



ASSESSING YOUR CHILD FOR AD/HD AND TIPS FOR SUCCESS

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A mental health professional, such as a Psychologist, Psychiatrist, Counselor, Social Worker, or Family Therapist with training to assess children can make a diagnosis of AD/HD. Some Pediatricians are also able to make this diagnosis.

You will be asked many of these questions:

- ✓ What do you want to see different?
- ✓ What behaviors have you observed?
- ✓ What concerns have been expressed to you by the school?
- ✓ You will be asked about a number of specific behaviors which indicate AD/HD:
Is your child more distractible than other children? Is your child disorganized and unusually messy? Does he or she start many chores, tasks, or games, and then move on to other things, leaving a trail of incomplete things? Does he or she quickly forget or seem not to hear a command or instruction? Does your child have a hard time getting started on anything he or she thinks is difficult? Does your child seem unable to shift attention to what you want him or her to attend to? If the child finds something interesting, such as a favorite game or tv show, then he or she can really concentrate, but that seems to be the only time? When reading, does the child report difficulty remembering the first parts of a sentence by the time he or she is at the end of it? How about a *page* of reading? Is it difficult to figure out the steps to take in math problems? If your child always in motion - moving from place to place, fidgeting, acting restless and uncomfortable? Do the teachers report your child blurts things out in class and/or never stays in his or her seat? Does the child habitually do things without thinking of what could happen? Does your child often seem to space out? Do the teachers report that? Does he or she do homework and often forgets to turn it in? Is it often found in the bottom of the back pack or locker? Does he or she often forget to bring home the materials needed to do the homework? Is your child difficult to wake up in the morning? Does punishment seem to make the problems worse? When did you first notice these behaviors?

- ✓ You will be asked about many behaviors which are not about AD/HD. Why? Because 60-70% of these children suffer from problems of depression, other mood or bipolar disorders, anxiety, tics, learning disabilities, anti-social behavior, and defiance, to name a few such problems. Many adolescents with AD/HD have tried drugs or alcohol.
 - ✓ You will be asked about the child's medical problems, medications, allergies, and diet. Why? Many conditions, such as lead poisoning and celiac disease, can cause impulsive or irritable behavior which could appear like hyperactivity.
 - ✓ You will be asked about events going on the child's life since stress can make the symptoms worse. Why? Many family events and life events can cause symptoms which seem like AD/HD. These include parents who argue or contradict one another frequently, being placed in one or more different homes and separated from the child's main care giver, parents who are addicted to alcohol or drugs, major losses, a negative relationship with a teacher; major moves, lengthy treatment for a complicated medical problem, and many others.
 - ✓ You will be asked about similar symptoms and other mental health problems in other generations - all the siblings and grandparents of the child's parents. Why? Since AD/HD can be hereditary and may be related to other mental health problems, we need to know if AD/HD, bipolar disorder, alcoholism, drug abuse, and many other conditions have been present in the two generations in the family before the child's generation.
 - ✓ The professional will observe the child and note the child's level of activity, ability to listen, and other behaviors.
 - ✓ If the child has been taking any medications, the professional will need to know which ones, when, who prescribed them, and how well they worked.
 - ✓ Most professionals will also give you and the teacher tests such as the Conners, Achenbach, Brown, Vanderbilt, or other scales so we can compare your child's behavior to others of the same age. Sometimes, the child will be placed at a computer and given a test, called a continuous performance test, to measure his or her attentiveness.
 - ✓ Sometimes, a professional will decide the child needs to be observed in the classroom.
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Therapy for AD/HD

When all the information is accumulated, the professional will give you an opinion about the diagnoses and some recommendations about treatment. The treatment involves a combination of

- medications - no other therapy is highly successful unless medications are included in the treatment plan
 - educating parents about how they can manage the child more effectively - learning to handle AD/HD children is a special skill, a bit different from handling other children
 - setting up a behavioral program - AD/HD children flourish on a program of positive reinforcement, but do poorly when given a lot of discipline
 - school recommendations - AD/HD children may need special accommodations, including some accommodations under one of two federal laws, IDEA and Section 504 of the Rehabilitation Act of 1973
 - recommendations for treating any other problems the child may have
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To help with therapy, let's look at what you've tried before - build on success

Determine your goals by realizing your child has accomplishments and you are building on those. It's better to think of your child as 50, 60, 70, 80, 90% were you want him or her to be, rather than as a child who does not measure up. Then consider goals which will bring your child even more in line with your reasonable expectations.

Therapy is designed to help you accomplish SMART goals

We will examine your child's POSITIVE QUALITIES and the GOALS FOR DOING BETTER. We will talk about how to set SMART GOALS for improving

- ◆ school behaviors
- ◆ academics
- ◆ household behavior and chores
- ◆ self-care behavior
- ◆ social skills.

