



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

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- 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](http://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 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

<b>Practice/Provider</b>	<b>Restriction/Special Interest</b>	<b>Counseling</b>	<b>Psychology/Testing</b>	<b>Psychiatry</b>	<b>Scheduling Contact</b>
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	Jordan 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/>

## About ADHD



Everybody can have difficulty sitting still, paying attention or controlling impulsive behavior once in a while. For some people, however, the problems are so pervasive and persistent that they interfere with every aspect of their life: home, academic, social and work.

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder affecting 11 percent of school-age children (Visser, et al., 2014.) Symptoms continue into adulthood in more than three-quarters of cases (Brown, 2013.) ADHD is characterized by developmentally inappropriate levels of inattention, impulsivity and hyperactivity.

Individuals with ADHD can be very successful in life. However, without identification and proper treatment, ADHD may have serious consequences, including school failure, family stress and disruption, depression, problems with relationships, substance abuse, delinquency, accidental injuries and job failure. Early identification and treatment are extremely important.

Medical science first documented children exhibiting inattentiveness, impulsivity and hyperactivity in 1902. Since that time, the disorder has been given numerous names, including minimal brain dysfunction, hyperkinetic reaction of childhood, and attention-deficit disorder with or without hyperactivity. With the Diagnostic and Statistical Manual, Fifth Edition (DSM-5) classification system, the disorder has been renamed attention-deficit/hyperactivity disorder or

*More than 75 percent of children with ADHD continue to experience significant symptoms in adulthood. In early adulthood, ADHD may be associated with depression, mood or conduct disorders and substance abuse.*

*Adults with ADHD often cope with difficulties at work and in their personal and family lives related to ADHD symptoms.*

ADHD. The current name reflects the importance of the inattention aspect of the disorder as well as the other characteristics of the disorder such as hyperactivity and impulsivity.

### Symptoms

Typically, ADHD symptoms arise in early childhood. According to the DSM-5, several symptoms are required to be present before the age of 12. Many parents report excessive motor activity during the toddler years, but ADHD symptoms can be hard to distinguish from the impulsivity, inattentiveness and active behavior that is typical for kids under the age of



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four. In making the diagnosis, children should have six or more symptoms of the disorder present; adolescents 17 and older and adults should have at least five of the symptoms present. The DSM-5 lists three presentations of ADHD—Predominantly Inattentive, Hyperactive-Impulsive and Combined. The symptoms for each are adapted and summarized below.

#### ADHD predominantly inattentive presentation

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

#### ADHD predominantly hyperactive-impulsive presentation

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively in children; 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 before questions have been completed
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others

#### ADHD combined presentation

- The individual meets the criteria for both inattention and hyperactive-impulsive ADHD presentations.

These symptoms can change over time, so children may fit different presentations as they get older.

#### Confusing labels for ADHD

In 1994, the name of the disorder was changed in a way that is confusing for many people.

Since that time all forms of attention deficit disorder are officially called “Attention-Deficit/Hyperactivity Disorder,” regardless of whether the individual has symptoms of hyperactivity or not. Even though these are the official labels, a lot of professionals and lay people still use both terms: ADD and ADHD. Some use those terms to designate the old subtypes; others use ADD just as a shorter way to refer to any presentation.



#### Severity of symptoms

As ADHD symptoms affect each person to varying degrees, the DSM-5 now requires professionals diagnosing ADHD to include the severity of the disorder. How severe the disorder is can change with the presentation during a person’s lifetime. Clinicians can designate the severity of ADHD as “mild,” “moderate” or “severe” under the criteria in the DSM-5.

**Mild:** Few symptoms beyond the required number for diagnosis are present, and symptoms result in minor impairment in social, school or work settings.

**Moderate:** Symptoms or functional impairment between “mild” and “severe” are present.

**Severe:** Many symptoms are present beyond the number needed to make a diagnosis; several symptoms are particularly severe; or symptoms result in marked impairment in social, school or work settings. As individuals age, their symptoms may lessen, change or take different forms. Adults who retain some of the symptoms of childhood ADHD, but not all, can be diagnosed as having ADHD in partial remission.

