



## ADHD Information for Parents

Attention Deficit Hyperactivity Disorder (A.D.H.D.) occurs in 3% to 5% of children. It occurs in boys about three times more often than in girls. This disorder has had numerous different labels over the past century, including Hyperkinetic Reaction of Childhood, Hyperactivity or Hyperactive Child Syndrome, Minimal Brain Dysfunction, and Attention Deficit Disorder (with or without Hyperactivity).

A teen with A.D.H.D. hasn't learned to listen when someone talks, wait his turn, complete a task, or return to a task if interrupted. They are easily distractible and easily frustrated. Many children with A.D.H.D. also are hyperactive (also called hyperkinetic), with symptoms of being restless, impulsive, and in perpetual motion, though this does lessen somewhat with age. Their activity is poorly organized and not directed towards a purposeful goal.

Most of these children have normal intelligence. However, some do have an associated learning disability, the most common being an auditory processing deficit (i.e., they have difficulty understanding complex instructions).

### Characteristics

1. *Poor sustained attention or persistence of efforts to tasks, particularly those that are relatively tedious and protracted.* This is frequently seen in the individual's becoming rapidly bored with repetitive tasks; shifting from one uncompleted activity to another; frequently losing concentration during lengthy tasks; and failing to complete routine assignments without supervision,
2. *Impaired impulse control or delay of gratification.* This is often noted in the individual's inability to stop and think before acting; to wait one's turn while playing or conversing with others; to work for larger, longer-term rewards rather than opting for smaller, immediate ones; and to inhibit behavior as a situation demands.
3. *Excessive task-irrelevant activity or activity poorly regulated to situational demands.* Individuals with ADHD are typically noted to be excessively fidgety, restless, and "on the go." They display excessive movement that is not required to complete a task, such as wriggling feet and legs, tapping fingers and objects, or rocking or shifting position while performing relatively boring tasks.
4. *Deficient rule-following.* ADHD individuals have difficulty following through on instructions or assignments, particularly without supervision. This is not due to poor language comprehension, defiance, or memory impairment. It seems as if instructions do not regulate behavior as well in ADHD individuals.
5. *Greater than normal variability during task performance.* Although there is not yet a consensus for including this characteristic with the others of ADHD, much research has accumulated to suggest that ADHD individuals show wide swings or considerably greater variation in the quality, accuracy, and speed that they perform assigned work. This may be seen in highly variable school or work performance where the person fails to maintain a relatively even level of accuracy over time in performing repetitive or tedious tasks. Although normal individuals, particularly young children, may show some of these features, the ADHD individual will display them with a considerably greater degree of frequency and intensity.

6. *Early onset of the major characteristics.* Many ADHD individuals have exhibited their particular problems since early childhood (mean age of onset is three to four years). The vast majority have had their difficulties since seven years of age.
7. *Situational variation.* The major characteristics are often displayed differently depending on situation. Impairments are likely to be seen involving one-to-one contact in activities with others, particularly if an authority figure, such as a father, is involved. ADHD individuals do better when activities are novel, highly interesting, or involve an immediate reward for completing them. Relatively repetitive activities and familiar or uninteresting activities tend to be problematic.
8. *Relatively chronic course.* Most children with ADHD have these problems throughout childhood and adolescence. Although the major features improve with age, most ADHD individuals remain behind others their age in their ability to sustain attention, inhibit behavior, and regulate their activity level.

## **Diagnosis**

Physicians make the diagnosis of A.D.H.D. or hyperactivity mainly from the parent's and teacher's description of the teen's behavior. Some doctors use standardized questionnaires that are answered by the parent and/or the teacher. It's important to find out if any of the teen's relatives had a similar type of problem. The physician will need to have a clear picture of the home and social situations. A thorough physical exam is performed, which is usually normal. Lab tests are seldom useful. If not done previously, your teen should have psychological and learning tests done by the school to test his intelligence level and to check for the presence of any specific learning disabilities.

