

HWDSB

Prepared by Psychological Services

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You probably noticed that your child was different from the other kids when he or she was quite young. It may have been that he responded in a bigger or louder manner when told it was time to leave the park, or that she did not seem to notice she was annoying the other children and was always 'in their face' and would not stop talking. Or you were the only parent at the skate park after school because you needed to let him run out his 'sillies' before heading home for dinner. It may have been when your child started school, and even though she is bright, she could not seem to grasp the classroom routines or even the ABCs and always seemed sort of...lost in a daydream. You may have blamed yourself and questioned if you just needed to be more consistent and disciplined; or thought maybe you just needed to limit sugary foods, even though you did not feed your son more sugar than the other parents do.

And then you found out that your child, like 5% of all Canadian children, has an Attention-Deficit/Hyperactivity Disorder or ADHD (Centre for ADHD Awareness Canada (CADDAC), n.d.). One of the most important things you should take from this diagnosis is that this is **not your fault**. As Dr. Russell Barkley tells us, you cannot *cause* ADHD in a child, even with zero discipline and a horrible diet. ADHD is a biological, brain-based disorder and not the result of poor parenting, sugary foods, or too much screen-time.



What is Attention-Deficit/Hyperactivity Disorder (ADHD)?

ADHD stands for Attention-Deficit/Hyperactivity Disorder. ADHD is a neurological (brain-based) disability that makes it difficult for individuals to focus and sustain their attention, to resist impulses, and to self-regulate.

Neuroscience, brain imaging, and clinical research tell us a few important things: ADHD is not a behaviour disorder. ADHD is not a specific learning disability. ADHD is, instead, a developmental impairment of the brain's self-management system. Both adults and children can be diagnosed with ADHD (ADDitude, Inside the ADHD Mind, n.d.).

There are three types of ADHD:

1. ADHD, Predominately **Inattentive** Presentation (previously known as ADD)
2. ADHD, Predominately **Hyperactive/Impulsive** Presentation
3. ADHD, **Combined** Type (both Inattentive and Hyperactive/Impulsive)

If your child has the **Inattentive** type, he likely struggles to stay on task, seems not to listen, and loses materials. If your child has the **Hyperactive/Impulsive** type, she is likely over-active, fidgety, struggles to stay seated, intrudes into other people's activities, and seems to have an inability to wait. Although these symptoms can appear in any child, in a child with ADHD, they are excessive for age or developmental level.

Although children with ADHD may behave differently depending on the type of ADHD they have, there are some commonalities. Specifically, all children with ADHD struggle with **self-regulation**. Self-regulation is the ability to plan, organize and set goals to complete tasks in a timely fashion. It also involves managing and controlling thinking, emotions, and behaviour, and it is often referred to as the brain's 'executive function' system. Executive Functioning (EF) is different from intelligence. EF is what allows us to display our intelligence in an organized, regulated manner. That is why many kids with ADHD are very smart but don't always do well at school or sometimes seem *scattered*. Underdeveloped EF skills can also explain why children with ADHD may seem socially immature and struggle to problem-solve through social conflicts at school and on the playground. Dr. Russell Barkley indicates that ADHD delays EF development by 25-40% (average of 30%), suggesting that your child may present as 2-3 years younger than their age-based peers.



ADHD affects the brain's ability to **“hit the brakes”** and think through consequences before doing something.

(Learning and Thinking Differences That Cause Trouble With Self-Control, n.d.)

Will they grow out of it?

The short answer? No. However, ADHD can look very different across the lifespan and in different environments. For instance, children and adults often learn strategies that help them to better regulate their attention and behaviour; for example, going for a run before school or using a tablet with pre-set alarms to remind them of deadlines or just as a reminder to *focus*. Additionally, many adults report a decrease in their symptoms when they begin postsecondary school or enter the workplace as they are no longer required to take classes they do not find to be interesting (because we know that the real test of attention is focussing on something we are *not* interested in, and frequently this is schoolwork).

Many young children who exhibit high physical energy levels (hyperactivity) will outgrow these symptoms by middle childhood or early adolescence. Yet many of the challenges remain, such as trouble focusing, difficulties with impulse control, disorganization, difficulty regulating emotions, forgetfulness and difficulty finishing things. These challenges tend to persist over time and can become more of a challenge in adolescence and adulthood as demands increase (i.e., at school and work, and in relationships).

What causes ADHD?

- Genes play an important role. Most people diagnosed with ADHD (about 65 percent) have a close family member who also has symptoms of ADHD (e.g., a parent, uncle/aunt, grandparent). If you are a parent with ADHD, there is a 50 percent chance that your child will have ADHD.
- There is no evidence that excessive television watching or playing video games causes ADHD. Twin studies have shown that ADHD is not caused by social factors, such as how children are parented.
- Research has found differences in the brains of people with ADHD. The area of the brain that is responsible for self-regulation (i.e., attention, impulse control, organization) may have decreased blood flow, which means reduced brain activity. Certain parts of the brain may also be smaller than what is typically seen in the general population (e.g., by about three to ten percent).