#### ADHD throughout the lifespan

Children with ADHD often experience delays in independent functioning and may behave younger than their peers. Many children affected

by ADHD can also have mild delays in language, motor skills or social development that are not part of ADHD but often co-occur. They tend to have low frustration tolerance, difficulty controlling their emotions and often experience mood swings.

Children with ADHD are at risk for potentially serious problems in adolescence and adulthood: academic failure or delays, driving problems, difficulties with peers and social situations, risky sexual behavior, and substance abuse. There may be more severe negative behaviors with co-existing conditions such as oppositional defiant disorder or conduct disorder. Adolescent girls with ADHD are also more prone to eating disorders than boys. As noted above, ADHD persists from childhood to adolescence in the vast majority of cases (50–80 percent), although the hyperactivity may lessen over time.



Teens with ADHD present a special challenge. During these years, academic and life demands increase. At the same time, these kids face typical adolescent issues such as emerging sexuality, establishing independence, dealing with peer pressure and the challenges of driving.

More than 75 percent of children with ADHD continue to experience significant symptoms in adulthood. In early adulthood, ADHD may be associated with depression, mood or conduct disorders and substance abuse. Adults with ADHD often cope with difficulties at work and in their personal and family lives related to ADHD symptoms. Many have inconsistent performance at work or in their careers; have difficulties with day-to-day responsibilities; experience relationship problems; and may have chronic feelings of frustration, guilt or blame. Individuals with ADHD may also have difficulties with maintaining attention, executive function

and working memory. Recently, deficits in executive function have emerged as key factors affecting academic and career success. Executive function is the brain's ability to prioritize and manage thoughts and actions. This ability permits individuals to consider the long-term consequences of their actions and guide their behavior across time more effectively. Individuals who have issues with executive functioning may have difficulties completing tasks or may forget important things.

### Co-occurring Disorders

More than two-thirds of children with ADHD have at least one other co-existing condition. Any disorder can co-exist with ADHD, but certain disorders seem to occur more often. These disorders include oppositional defiant and conduct disorders, anxiety, depression, tic disorders or Tourette syndrome, substance abuse, sleep disorders and learning disabilities. When co-existing conditions are present, academic and behavioral problems, as well as emotional issues, may be more complex.

These co-occurring disorders can continue throughout a person's life. A thorough diagnosis and treatment plan that takes into account all of the symptoms present is essential.

### Causes

Despite multiple studies, researchers have yet to determine the exact causes of ADHD. However, scientists have discovered a strong genetic link since ADHD can run in families. More than 20 genetic studies have shown evidence that ADHD is strongly inherited. Yet ADHD is a complex disorder, which is the result of multiple interacting genes. (Cortese, 2012.)

Other factors in the environment may increase the likelihood of having ADHD:

- exposure to lead or pesticides in early childhood
- premature birth or low birth weight
- brain injury

Scientists continue to study the exact relationship of ADHD to environmental factors, but point out that there is no single cause that

explains all cases of ADHD and that many factors may play a part.

Previously, scientists believed that maternal stress and smoking during pregnancy could increase the risk for ADHD, but emerging evidence is starting to question this belief (Thapar, 2013.) However, further research is needed to determine if there is a link or not.

The following factors are NOT known causes, but can make ADHD symptoms worse for some children:

- watching too much television
- eating sugar
- family stress (poverty, family conflict)
- traumatic experiences

ADHD symptoms, themselves, may contribute to family conflict. Even though family stress does not cause ADHD, it can change the way the ADHD presents itself and result in additional problems such as antisocial behavior (Langley, Fowler et al., 2010.)

Problems in parenting or parenting styles may make ADHD better or worse, but these do not cause the disorder. ADHD is clearly a neurodevelopmental disorder. Currently research is underway to better define the areas and pathways that are involved.

## Diagnosis

There is no single test to diagnose ADHD. Therefore, a comprehensive evaluation is necessary to establish a diagnosis, rule out other causes, and determine the presence or absence of co-existing conditions. Such an evaluation requires time and effort and should include a careful history and a clinical assessment of the individual's academic, social, and emotional functioning and developmental level.

There are several types of professionals who can diagnose ADHD, including clinical psychologists, clinical social workers, nurse practitioners, neurologists, psychiatrists and pediatricians. Regardless of who does the evaluation, the use of the DSM-5 diagnostic criteria for ADHD is necessary.



Determining if a child has ADHD is a complex process. Many biological and psychological problems can contribute to symptoms similar to those exhibited by children with ADHD. For example, anxiety, depression and certain types of learning disabilities may cause similar symptoms. In some cases, these other conditions may actually be the primary diagnosis; in others, these conditions may co-exist with ADHD. A thorough history should be taken from the parents and teachers, and when appropriate, from the child. Checklists for rating ADHD symptoms and ruling out other disabilities are often used by clinicians; these instruments factor in age-appropriate behaviors and show when symptoms are extreme for the child's developmental level.

For adults, diagnosis also involves gathering information from multiple sources, which can include ADHD symptom checklists, standardized behavior rating scales, a detailed history of past and current functioning, and information obtained from family members or significant others who know the person well. ADHD cannot be diagnosed accurately just from brief office observations or just by talking to the person. The person may not always exhibit the symptoms of ADHD in the office, and the diagnostician needs to take a thorough history of the individual's life. A diagnosis of ADHD must include consideration of the possible presence of co-occurring conditions.

As part of the evaluation, a physician should conduct a thorough examination, including assessment of hearing and vision to rule out other medical problems that may be causing symptoms similar to ADHD. In rare cases, persons with ADHD may also have a thyroid dysfunction. Diagnosing ADHD in an adult requires an evaluation of the history of childhood

problems in behavior and academic domains, as well as examination of current symptoms and coping strategies.

## Treatment

### Treatment in children with ADHD

ADHD in children often requires a comprehensive approach to treatment that includes the following:

- Parent and child education about diagnosis and treatment
- Parent training in behavior management techniques
- Medication
- School programming and supports
- Child and family therapy to address personal and/or family stress concerns

Treatment should be tailored to the unique needs of each child and family. Research from the landmark NIMH Multimodal Treatment Study of ADHD showed significant improvement in behavior at home and school in children with ADHD who received carefully monitored medication in combination with behavioral treatment. These children also showed better relationships with their classmates and family than did children receiving this combination of treatment (Hinshaw, et al., 2015.) Further research confirms that combining behavioral and stimulant treatments are more effective than either treatment alone (Smith & Shapiro, 2015.)

### Medication

Psychostimulants are the most widely used class of medication for the management of ADHD related symptoms.

Approximately 70 to 80 percent of children with ADHD respond positively to psychostimulant medications (MTA 1999.)

Significant academic improvement is shown by students who take these medications: increases in attention and concentration, compliance and effort on tasks, as well as amount and accuracy of schoolwork, plus



decreased activity levels, impulsivity, negative behaviors in social interactions and physical and verbal hostility (Spencer, 1995; Swanson 1993.) These improvements show up clearly in the short term, however, long-term effectiveness is still being studied by researchers (Hinshaw, et al., 2015.) A nonstimulant medication—atomoxetine—appears to have similar effects as the stimulants. Antidepressants, antihypertensives and other medications may decrease impulsivity, hyperactivity and aggression. However, each family must weigh the pros and cons of taking medication. Medications may carry the risk of side effects. Physicians need to monitor their patients who take medication for potential side effects, such as mood swings, hypertension, depression and effects on growth.

### Behavioral interventions

Behavioral interventions are also a major component of treatment for children who have ADHD. Important strategies include being consistent and using positive reinforcement and teaching problem-solving, communication and self-advocacy skills. Children, especially teenagers, should be actively involved as respected members of the school planning and treatment teams.

School success may require a variety of classroom accommodations and behavioral interventions. Most children with ADHD can be taught in the regular classroom with minor adjustments to the environment. Some children may require special education services. These services may be provided within the regular education classroom or may require a special placement outside of the regular classroom that meets the child's unique learning needs.

### ADHD treatment for adults

Adults with ADHD can benefit by identifying the areas of their life that are most impaired by their ADHD and then seeking treatment to address them. Adults with ADHD may benefit from treatment strategies similar to those used to treat ADHD in children, particularly medication and learning to structure their environment. Medications effective for childhood ADHD

continue to be helpful for adults who have ADHD. Various behavioral management techniques can be useful. Some adults have found that working with a coach, either formally or informally, to be a helpful addition to their ADHD treatment plans. In addition, mental health counseling can offer much-needed support to adults dealing with ADHD in themselves or someone they care about. Since ADHD affects the entire family, receiving services from ADHD-trained therapists skilled in Cognitive-Behavioral Therapy can help the adult with ADHD learn new techniques to manage living with ADHD.

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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

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- 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](http://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*.

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# 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](#)

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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/>



# Homework Tips for Parents to Teens



## Identifying Where Problems Begin and Solutions for Improvement

- Does your child write the assignments in a planner?
  - If not, work with your child's teacher to check his homework planner to be sure assignments are there before he leaves class.
- Does your child lose his homework planner?
  - Purchase extra ones at the beginning of the school year so that there can be quick replacements.
- Homework is more easily, and more effectively, completed if the routine homework time is while the child's medication is still active, such as during in-school structured study time (study hall) or immediately after school. Depending on after-school activities and athletics, an additional dose of medication can be prescribed to cover evening study.
- Does your child forget to bring home the materials needed to do homework?
  - For elementary school children, develop a behavioral program that rewards children for bringing home the correct materials. Teachers can help a child succeed by reminding him at the end of the day.
  - For middle or high school students, it can be difficult or impossible for parents to know daily what materials should have been brought home. Prioritize the homework routine described in the Strategies for Helping Your Child section later on this page over attempting to manage this.
  - Having a supply of poster board, folders, note cards, and other common school materials can prevent late-night runs to purchase last-minute supplies.
- Does your child have difficulty starting his homework?
  - See the homework routine in the Strategies for Helping Your Child section later on this page.
- Does your child have difficulty staying focused?
  - See the homework routine in the Strategies for Helping Your Child section later on this page.
- Does your child do the homework but forget to turn it in?
  - At the end of homework time, help him organize his notebook and backpack for easy identification of assignments to be turned in.
  - Have your child put the backpack by the front door, ready to go in the morning.
  - Still forgetting? Talk with the teacher about initiating prompts at school to turn in the homework.

## Strategies for Helping Your Child

- Make sure your child has the phone number of at least one student in each of her classes to call for clarification of any assignments. Many schools have a homework hotline or an internet site for checking homework assignments. Help teach your child to use them!
- Establish a routine and schedule homework for a specific time and place each day. Choose a quiet location where you can monitor the level of effort. The more predictable and consistent homework time is for a child, the easier it will be to get it done. The best time to do homework is during the coverage time of your child's medication, if possible. If your child has after-school sports or other activities, you may want to speak with your child's doctor about extending medication coverage time in the evening, to cover homework after activities are completed.



## Strategies for Helping Your Child (*continued*)

- Establish a minimum amount of time to be spent on schoolwork each day. If your child claims to have nothing to do, find a book or another material (preferably related to a topic she is studying in school) and have her read it and describe what she learned to you.
- Be available for assistance, but do not hover. If you observe your child having difficulty, ask whether you can help. For example, you may notice your child having trouble getting started on an assignment. If your child requests your assistance or accepts your offer to help, you may help your child break down complex instructions into simple steps.
- It is also common for children to need assistance starting long-term assignments. You can help by encouraging them to divide them into smaller steps. Schedule when each step should be started and completed (setting a deadline) in the homework planner. Get started immediately so that the project does not feel too big to ever get done.
- This routine should occur every school day because the real benefit to your child comes with repeated practice over an extended period of time.
- Give praise and rewards for consistent effort and work during these periods. This will help decrease procrastination and teach good work skills.
- Consider using a contract or token system, with your child earning rewards for sticking to the homework routine.
- Do not do your child's homework with or for her. Your job is to provide the structure and feedback, not do the work. If you are always doing the homework with your child, you will be preventing her from learning how to work independently. (Reading together can be very useful and is an exception. It can also be very rewarding to your child.)
- The last activity of homework time should always be having your child clean out the notebook and backpack and organizing the material so that it can easily be found the next day. Consider special folders or color-coded sections for homework. Figure out what will help your child stay organized and have her do it daily.
  - Create a checklist for your child to follow, listing what she needs to bring to school, and place by the front door, ready to go.

## Asking for Help

- Know when to ask the teacher for help.
 

If your child is bringing home incomplete class assignments to do at home, meet with the teacher to request these problems be addressed in school with a behavioral intervention plan. These additional makeup assignments can push a child over the edge at homework time.
- Know when to ask your physician for help. Contact your physician if your child is regularly having major meltdowns at homework time. The timing, duration, and type of medication may need to be reevaluated.
- Know when to get a tutor. Sometimes a neutral person will be far more successful in helping your child learn content than you will be. Many schools have peer tutoring programs that are free.

Derived from materials offered by the Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) Parent to Parent Program and from Rief SF. *The ADD/ADHD Book of Lists*.

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Need more information? Contact CHADD at [www.chadd.org](http://www.chadd.org).

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# Managing Disruptive or Aggressive Behaviors: Tips for Families

## What are disruptive or aggressive behaviors?

*Disruptive behavior* is any behavior causing a problem for others.

*Aggressive behavior* is behavior that may cause harm to another person.

Examples of disruptive or aggressive behaviors include

- Not following school or family rules
- Having tantrums or getting very angry
- Fighting, teasing, or bullying others
- Stealing or damaging property

It's normal for children of any age to get angry or break a rule once in a while. But if your child's behaviors are causing problems at home, at school, or with friends, they may need extra support.

The good news is there are things you can do to help your child manage their behavior and succeed at home and school.

## How can I help my child at home?

These tips are helpful for all children, but they can be especially helpful for children with disruptive or aggressive behaviors. Parenting is a busy job, so use your judgment about which tips make the most sense for your family.

### Connect with your child

- **Set aside one-on-one time every day without TV or other media.** It's important to spend quality time together, even if your child is showing a lot of behavior problems that day.
- **Ask your child about their life** and let them know they can tell you about concerns, fears, and worries. If they seem upset, you could ask, "Did anything happen today that you'd like to talk about?"
- **Praise your child** for dealing with difficult emotions in a healthy way. For example, "I know it was hard when your team lost. I'm proud of you for staying calm and congratulating the other team."

### Use positive parenting

- **Explain rules in a positive way** and describe the behavior you want. For example, instead of saying, "Don't run," you could say, "Please walk slowly."
- **Reward positive behavior.** Spending time doing a fun activity with a parent is a very powerful reward.
- **Pay less attention to negative behavior.** Over time, your child will learn that acting out isn't a good way to get your attention.
- **Set up a token system** where children "earn" tokens (for example, marbles or stickers) for positive behavior. Earning a certain number of tokens means your child gets a privilege or treat, such as extra time doing something they enjoy.
- **Try a parenting class** to learn and practice positive parenting techniques. This can also be a great way to connect with other parents.

### Knowing what to expect can help your child feel safe and secure.

Try to follow a regular schedule for playtime, mealtime, and bedtime. It's important for rules and consequences to be the same all the time too. Be sure everyone who takes care of your child is on the same page.

### Set consequences that make sense

- **Make consequences age appropriate.** For young children, it's best if consequences happen right away, so your child can connect the consequence to what they did.
- **Help your child understand,** but avoid getting into an explanation right away. Later on, when everyone is calm, you can talk about what happened.
- **Have your child practice a positive behavior.** For example, if they made a mess during a tantrum, they could help clean up afterward.
- **Make sure consequences come immediately after the event,** and avoid delaying them. Be willing to enforce the consequence, even in public.





## How can I help my child at home? (continued)

### Set your child up for success

- **Pick your battles.** Decide which behaviors are the most important and focus on those.
- **Learn to anticipate challenging situations.** Try to limit the time you spend in situations that are very hard for your child.
- **Encourage your child to spend time with friends** who have a positive influence on your child's behavior.

### Plan for safety

- Work with your child's doctor or therapist to make a list of numbers to call if your child's behavior is threatening your child's safety or someone else's.
- Remove weapons from your home or keep them in an approved lockbox. Separate ammunition (bullets) from guns.
- Pay attention to what upsets your child, so you can be prepared and help them manage their feelings.

### Build healthy habits

- Encourage your child to be **physically active** for at least an hour every day.
- **Eat healthy** meals every day, including fruits and vegetables, whole grains, and protein foods.
- Help your child **get enough sleep**. This means 10 to 13 hours a day (including naps) for preschoolers, 9 to 12 hours for school-aged kids, and 8 to 10 hours for teens.
- **Limit entertainment screen time** to less than 2 hours a day. Avoid scary or violent TV shows, video games, and movies.

## How can I help my child at school?

Some children act differently at home than they do at school. It's important to talk with your child's teacher regularly so you know what's going on at school.

If your child is having a hard time at school, you can

- Ask what strategies the teacher is using to help your child control their behavior.

- Let the teacher know what strategies have worked well at home.
- Ask the school to test your child for learning problems or other special education needs.

## When do I need to go back to the doctor?

If your child's disruptive or aggressive behaviors continue or get worse, get back in touch with the doctor. The doctor can help you decide whether visiting a specialist is a good idea. Anger control therapy, cognitive behavior therapy, and family therapy are some treatments that may help.

Call the doctor right away if your child is hurting other children or animals, your child gets in trouble with the police, or the behavior makes you so angry and frustrated that you can't find anything positive about your child or think you might hurt them.

### Make time to care for yourself too.

Parenting can be stressful. If you're feeling overwhelmed, don't be afraid to ask for support from family, close friends, social services, or your faith community. Children pick up on the stress and worries of adults, so getting support for yourself can help your child too.

To learn more about disruptive and aggressive behaviors and what you can do to help your child, visit these websites.

- American Academy of Pediatrics HealthyChildren.org: [www.HealthyChildren.org](http://www.HealthyChildren.org)
- American Academy of Child and Adolescent Psychiatry: [www.aacap.org](http://www.aacap.org)
- American Psychological Association: [www.apa.org](http://www.apa.org)
- National Alliance on Mental Illness: [www.nami.org](http://www.nami.org)
- National Federation of Families for Children's Mental Health: [www.ffcmh.org](http://www.ffcmh.org)
- Triple P – Positive Parenting Program: [www.triplep-parenting.net](http://www.triplep-parenting.net)



### More resources about disruptive or aggressive behaviors

This space is for you to write notes about other helpful resources you have found for disruptive or aggressive behaviors.





# Managing Inattention, Impulsivity, and Hyperactivity: Tips for Families

## What are inattention, impulsivity, and hyperactivity?

*Inattention* means a child often has trouble focusing, is easily distracted, or has a hard time finishing activities. An example of inattention is when a child can't pay attention to what the teacher is saying or appears to be daydreaming.

*Impulsivity* means a child tends to react quickly, before thinking things through. An example of impulsivity is when a child blurts out the answer to a question before someone finishes talking.

Inattention and impulsivity are normal for young children. But by the time they're in school, most children can pay attention for a longer time and can think and plan before they act. If your school-aged child behaves more like what you would expect from a younger child, this behavior may be a sign of a problem.

*Hyperactivity* means a child fidgets and moves more than other children the same age. In school, a child with hyperactivity has trouble sitting still and may distract other children and make it difficult for the teacher to keep the classroom in order.

The good news is there are things parents and families can do to help children with inattention, impulsivity, or hyperactivity manage their behavior and succeed at home and school.

## How can I help my child at home?

These tips are helpful for all children, but they can be especially helpful for children with inattention, impulsivity, or hyperactivity. Parenting is a busy job, so use your judgment about which tips make the most sense for your family.

### Connect with your child

- **Set aside one-on-one time every day.** Even just 10 minutes each day can make a big difference. Try taking a walk together, playing a card game, or reading a book aloud.
- **Ask your child about their life.** Make sure your child knows they can come to you if they have any problems, such as being bullied or having trouble making friends at school.

- **Praise your child** and let them know you appreciate their positive behavior. For example, "I'm proud of you for working so hard on your homework" or "Thank you for putting away the markers when you were done with them!"

### Use positive parenting

- **Explain rules in a positive way.** For example, instead of saying, "Don't run," you could say, "Please walk slowly."
- **Reward positive behavior.** Praise your child or give small rewards when they behave in a kind, generous, or positive way. Spending time doing fun activities with a parent is a very powerful reward.
- **Pay less attention to negative behavior.** When your child is misbehaving, try not to pay a lot of attention to them. You can also use a brief time-out as a consequence. Over time, your child will learn that acting out isn't a good way to get your attention.

### Be consistent and provide structure

- **Set up family routines.** Follow a regular schedule for playtime, mealtime, and bedtime. Knowing what to expect can help your child feel safe and secure.
- **Set clear rules, limits, and consequences, and stick to them.** Make sure everyone who takes care of your child is on the same page. If you and your family members don't agree, ask your child's doctor to help you talk through your differences. Being consistent, not rigid, is important.
- **Help your child learn to recognize and manage their own behavior.** For example, if your child tends to leave their homework at home, teach your child how to make it part of their bedtime routine to put homework into their backpack.
- **Create a quiet work space for activities.** A place to do homework or other activities away from noise or other distractions will help your child stay focused and organized.
- **Create a visual schedule** to help your child learn independence and organization. To create it, take pictures of your child doing the tasks on the schedule (or cut pictures out of magazines). These can help your child complete routine tasks having multiple steps, such as getting ready in the morning or getting ready for bed.



## How can I help my child at home? (continued)

### Build healthy habits

- **Get active!** Encourage your child to be active for at least an hour every day. This activity can include playing outside, joining a sports team or an activity at the YMCA, biking or walking to school, or dancing at home to favorite music.
- **Eat healthy.** Eat healthy meals every day, including fruits and vegetables, whole grains, and protein foods. Remember to eat breakfast!
- **Get plenty of sleep.** School-aged children need 9 to 12 hours of sleep every night. Teens need 8 to 10 hours.
- **Limit screen time.** Try for less than 2 hours a day of entertainment screen time. Avoid scary or violent TV shows, video games, and movies.

## How can I help my child at school?

Some children act differently at home than they do at school. It's important to talk with your child's teacher regularly so you know what's going on at school.

If your child is having a hard time at school, ask the teacher what strategies they are using to help your child, and work together to come up with other ideas.

These are some strategies you may want to try.

- Ask the teacher to have your child repeat back instructions to check for understanding.
- Determine whether the teacher can move your child to the front of the room.
- Get your child a homework planner, and ask the teacher to sign it every day.
- Work with the teacher to break down large assignments into smaller parts.

If the teacher has tried various strategies and your child is still having a hard time, ask the school about testing. You can also sign a release form so your child's doctor and teacher can talk with each other.

### Remember, you know your child best.

Whether it's at school or the doctor's office, you are your child's biggest advocate. Don't hesitate to speak up on behalf of your child.

## When do I need to go back to the doctor?

If it's been a few months and your child's inattention, impulsivity, or hyperactivity isn't getting better (or it's getting worse), it's a good idea to go back to the doctor. The doctor may ask you and your child's teacher to fill out a questionnaire about what's happening. Then, you and the doctor can make a plan to try new approaches or strategies that may help.