SMART is an acronym for

1. **Specific:** The goal can't be broad, such as "better self-esteem", but has to be really specific, such as "complete 100% of homework every week", "be in bed by 8:30, " "keep you hands to yourself."
2. **Measurable:** A measurable goal is one for which it is clear whether the goal was achieved or not. It shouldn't be subjective. For example, "not fighting" could lead to a controversy about whether something was fighting or arguing or just a difference of opinion. Better is "Keep your hands to yourself 6 days out of 7." A goal is measurable if you can clearly determine if progress is being made towards reaching the goal.
3. **Agreed-upon:** Teach the goal to your child until he or she can tell it to you every time you ask.
4. **Realistic:** Make it a goal the child is confident he or she can attain.
5. **Timely:** The goal should be something for today, the next day, or this week, not something in the future.

Achieving your SMART goals.

As a parent, you see your child's talents and abilities better than anyone. And you want to make sure everyone sees him or her the same way you do. The following are useful tips to get you started. We include 10 practical tips to help your child improve organization and focus at school and at home-and to work with your child's teachers to help your child do the best he or she can do every day.

Ten practical tips to help your child improve organization and focus at school and at home.

1. Create a schedule. Try to follow the same routine *every* day.
2. Put up a copy of the schedule. This will provide visual reminders of progress as well as cue the child to remember the goals. Ask the child 2-3x a day to repeat the goals. Post the schedule in a prominent place so your child can see, a place where he or she is expected to be during the day and when it's time for homework, play, and chores.
3. Try to keep tasks simple. Try not to have too many things on the schedule for your child to remember, just 3-5 items. This way he or she has a better chance of

completing each task. This can provide a sense of accomplishment. A long list will seem impossible in the child's eyes and will create a sense of failure. Keep it simple and short.

4. Help your child get organized. Work with your child to create a "home" for his or her backpack, toys, and clothing so these items will be less likely to get lost. Give your child a checklist that he or she can refer to before coming home from school, to help your child remember to bring home important papers and homework assignments. Everyone in the family should have a parking spot, a place in the home, preferably near the door, for keys and other important items. This will help your child avoid the mad morning rush to get out the door when he or she cannot find keys, shoes, homework, etc.

5. Always try to use brief, clear directions. For example, when reminding your child to pick up his or her clothes, consider saying, "please pick up your clothes" instead of "it would be nice if you picked up your clothes." Avoid ticking off more than two instructions at a time. You may think you are clear, but the child seems not to have heard you. This is most often because it is important to get the child's attention before speaking - remember AD/HD prevents the child from shifting easily from what is in his or her mind over to your voice or what's on your mind. Often, parents give instructions which are too complicated -- the child forgets the first part while trying to hear the second part - so keep it simple.

6. Limit distractions. It may help to have the TV, radio, and computer games off when your child is performing tasks that require concentration, especially homework. Occasionally, a child may do better with them on because concentrating on the TV or other media will block other distractions. But more often, a quiet environment is needed.

7. Offer choices so your child feels involved in making decisions. However, it's best to offer no more than two alternatives so that he or she isn't overwhelmed or overstimulated.

8. Goals and rewards can be effective. You can use a chart to list goals and track positive behaviors; then reward your child's efforts. Goals should be realistic (think baby steps, not overnight success) and rewards need not be expensive (e.g., an extra half hour of TV time, choosing the movie on family movie night, time with Dad on Saturday, points accumulated toward a special treat).

9. Decisive, positive discipline usually works best. Using timeouts or removal of privileges can help, but try to tie the consequences to the inappropriate behavior (e.g., if your child doesn't wear a helmet while bike riding, he or she doesn't get to ride for the rest of the day). But avoid negative discipline - hollering at the child,

prolonged grounding, or any discipline you give impulsively in anger! These may work on other children, but invariably they make AD/HD children have difficulties complying. You can always tell the child you are going to tell him or her what the punishment is later, after you have gotten to think about it or consult with the other parent.

10. Encourage your child's natural talents. You know your child has unique skills. When others see those skills as you do, it may lead to greater success for your child. In addition, when your child is doing something he or she loves and is good at, it can build confidence and self-esteem.

Six tips to work more closely with your child's teachers

1. It's best to start with a face-to-face meeting. Let the teacher know that you value his or her input. Ask your child's teachers to be part of your child's support team.
2. Ask the teachers about your child's behavior (e.g., paying attention, focusing, sitting still).
3. Remember to listen carefully to what the teachers identify as your child's talents, abilities, strengths, and weaknesses.
4. Agree on goals you both want to see for your child as well as a timetable for achieving these goals. Start with 2 simple goals. When the child can do those 90-100% of the time, add 1 or 2 more.
5. Design a plan together to best support your child, including specific actions that you can both monitor. This support might include some accommodations the child needs in order to succeed.
6. Talk about how you and the teachers would like to communicate going forward (e-mail, phone calls, meetings, etc.).

Track Progress

Below is a chart to use. It is really very important to visually and verbally go over progress one or twice every day. This offers a time to help the child feel pride in accomplishing things. Keep in mind that AD/HD children are so often reminded of what they don't do well; they can develop poor self-esteem because of being called out so often. Remind the child of successes, even partial successes, accompanied with "I am proud of you," "You must be pleased with yourself," a high five, and a sticker or star, so he or she feels encouraged to keep learning to do better.

MY WEEK

I am _____.

I AGREED to do all this.

1. _____

2. _____

3. _____

Here is what I accomplished:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

The rewards I achieved this week are: