD		X			614-804-3436
Worthington Psychological Assoc.	Lisa McCarthy, PsyD	X			614-888-1800
Tawnya Foster, PsyD	Early Childhood, Grief	X	X		614-947-0918
Mid-Ohio Psychological Services		X			Franklin Co: 614-751-0042 Fairfield Co: 740-687-0042 Licking Co: 740-281-1777
Behavioral Healthcare Partners (BHP)		X		X	Licking Co: 740-522-8477 Knox Co: 740-397-0442
Emily Program	Eating Disorders Only	X		X	888-364-5977
Jacqueline Lewis-Lyons, PsyD	Interest: Sports Psychology	X			614-433-7040
Smarter Therapy	All Virtual Services	X			740-913-1140
Prime Behavioral Health	Erin Bryant, LISW	X			Lancaster: 740-653-6500 Pickerington: 614-833-6900
Apex Counseling Service		X	X		614-571-1090
Psychological + Counseling Services	David Miller, PhD (5 yr+) John Wagner, PhD (teens)				614-863-4125 614-863-2399
North Suburban Counseling		X			614-895-9998
ADDvisor.com - William Benninger, PhD	ADD Only	X	X		614-888-2343
Dr. Steven Guy + Assoc.			X		614-848-9708
Colvin Psychological Services	Dr. Andrew Colvin Dr. Cheryl Colvin Dr. Schwartz	X	X		614-430-9870 614-848-5154

Practice/Provider	Restriction/Special Interest	Counseling	Psychology/Testing	Psychiatry	Scheduling Contact
Westerville Therapy	Sandra Webster, PhD	X	X		614-698-6640
Anne Reckling, PsyD		X	X		614-222-1888
Daybreak Counseling	Ed Wojniak, PhD	X	X		614-268-3939
Psychological Health Services	Vijay Belraj, PhD	X	X		614-430-9697
Alkire Creek Psychiatry	Jorden Weiss, DO	X		X	614-818-0101
Northwoods Clinic		X		X Dale Richards	
Central Ohio Counseling		X		X	614-785-1115
Forum Ohio			X		614-636-4779
Mt Carmel Hospice + Evergreen Center	Grief	X			614-234-0200
Well Within Psychiatry				X	614-392-5933
WCAP (We Care About People) Counsel.	Alcohol/Substance Use	X			614-239-9965
Columbus Springs Changes	Addiction				Pickerington: 614-962-6488 Dublin: 614-652-3998

ADHD Quick Facts

Medication in ADHD Treatment

Medication can be an important part of ADHD treatment. It can help to control symptoms, helping a child stay on task and pay attention. It can only be prescribed by medical professionals, not other professionals. An accurate [ADHD diagnosis](#) is needed, including an evaluation for other possible diagnoses, before medication is prescribed.

Each family must consider the [benefits and drawbacks of medication](#) when deciding how to treat their child's ADHD symptoms. Medication does not cure ADHD. It eases ADHD symptoms during the time it is active. It is like eyeglasses, which improve vision only when the glasses are actually worn.

Stimulant medications

Stimulants are the most widely used medications for managing ADHD symptoms. These medications "stimulate" networks of nerve cells in the brain to work more effectively with each other, mainly by stimulating the dopamine system. They are effective in decreasing ADHD symptoms for most children with ADHD.

The benefits of medication can vary from significant symptom improvement to a mild or modest change in symptoms. Medication might not be helpful at all for some children. Attention span and on-task behavior often improve with medication, especially in structured environments. There may be less impulsive behavior. Some children can better handle frustration and follow direction. Common side effects for stimulants include appetite loss, abdominal pain, headaches, and sleep disturbance.

Not all children will experience a side effect, and some side effects go away. If symptoms persist, a change in dose or a change in medication might be needed.



Stimulants like methylphenidate or salts of amphetamine (see common brand names below) are controlled substances that can be misused, and therefore require careful monitoring, special prescriptions, and frequent checkups by the doctor. They are available as short-acting (e.g. four hours) and long-acting (e.g. 6-8 hours or all day) preparations. How much and when to take the medication will depend on the individual. Long-acting preparations are also less likely to be misused.

Many parents prefer that their child take longer-acting stimulants, which may cause fewer ups and downs over the day. This prevents the need for the child to take medication at school. For some, it may be useful to add a shorter-acting dose in the mid to late afternoon. The "booster" dose may be used to provide better coverage for homework or evening activities. It can sometimes reduce problems of rebound when the earlier dose wears off.

A medication trial is often used to find the most beneficial drug and dose for a child. It usually begins with a low dose that is gradually increased at 3–7 day intervals until symptoms are noticeably better. The child is monitored both on and off the medication. Parents and teachers, as well as coaches and tutors, can share observations on rating scales. Monitoring treatment with medication is an essential part of medication management.

Nonstimulant medications

Nonstimulant medications may be used when stimulants do not work well, have unacceptable side effects, or a nonstimulant is preferred for other reasons. They do not work as quickly as stimulants and for most individuals not as well. Side effects can include nervousness, sleep problems, fatigue, upset stomach, dizziness, or a dry mouth. For some they work better, and once built up in the system the effect is smoother over time.

Atomoxetine reduces inattention and hyperactivity/impulsivity mainly by stimulating the norepinephrine system. It is not a controlled substance, unlike a stimulant. This classification allows medical professionals to give samples and to place refill orders by telephone. Full effects are often seen only after atomoxetine is taken regularly for over a month.

Another type of FDA-approved medicine for ADHD is extended-release alpha-2 agonists, which work on a different part of the epinephrine system than atomoxetine. They tend to be sedating, or calming, until one gets used to them.

Learn more:

- [Managing Medication for Children](#)
- [Medication Abuse and Diversion](#)

Medications Often Prescribed for ADHD

Common stimulant medications:

- methylphenidate (Ritalin, Concerta, Metadate, Jornay PM, Daytrana patch)
- dextromethylphenidate (Focalin)
- mixed salts of amphetamine (Adderall, Evekeo, Dynavel)
- dextroamphetamine (Dexedrine, Dextrostat, Vyvanse)



Common nonstimulant medications:

- atomoxetine (Strattera)
- alpha-2 agonist
 - guanfacine XR (Intuniv)
 - clonidine XR (Kapvay)

For more information,
visit the medication chart:

- [Medications Used in the Treatment of ADHD](#)

Children and Adults with ADHD | 4221 Forbes Blvd, Suite 270 | Lanham, MD 20706 | CHADD.org | 301-306-7070

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ADHD Book Lists

For Parents:

- Taking Charge of ADHD: The Complete, Authoritative Guide for Parents *by Russell A. Barkley*
- 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.*
- How to Talk so Kids Can Learn: At Home and in School *by Adele Faber, Elaine Mazlich, Lisa Nyberg and Rosalyn Templeton*
- The Difficult Child *by Stanley Turecki and Leslie Tonner*
- 8 Keys to Parenting Children with ADHD *by Cindy Goldrich, M.Ed.*
- The Explosive Child *by Ross Greene, Ph.D.*
- Smart but Scattered Teens *by Richard Guare, Ph.D. and Peg Dawson, Ph.D.*
- What your ADHD Child Wishes you Knew *by Sharon Saline, Psy D*

For Kids:

- Thriving with ADHD Workbook for Kids *by Kelli Miller (7-10 yrs)*
- All Dog Have ADHD *by Kathy Hoopmann (6-13 yrs)*
- Baxter Turns Down His Buzz *by James M Foley (4-8 yrs)*
- Marvin's Monster Diary series *by Raun Melmed and others (7-10 yrs)*
- Mrs. Gorski, I Think I Have the Wiggle Fidgets *by Barbara Esham (5-7 yrs)*
- Hank Zipzer series *by Henry Winkler and Liv Oliver (8-10 yrs)*
- Free Association: Where My Mind Goes During Science Class *by Barbara Esham (4-8 yrs)*
- This Morning Sam Went to Mars: A book about paying attention *by Nancy Carlson (5-9 yrs)*
- Cory Stories: A Kids Book about Living with ADHD *by Jeanne Kraus (6-9 yrs)*
- ADHD is our Superpower: The Amazing Talents and Skills of Childrens with ADHD *by Soli Lazarus (7-11 yrs)*
- ADHD is My Super Power and It Comes with Great Super Strength *by Alana Moore*
- Can I Tell you about ADHD? A Guide for Friends, Family and Professionals *by Susan Yarney (7+ yrs)*
- My Whirling Twirling Motor *by Merriam Sarcia Saunders (4-7yrs)*
- The Abilities in Me: ADHD *by Genna Keir (3-8 yrs)*
- A Dragon with ADHD *by Steve Herman (5-8yrs)*

Websites and Other Resources

- Nationwide Children's Hospital, Community Education – ADHD Academy – classes that run throughout the school year.
 - 614-355-0662
 - <https://www.nationwidechildrens.org/family-resources-education/courses-for-parents-and-kids>
- CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder) - <https://chadd.org/>