How is ADHD diagnosed?

ADHD is diagnosed by a **doctor** (family doctor/general practitioner, pediatrician, psychiatrist, etc.) or a **psychologist/psychological associate**.

There is no single test for diagnosing ADHD. Instead, the diagnosis is based on information gathered about the child's developmental, academic, and medical history. Parents/caregivers and teachers should be involved in collecting information to determine if there is a difference in the child's ability to self-regulate in different environments (i.e., to determine if the problem only exists at school or at home because this could mean the issue is something other than ADHD, but not always as different environments have different expectations).

ADHD often occurs with other conditions or disorders such as learning or mental health issues. Therefore, a thorough assessment involves determining if other factors are accounting for, or "co-existing" with, symptoms of inattention and/or hyperactivity.

If a psychologist does the assessment, it may include learning and academic testing to assess possible learning difficulties. Self-regulation or executive functioning issues often make it very challenging for kids with ADHD to meet their potential at school. You may see a difference between what your child seems to understand and what they are able to show on paper or when reading.

Learning Issues That Co-Occur With ADHD

Studies show that as many as **45%** of kids with ADHD also have a learning disability, compared to roughly **5%** of kids without ADHD.

According to a large study of kids with ADHD and learning disabilities:

65% struggled with **written expression**.

32% struggled with **reading**.

30% struggled with **math**.

What's the connection?

Challenges with executive function are at the core of ADHD and could contribute to other learning issues.

For example, kids with ADHD often struggle with working memory, which is crucial for reading comprehension. Similarly, they may struggle with organizing and planning their writing.

(Brown, 2017)

How can I help at home?

Dr. Russell Barkley, a clinical psychologist who is known for his work in the field of ADHD, has created what he calls "14 principles for helping children and adolescents with ADHD." (Barkley, 2020)

1 Understand ADHD – The primary key to helping a child with ADHD is understanding the disorder itself. ADHD is a brain-based disorder. To truly help, we need understanding – commitment – compassion – and a willingness to make accommodations to help them be successful. ADHD causes kids to struggle with seven mental abilities:

1. self-awareness (recognizing the impact of their behaviour on others)
2. inhibition (resisting impulses)
3. visual imagery (looking forward and anticipating outcomes – it causes kids to question: "how am I supposed to think about consequences before they happen?")
4. internal speech ("is this the right thing to do?")
5. emotional control (responding appropriately for their age and not having tantrums or crying at a level incompatible with age level)
6. self-motivation (pushing themselves to do work on things they may not enjoy)
7. planning and problem solving (organization)

ADHD is much more serious than *just* attention.

ADHD isn't a matter of laziness or willpower – that's one of the many myths about it. In fact, people with ADHD are often trying as hard as they can to focus and keep their impulses in check.

(Snapshot: What ADHD Is, n.d.)

2 Parents are Shepherds – Not Engineers – Each child is a unique combination of their parents and extended family. Your child is who she is, and this will not change. Your role as a parent is not to try to change your child (ADHD is there to stay) but to provide protection, shelter and good nourishment, just as a shepherd provides for their sheep. You do these things by providing a supportive, caring, stimulating and enriching environment. You should encourage (reward) pro-social behaviour with peers when possible, discourage anti-social behaviour when possible, and break up bad relationships. You should improve the 'pasture' as much as possible by helping your child to work around his areas of weakness (i.e., make your rules and school-life as consistent and predictable as possible, and manage her behaviour from what you know - not from emotions.)



3 Use the Keys for Success – To help a child with ADHD, your role as a parent is to find ways to compensate for weaknesses in executive functioning and to reduce impairments arising from those weaknesses. You can do this by identifying their strengths (these strengths may be academic, or maybe in music, visual arts, photography, outdoor education, science, etc.), promoting further development of those strengths, identifying resources to help them, and being a safety net by providing support and advocacy.