## **Causes**

Attention Deficit Hyperactivity Disorder is the most common developmental disability. This means that the disability is caused by delayed brain development (immaturity). Some children's hyperactive behavior is a subconscious attention- getting device to compensate for failing in school because of learning problems. A small percentage of children with A.D.H.D. are reacting to chaotic home environments, but in most cases the parents style of child-rearing has not caused the disability. No one knows the actual cause of most cases of A.D.H.D. Often, it is hereditary. Obviously, there is something different about these children's nervous symptoms, but brain damage has **not** been proven to be a cause of A.D.H.D. There does seem to be something different in the brain chemicals (neurotransmitters) in these children, but this can not be "tested for" with any blood test or brain scan or xray. Research has largely discounted the popular notion that ADHD is caused by food additives, such as preservatives or sugar. While a few individuals have their ADHD features exacerbated by allergies, these allergies are not the cause of the disorder.

## Adult Outcome

It has been estimated that between 15 and 50 percent of children with ADHD ultimately outgrow their problems or at least achieve a point in life where their symptoms are no longer maladaptive. Most ADHD individuals will continue to display their characteristics into young adulthood, however. Between 35 and 60 percent of ADHD individuals will have problems with aggressiveness, conduct, and legal or social norms during adolescence, and 25 percent are likely to become antisocial in adulthood. The most common area of maladjustment for ADHD adolescents is in school, where they are more likely to be provided special education, retained in grade, suspended for inappropriate conduct, or expelled. ADHD children are also known to drop out of school altogether.

ADHD individuals have less educational attainment by adulthood compared to normal individuals. Approximately 35 percent of ADHD children will display a learning disability (i.e., a delay in reading, math, spelling, writing, or language) in addition to their other ADHD features. Among ADHD individuals who develop conduct disorders or antisocial behavior in adolescence, substance abuse—especially using cigarettes and alcohol—is noted in the majority.

## Treatment

Although no treatments have been found to cure this disability, many exist that have shown some effectiveness in reducing the level of symptoms, or the degree those symptoms impair a normal lifestyle. The most successful treatment is the use of stimulant medications, like methylphenidate (Ritalin) or dextroamphetamine (Dexedrine). It is often recommended that other treatments be used before or in conjunction with the stimulant medications. These other treatments include training the parents of ADHD children in more effective child-management skills, modifying classroom behavior-management methods used by teachers, adjusting the length and the number of assignments given to ADHD children at one time, and providing special education services to ADHD children who are more seriously affected.



## **Guidelines for Living with a Teen with A.D.H.D.**

Most children with A.D.D. can improve significantly if parents and teachers provide understanding and direction and preserve the teen's self-esteem. When they become adults, many of them have good attention spans but remain restless, need to keep busy, and, in a sense, have not entirely outgrown the problem. However, not only does society learn to tolerate such traits in adults, but in some settings the person with endless energy has a real advantage.

### *1. Accept your teen's limitations:*

Any criticism or other attempt to change an energetic teen into a quiet or model child will cause more harm than good. Nothing helps an ADHD teen more than having a tolerant, patient, low-keyed parent.

### *2. Set realistic goals for him:*

Recognize his areas of strength and encourage achievement there. Perhaps he can channel his excess energy into sports or drama. He should take on certain household responsibilities like washing the car, cutting the grass, housecleaning, cooking, etc. Positive experiences and parental approval go a long way toward elevating his self-esteem.

### *3. Keep your home well-organized:*

Household routines help the ADHD teen to accept order. Keep the times for wake-up, meals, snacks, chores, and bed as regular as possible. Try to keep his environment relatively quiet to encourage thinking and listening. Leave the radio and TV off as much as possible.

### *4. Make sure that he gets enough sleep:*

When an ADHD teen becomes exhausted, his self-control often breaks down and the hyperactivity becomes worse. Try to have him sleep or rest when he is fatigued.