The doctor can also help you decide whether visiting a specialist for therapy could help your child.

It's especially important to talk with the doctor if

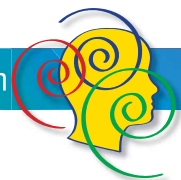
- Your child's behavior is causing problems or keeping your child from doing normal activities at school, at home, or with friends.
- Your child starts to have other behavior problems, such as feeling very sad, worrying a lot, fighting, or acting out.
- You notice a change in your child's behavior after a stressful event, such as a divorce or death in the family.

### Make time to care for yourself too.

Parenting can be stressful. If you're feeling overwhelmed, don't be afraid to ask for support from family, close friends, social services, or your faith community. Children pick up on the stress and worries of adults, so getting support for yourself can help your child too.

To learn more about inattention, impulsivity, and hyperactivity and what you can do to help your child, visit these websites.

- American Academy of Pediatrics HealthyChildren.org: [www.HealthyChildren.org](http://www.HealthyChildren.org)
- American Academy of Child and Adolescent Psychiatry: [www.aacap.org](http://www.aacap.org)
- American Psychological Association: [www.apa.org](http://www.apa.org)



## When do I need to go back to the doctor? (continued)

- Children and Adults with Attention-Deficit/Hyperactivity Disorder: [www.chadd.org](http://www.chadd.org)
- National Alliance on Mental Illness: [www.nami.org](http://www.nami.org)
- National Federation of Families for Children's Mental Health: [www.fcmh.org](http://www.fcmh.org)

## More resources about inattention, impulsivity, and hyperactivity

This space is for you to write notes about other helpful resources you have found for your child's attention.

The information contained in this resource 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. Original resource included as part of *Addressing Mental Health Concerns in Pediatrics: A Practical Resource Toolkit for Clinicians*, 2nd Edition.

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# The Use of Psychostimulant Medication: Tips for Parents



## The Facts

- Stimulant medications are defined as controlled substances under federal and state regulations. The possession of stimulant medication without a prescription is against the law.
- Money does not need to be exchanged for a gift or another exchange of a controlled substance to be considered a “sale.”
- Appropriate treatment of ADHD does **not** increase the risk of developing a substance use disorder in the future. In fact, the latest evidence is that effective treatment of ADHD, including stimulant medication, actually **reduces** that risk.

## Help Your Teen Be Responsible With Medication

- Treat your teen as an active participant in the treatment process.
  - Talk about best medication doses, times, and delivery systems available.
  - Include your teen in any medication discussions with the pediatrician.
- Keep medications in a safe, locked, and monitored location.
- Parents must monitor their teen’s self-administration of medication.
- Parents *must* maintain knowledge of the appropriate dose, timing, and weekend and summer need for the medication and be aware of their teen’s readiness to take on the responsibility of self-administration in a mature manner.
- Parents must monitor medication use of teens with ADHD, as some teens decide on their own to stop taking their prescribed medications because of embarrassment, a desire to be like their peers who do not take medication, or denial that they have ADHD.
- Return of some or all of the original behavioral issues or attentional problems might indicate a need to consider a dosage change but also might signal that the teen has quietly stopped taking his medication.

## If Your Teen Wishes to Stop Medication

- If your teen wishes to stop taking the prescribed medication,
  - State from the beginning—and make sure she understands before stopping the medication—that she should first have a discussion with the pediatrician. Include the pediatrician as a mediator in the process.
  - If, after talking with the pediatrician, it is decided to begin a medication-free trial, you must set up a clear definition of what behaviors would lead to restarting medication.



### When Looking for a Job

- If your teen is on medication and going for a job interview, tell him that he should privately tell the interviewer right away that he takes prescription medication that might show up on a drug test. If the medication shows up on a test and he hasn't told the employer or tries to tell the employer at the time of the test, the employer is not likely to accept the information and it can cost your teen the job.
- State and federal laws prevent employers from discriminating against someone taking prescription medication, so tell your teen that he should not be afraid to tell the truth.
- You should also seek a note from the teen's doctor supporting this.