The formula for success: Treatment + Talents and Aptitudes + Resources + Supportive loved ones

4 Time Escapes Them – Make it Real – Kids with ADHD live in the now, always. They struggle to anticipate the future, so they have difficulty preparing for assignments or tasks ahead of time. To help, you can use the E-R-O method:

- Events that need to be addressed
- Responses to prepare for the events
- Outcomes or consequences from the events

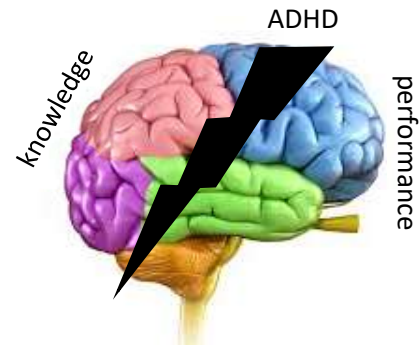


Parents can help by minimizing the delays between the E-R-O; bring the Events-Responses-Outcomes closer together. For example, break homework down into smaller chunks with short breaks, or chunk larger assignments into smaller ones. This is why kids with ADHD often love videogames – there is minimal delay between the E, R and O. Furthermore, we need to provide strategies that will allow kids with ADHD to visualize time; for example, using a time-timer, clock, counters, or other devices that show how much time there is to complete a task and how fast the time is passing.

5

Working Memory Isn't Working – Working memory is the "what was I doing?" form of memory.

It is the GPS of the brain, helping children to determine and remember the steps necessary to complete tasks. When the GPS is not working, parents can provide a step-by-step guide to get their child to where he needs to go. The back part of the brain is where knowledge is stored, and the front is where that knowledge is put into action. However, ADHD stops information from coming forward into the performance area, so even though children with ADHD have all the knowledge...they struggle to figure out what to do with it. Imagine the frustration! Without their internal GPS telling them what to do with the information, these children need their parents to provide prosthetic devices or scaffolding, for example, sticky notes, to-do lists, cue cards, digital recording devices (Dr. Barkley suggests that children do not get *too* hooked on technology – someone will need to input schedule into the device for them; remember to charge, etc.). Have your child draw pictures and images with arrows connecting them, showing the sequence of steps to follow to complete a task. Over-practice and rehearsal allows the task to move from the back of the brain (knowledge) to the front (performance), jumping the gap created by ADHD. Accommodations need to be at "the point of performance," that is, the place in the natural setting where that knowledge is critical to utilize.



6

Build in Rewards As Part of the Task – ADHD is a "motivation deficit disorder." ADHD creates a deficit in your child's self-motivation capability (internally developed will-power), so he does not persist on tasks that involve long delays between task and reward. Thus, you can help by working rewards into the task. This is part of why many kids with ADHD enjoy video games and gambling – the rewards are immediate with consequence presented repeatedly - but cannot do homework for more than a few minutes. To increase your child's motivation, you can add rewards, such as tokens, points, privileges, or other rewards that can be earned frequently throughout the task (change them up periodically). Points can be cashed in later for bigger rewards (either at school or home). It can be helpful to have your child visualize the goal and its reward and even to put a picture of the reward on display. Give your child feedback frequently and quickly. Additionally, it is important to know that the frontal lobe of the brain runs on blood sugar/glucose. This means that your child's blood sugar level must be kept up (e.g., a sugary drink while working). Routine physical exercise needs to be a part of the day as well, including small activities that move the body – standing up while working, resting feet on a swing under desk, sitting on a balance ball.

Children with ADHD are often punished more than other children, but these punishments don't work. Instead, when dealing with challenging behaviour, always start with a reward program. Together with your child, think about the behaviour and discuss what should have happened instead (the positive option). With that option in mind, encourage improved behaviour and provide positive feedback and reward whenever you see that behaviour. Do this often and for several days before you focus on giving consequences the

challenging behaviour. It is only when good behaviour is rewarded that punishment is likely to decrease misbehaviour. Even then, punishment should be swift and brief.

7

Get Organized! Be prepared in advance by considering these questions:

- a) Is the work-space ADHD friendly? (free of distractions, organized and easily supervised?)
- b) What materials are required to do the work? (pencils, paper)
- c) What storage tools might be helpful? (folders, notebooks, bins, etc.)
- d) Would signs, charts, checklists, or picture sequences be useful?
- e) When is the best time to do this task?

8

Make Problem-Solving Physical (Manual) - Kids with ADHD struggle with problem-solving because impulsive thinking makes their minds scattered and causes them to skip across ideas and to allow unimportant ideas get in the way. Distractibility makes kids less able to think about one thing for very long; their working memory difficulty makes it challenging for them to hold the information in mind. To help, parents can turn 'mental tasks' into hands-on tasks.

Parents can help by:

- Break tasks down into pieces
- Think about how you can make those pieces physical
- Brainstorm new ideas and write each down on a sticky note or cue card
- Let your child manually work on and manipulate the pieces of the task or problem (move the cue cards around) – the mental play stage is delayed in the ADHD child, and they remain in the physical play stage longer – use this knowledge to allow your child to learn new things through play longer than their age-based peers
- Use an abacus or number line so your child can see what she is doing
- Select the most relevant pieces of the task and help organize them
- Test out the possible solutions



9 Talk Less, Touch More – ADHD is not an 'information deficit disorder', so repeating the same information over and over is not helpful. Parents often think that if they just explain more, talk more, direct more, then their child will 'get it.' This is not the case. Parents actually need to talk less and 'touch' more, i.e., go to the child and talk face to face, get eye contact, keep it short and sweet. If appropriate, have the child repeat back what you have said. Make it personal to them and keep it short.

10 Be Pro-Active, not Reactive – children with ADHD often do not use hindsight and foresight very well to anticipate events. Help your child to determine what is coming (be pro-active). Try not to get upset with your child when they do not act as expected (try to not be reactive). Help your child to understand the rules before beginning a task/outing, ensure he knows the reward and the possible punishment, give her something to do to keep her busy, give frequent feedback throughout, and give an evaluation at the end of the task/outing.

11 Increase Accountability – children with ADHD often struggle to work independently, especially for long periods of time. To increase their independence, parents can:

- Break tasks down into shorter work periods
- Use “5 & 1” or “10 & 3” rule (i.e., work 5 minutes then 1 minute break time)
- If they were not successful, break the task down into even shorter periods of work and review with them more often
- Review goals or work to be done at the beginning of each short work period
- Check-in often
- Give positive feedback for reaching goals



12 Get Your Priorities Straight – determine which fight is worth fighting and focus on the most important chores, tasks and directives. Eliminate those that are of less importance for a while.

13 Remember It's A Disorder – remember, ADHD is an invisible disorder that delays a child's capacity for self-control. Remember the 30 percent rule – to determine realistic expectations for a child with ADHD, reduce their age by 30% to find their 'executive age' or age of regulation. Because of EF delays, children with ADHD cannot be expected to complete executive tasks at the same level as their same-aged peers. In order to avoid conflict, we need to match our expectations with their ability.

14 Practice Forgiveness – parents need to forgive themselves for occasional screw-ups. You also need to forgive others for their ignorance of ADHD and their misjudgement of your child and your parenting. Most importantly, find ways to restore a positive view of your child by looking for areas of strength and focus on those.

What About Medication?

Some children need more intensive behaviour therapy and/or the addition of medication to see significant improvements in ADHD symptoms and behaviours. Because ADHD is a neurological (brain-based) disorder, medication is an effective option for about 80% of people. Parents often have many questions about medication, including possible side effects. Before making any decisions about medication, begin by talking to your child's doctor. There are many (many) myths about ADHD medication. You need to ensure that you are getting information from a credible source. As with anything, be wary of information on the internet, especially when the source is unknown, or it is an individual's personal opinion -- and not grounded in fact and research.



ADHD is a neurological and behavioural disorder that affects not only the person with it, but the entire family, including parents and the extended family of parental siblings and grandparents. It tests the limits of the family's ability to be supportive, understanding and loving.

– Dresher Larry

Resources

No Mind Left Behind: Understanding and Fostering Executive Control the Eight Essential Brain Skills Every Child Needs to Thrive. Adam J. Cox

Taking Charge of ADHD: The Complete, Authoritative Guide for Parents. Russell A. Barkley

Executive Function Skills in Children and Adolescents. Peg Dawson and Richard Guare

ADHD: What Every Parent Needs to Know. Michael I. Reiff

Smart but Scattered: The Revolutionary' Executive Skills' Approach to Helping Kids Reach Their Potential. Peg Dawson and Richard Guare

Taking Charge of ADHD, Fourth Edition: The Complete, Authoritative Guide for Parents, Russell A. Barkley

Outside the Box: Rethinking ADD/ADHD in Children and Adults, A Practical Guide. Thomas E. Brown

Understood: for Learning and Attention Issues www.understood.org

Attention Deficit Disorder Association www.add.org

About Kids Health: Trusted Answers from the Hospital for Sick Children www.Aboutkidshealth.ca

ADDitude: Inside the ADHD Mind www.additudemag.com

Centre for ADHD Awareness Canada (CADDAC) www.caddac.ca

School Mental Health Ontario www.smho-smso.ca/

Resources for Children and Teens:

My Brain Needs Glasses by Annick Vincente

My Brain Still Needs Glasses by Annick Vincente

The Adventures of Phoebe Flower: Stories of a Girl With ADHD by Barbara Roberts

Cory Stories: A Kid's Book About Living With ADHD by Jeanne Krause

Get Ready for Jetty!: My Journal About ADHD and Me by Jeanne Krause

Learning to Slow Down and Pay Attention: A Book for Kids About ADHD by Kathleen G. Nadeau and Ellen B. Dixon

Mrs. Gorski, I Think I Have the Wiggle Fidgets by Barbara Esham

My Mouth Is a Volcano! by Julia Cook

The Survival Guide for Kids With ADD or ADHD by John F. Taylor

Understanding My Attention-Deficit/Hyperactivity Disorder by Kara Tamanini