### *5. Enforce rules with non-physical punishment:*

Physical punishment teaches him that physically aggressive behavior is OK. He needs adult models of control and calmness. Try to use a friendly, matter-of-fact tone of voice. If you yell and scream, your teen will be quick to imitate you. Consequences for breaking rules should be agreed upon ahead of time and should involve the loss of privileges, such as phone, TV, car, or going out.

### *6. Get a computer:*

All children, and ADHD children in particular, are visual learners. Take advantage of the many educational programs now available on computer.

### *7. Utilize special programs at school:*

The school is required by law to provide appropriate programs for your teen's attention deficit disorder. If he is not doing well in academic subjects, insist that the school psychologist test him for learning disabilities. Some approaches that teachers use to help children with A.D.H.D. are smaller class size or isolated study space. If appropriate, he may spend part of his day with a teacher that specializes in learning disabilities. Your main job is to continue to help him improve his attention span, self-discipline, self-esteem, and friendships at home.

## **School Management of Children with Attention Deficits**

1. ADHD children should have preferential seating as close to the teacher as possible. Since they often reflect the behaviors of children near them, ADHD children should also have students with good work habits sitting next to them.
2. ADHD children respond best to precisely specified rules with clear consequences. The consequences need to be reasonable and meaningful to the teen.
3. Since ADHD children are slow to respond to rewards and punishments, they need immediate, frequent, and consistent feedback in order to get them to respond to the teacher's demands.
4. Often these children can benefit from regular, non-accusatory feedback from the teacher. Terms such as good or bad should be avoided. It is better to inform a teen that his or her problem is "out of control", rather than admonish the teen in a moralistic manner.
5. Children with attention deficits should not be humiliated publicly in the classroom. It is inappropriate to call on them while their attention is drifting or to be too critical of them in front of their peers. Such humiliation is one of the major causes of secondary anxiety and deterioration of self-esteem.
6. The teacher should have periodic one-to-one meetings to discuss the teen's attention deficits. When a teen appears to be tuning out or acting impulsively during class, the teacher should provide a confidential signal (such as placing a hand on the teen's shoulder) as a way of letting the teen know that the problem is getting out of control.
7. Children with attention deficits are easily overwhelmed by large amounts of work. It may be best to divide tasks into small chunks with frequent teacher feedback. Also, they may need to be given untimed tests. If this cuts too much into class time, the teen may be allowed to finish the test at home with a parent serving as the proctor.
8. Homework can be a major problem for ADHD children, as it can take them two to three times as long to do assignments. Shortening homework assignments, especially avoiding long repetitive tasks, may be necessary.
9. Getting homework assignments home and back to school can be a major difficulty for these children. It may be important for the teacher to check that the teen has written down the assignment correctly, and that the written assignments have been placed in a predetermined slot in his or her backpack. Parents should be encouraged to use the same routine when an assignment has been completed at home to ensure that the work gets back to school.
10. ADHD children thrive best on predictability and routine. However, since many children with attention deficits have abundantly rich imaginations and a high level of curiosity, routine in the classroom should not be so rigid as to stifle their inventiveness.

11. Every effort must be made to discover ways children with attention deficits can appear successful to themselves and to their classmates. Art work, drama, musical ability, physical prowess, interesting hobbies or collections, or other indications of mastery must be discovered and displayed prominently so that these children do not come to feel deprived of success.
12. These children can benefit from doing errands, such as taking messages to the main office. This also helps break their day into smaller units and allows for some diversion of overflow energy.
13. When there is a choice, selecting a teacher for a teen with attention deficits can be most important. Ideally, he/she should be patient, tolerant of individual differences, and be willing to cope with relatively slow progress. Additionally, the ideal teacher should understand (or be willing to understand) the complexities of the ADHD teen, and not be overly accusatory or moralistic. Whenever possible, the teacher should be primed for what is likely to be a substantial challenge, and he or she should be willing to accommodate problems without totally capitulating to them. In many respects, this describes an ideal teacher for any student. It may well be that children with attention deficits simply require the best available teacher.



## **Homework Assignment Help for Children with ADHD**

Children with ADHD have problems with organizational skills and frequently have difficulty getting in homework assignments. This is not simply due to laziness or immaturity, but due to their attention deficit, which is neurologically based. Typically, ADHD children either lose the assignment or never write it down correctly. Even if they do get the work done at home, they often lose it or forget to bring it back to school. This is even true for ADHD children when they are in high school. Though teachers and parents often feel that the teen should be “more responsible”, it is usually unrealistic to expect that the ADHD teen can get homework assignments back on time. The following suggestions are offered:

### ***For the teacher:***

1. Be sure that the teen understands the assignment and has it in written form. This usually requires that you check with the teen after class to make sure that the assignment is understood and written down.
2. Be sure that the teen takes the assignment home. This usually requires that you check with the teen after school is out for the day so as to ensure that the assignment is being taken home. The teen should have a folder or organizer in his or her backpack and there should be a slot for the homework assignment. Be sure that the teen has the assignment placed in the homework slot before he/she leaves. If there are multiple classes or multiple subjects, there should be multiple slots.
3. Be sure that the teen understands to bring the assignment back to school. If things have gone well at home, the teen’s homework should be in the homework slot in the backpack. Therefore, if the teen isn’t sure where the homework is, just have him/her check in the homework slot in the backpack.

### ***For the parent:***

1. Be sure that you check the assignment slot in the backpack when your teen gets home from school, and make sure that all the work gets done. After each assignment is completed, be sure that it is placed back in the slot for completed homework in your teen’s backpack. Having a special slot for long term assignments separate from the daily assignments is also helpful.
2. Be sure that the teen brings the assignment back to school the next day. When all the homework is finished and in their slots in the backpack, place the backpack next to the front door so it will be picked up when your teen returns to school.
3. Encourage your teen and reward him for finishing assignments and getting them back to school on time. Once the teen has consistently been completing their assignments and returning them to class five days per week, see if he or she can start doing it without getting reminders from the teacher and eventually see if it can be done without reminders from you. Some children will never get this far, but a positive reinforcement system such as this will help your teen improve his or her ability to get assignments in on time.

## **Tips for Studying and Managing Your Time**

1. Plan a definite time for studying each day. This will discourage procrastination and prevent work from piling up.
2. Shorten your study time by knowing the purpose of each assignment, what to do, and how to do it before you leave class. Keep a record of all assignments in a special section of your notebook, and color code your notebooks with a different color for each subject.
3. Predicting the amount of time needed for each assignment causes you to work harder so that you save time. By timing your assignments, you are more likely to concentrate and less likely to become bored.
4. Discover when it is the best time for you to study. Some people are night people and study better at night, while others are morning people and study better in the morning.
5. When studying at night, it may be better for you to watch TV first, study second, and then go to bed. You may remember more of what you have studied by using this technique.
6. Setting a “stopping time” at night will encourage hard work in anticipation of being through by a certain time. Sometimes you may even beat the clock. The increased impetus helps you concentrate.
7. Time yourself to see how long it takes you to read five pages of your textbook. This will help you estimate the time needed to complete a reading assignment. You may have to read some sections more than once. Even teachers have to reread material. Allow time for reflecting on what you read, too.
8. Pay attention to charts and diagrams. They can be shortcuts to understanding.
9. When a reading assignment is made, expect to have a discussion of the material or a quiz in class. Take a little time to review just before class so that you are ready to participate.
10. Every time you study, spend ten minutes in review of previous assignments. These “refresher shots” are the secret for long term memory. This habit of frequent review also results in less time needed for studying for a major test.
11. After studying about 40 minutes, take a five minute break. This refreshes your mind so that you can concentrate better and finish faster.
12. Don’t cram for hours the night before a test. Instead, distribute your study in half-hour segments over a period of days.
13. Since learning is cumulative, new ideas must be incorporated with previous learning from lectures, readings, and lab experiments. You have to continuously make the connections and associations in your own mind. Putting it all together is easier if you schedule time to read (to think, to reflect, to review) every day.<sup>1</sup>

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<sup>1</sup> Adapted from: Jensen, B. B. & Stumpf, S.M. (1987): *A Guidebook for Teaching Study Skills and Motivation* (2<sup>nd</sup> ed.) Allyn and Bacon

## Parent Tips on How to Get Your Teen Organized

1. Require a daily assignment sheet.
2. Consistently check the assignment sheet each day.
3. Require that the notebooks be brought home every day, including holidays and weekends.
4. Check the supplies every six weeks (minimum). Provide the needed materials (just like clothing).
5. Develop a system of rewards that fits your values. Be consistent.
6. Schedule teacher conferences before problems develop.
7. Be involved in your teen's school. Get a feel for what is going on there.
8. Keep homework time as positive as possible.
9. Provide adequate study space. If your teen is distracted by objects in the bedroom, consider having your teen study in another room.
10. Provide a special place to keep the notebooks, and be sure that the teen puts them there before going to bed. Make sure that they are on the way out the door or even right in front of the door so that your teen doesn't forget to take them to school the next day.
11. For long assignments, or for a student with a short attention span or a lack of confidence, set short-range goals and check your teen frequently. Use a timer if necessary, to help keep your teen on task. After the time has elapsed, he/she can call you to check the work done for that time period.
12. Talk with and listen to your teen about school every day. **Avoid:** "What did you do today?" or "Do you have any homework?" **Use:** "Let's look at your assignment sheet"; or "I'd like to hear about your day."
13. Be a role model.
14. Be as consistent as possible.
15. Provide opportunities at home for increased self-responsibility (e.g., chores with consequences), and help with time management and goal setting (long and short range).
16. Help your teen set up his or her notebook. If your teen has more than one notebook, use different colors for the different subjects. Write or type the following subjects on tabs for each divider and put them in order:
  - Assignments
  - Math
  - English
  - Foreign Language
  - Social Studies/History
  - Science/Health
  - Music/Art



## Ideas to Help with Organizational Skills

1. Students should learn to underline key ideas while they read. What they have underlined might then be reread or skimmed. A cycle of read, underline, and summarize must become an established practice that is integrated with writing. If possible, students should purchase their textbooks so that they can mark them up liberally.
2. Outlining ability should be developed and made nearly automatic. It should be used for oral reporting and ultimately for writing.
3. Rapid and selective note taking in class should be taught. Students should perform note taking exercises and have their ability evaluated.
4. The skills involved in maintaining a neat and accessible notebook may be especially elusive to ADHD children with organizational problems. They can benefit considerably with help.
5. Specific instructions about maintaining an assignment pad need to be given. This instruction should be coordinated between home and school, and reviewed by both parents and teachers.
6. Dividing tasks into stages and allocating sufficient time are critical techniques. Students should always have a calendar pad on their desks at home. They should receive help from parents on how to allocate specific amounts of time to specific tasks. They should even learn to schedule appropriate breaks and leisure activities. They should have the satisfaction of checking off what they have accomplished during a particular day or evening. They should develop a good sense of their own best time patterns for work. For example, many children with memory difficulties come to recognize that they can study best for an examination right before falling asleep (interposing no activity between their memorization and sleep).
7. Methods of self-assessment should be taught. Students should learn to reread what they have written as if grading it from the perspective of the teacher. They should also learn to self-test to determine if they have understood and retained what they have read.
8. Teaching summarizing skills can be taught. While reading, students should learn to identify main ideas as well as relevant supporting details in paragraphs. They need to learn scanning skills. For example, in using an encyclopedia to complete a report, students must learn to read quickly to seek the relevant data that they will require.
9. Students should learn to proofread their work. They should practice detecting their own errors as well as mistakes in other texts. The use of colored pencils can sometimes help.
10. Test-taking skills can be taught. Students need to learn how to allocate time, how to answer easy questions first, and how to relax while taking a test.
11. The "home office" should be set up effectively. If at all possible, children should not work in their bedrooms, which are distracting and associated with sleep rather than study. There should be a predictable site for work at home, and there should be no distractions during the quiet hour set aside each evening for study. If no homework was assigned for that particular day, there still should be time set aside for quiet, productive efforts in cognitive areas (such as reading, doing workbooks, crossword puzzles, etc.). In other words, there should be no incentive to finish work early. Such "evening office hours" should be part of the normal family routine for four or five nights each week.

Adapted from. *Developmental Variation and Learning Disorders* by Melvin D. Levine, M.D.

## Home Management for Children with ADHD

1. Just as they need educational success, children with ADHD must have sufficient personal success in their lives. Their strengths must be recognized and used, even if the talents do not fit parental hopes or expectations. Artistic, athletic, or creative ability - of any kind-must be discerned and developed, even in the face of some opposition from the teen.
2. Children should not be expected to recover overnight. Parents should not try to use threats such as “if you ever do this again, you’ll be in big trouble.” Instead, parents should reinforce steady -though small - improvement (as opposed to only praising large gains). They should temper criticism with praise each day. The goals should be to progressively decrease the frequency and severity of maladaptive behavior.
3. Parents should not attempt to deal with all of the teen's undesirable traits at the same time. They should select one or two traits that are most in need of careful management.
4. Sleep problems need to be managed carefully. Children should not be made to feel guilty about having trouble falling asleep or waking up too early. As long as they bother no one else, they should be reassured that sleep is their own affair. If a lack of sleep interferes with school performance, medication to induce sounder sleep may be tried, along with other measures, such as the use of white noise, relaxation tapes, afterschool naps, and reading in bed.
5. Children with ADHD benefit from predictability and structure at home. Distinct schedules for getting up in the morning, doing homework in the evening, and fulfilling daily obligations have a beneficial impact. These children should be expected to assume responsibilities in a predictable manner.
6. A mother and father must have similar reactions to the teen's various actions. This requires considerable discussion and planning by the parents.
7. Children with ADHD often have difficulty completing homework assignments. A preset routine for cognitive work each evening (except weekends) helps establish good study habits. If no homework has been assigned, children should maintain their routine and sit at a desk and work in a workbook or perform some other intellectual task. Their siblings should be working at the same time. There should be no distractions permitted during these homework hours. Additionally, children with ADHD should not have their desks in their bedrooms. This is too distracting. The bed is associated with sleep, and personal belongings are a constant temptation to daydream. Ideally, the desk should be situated in another room.
8. Anticipating every possible scenario in the home life of a teen with attention deficits is not really possible. Parents may require counseling to help them with day to day management issues. The advice must be given by someone who has a good understanding of attention deficits; otherwise, the parents are likely to feel a sense of shame, leading to needless guilt.<sup>2</sup>

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<sup>2</sup> Adapted from: *Developmental Variations and Learning Disorders* by Melvin D. Levine, M.D

## **Information for Parent(s) Regarding the Stimulant Medications: Ritalin, Dexedrine, and Adderall**

### ***What are stimulant medications?***

Ritalin (methylphenidate), Dexedrine (dextroamphetamine), and Adderall (amphetamine/dextroamphetamine salt combination) are medicines that are sometimes also referred to as “stimulants.” When prescribed for people who have attention deficit/hyperactivity disorder (ADHD), they stimulate parts of the brain that are not working as well as they should. They are not tranquilizers or sedatives.

### ***How can these medicines help?***

They can improve attention span, decrease distractibility, increase ability to finish tasks, improve ability to follow directions, decrease hyperactivity, and improve ability to think before acting (decrease impulsive behavior). Illegibility of handwriting and completion of school work and homework can also improve. Aggression and stubbornness may decrease in youngsters with ADHD.

Stimulant medication is not the only answer for ADHD! The medicine works best when used together with special help in school and behavior modification procedures at home and at school. Some youngsters and families also benefit from individual, family, or group psychotherapy. If stimulant medications do not help or cause side effects that are a problem, other medications should be discussed with the doctor.

### ***How long does the medicine's effect last?***

Ritalin and Dexedrine have short acting preparations that last three to four hours. Ritalin has a long acting preparation that may last up to eight hours, but usually only lasts five or six hours. Dexedrine has a long acting preparation that lasts eight to nine hours. Adderall lasts 5 to 6 hours.

### ***How will the doctor monitor this medicine?***

From time to time, the physician (or nurse) will check height, weight, pulse, and blood pressure. The doctor will ask for regular reports from you and possibly from your teen's teacher to check on your teen's progress.

### ***What would happen if this medicine was stopped suddenly?***

Stopping the medication suddenly poses no medical risk. A few youths may experience irritability, trouble sleeping, or increased hyperactivity for a day or two; this may be especially true if they have been on daily medication for a long time, particularly at above average doses. Sometimes it is better to stop the medication gradually over a week or so.

### ***What would happen if too much medicine was taken all at once?***

Signs and symptoms of an overdose may include: muscle twitching, convulsions, confusion and hallucinations. Such reactions occur primarily following accidental ingestion of large amounts of medication. This is an emergency condition and should be handled at a hospital. Be sure that the medication is stored in a safe place, especially if you have younger children at home.

### ***How should the medicine be explained to others?***

The fact that this - or any other medication - is needed is a personal matter and does not necessarily need to be shared with others. Most certainly, however, this need for medicine is not something that someone should feel shame or embarrassment over. Many children and teenagers are helped by stimulants, and they lead fun and normal lives. Although myths about these medicines exist, they are usually told by people who do not understand ADHD. If you have *any* concerns or worries about something that you have heard or read, you should discuss these concerns with your doctor.

Above all, it is important to understand that this medicine does not change who the teen is in any way. Any improvements your teen may make in school or other areas are your teen's achievements, not those of the medicine. The medicine cannot make a person do anything: it only helps people do what they want to do in a quieter, calmer, more efficient, and more enjoyable way.

### ***Are there any side effects of the medicine?***

Any medication may have side effects, including an allergy to the medicine. Because each patient is different, your doctor will work with you to get the most positive effects and the fewest negative effects from the medication. For the stimulant medications, some side effects are more commonly experienced than others. Below is a list of side effects ranging from common to very rare. Some extremely rare side effects may not be listed here. Please talk to your doctor if you suspect that the medicine is causing a problem.

#### **Common Side Effects**

- *Decreased appetite:* This is a common problem that usually occurs at lunch when the medication is still active. Appetite tends to improve by dinner. Breakfast is rarely affected because the effects of the medication will have worn off by then. If possible, therefore, give your teen a good breakfast. You may also find your teen wanting a late evening snack, which is fine. Children will occasionally lose weight at the beginning of treatment, but this usually subsides after several months.
- *Insomnia or sleep disturbances:* Though this side effect is common, it is more likely to occur if an extra dose of medication is taken after school. Many children with ADHD have problems with sleep even without taking any medication, so that adjusting the medication may not help the insomnia. If the problem is severe, a mild sedative like Benadryl or possibly a medicine called Clonidine may be helpful.

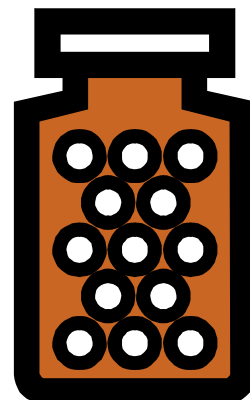
#### **Occasional Side Effects**

- *Abdominal pain:* Abdominal pain is generally a temporary problem which subsides within two to three weeks. Occasionally it may persist, and it may be associated with constipation.
- *Emotional changes:* Some children become moody or depressed on medication. They may also get sleepy, “spacey,” or overly focused. Furthermore, some children get irritable when the medication wears off. If any of these side effects are severe and persistent, the medication might be decreased or, in some cases, discontinued.

- *Headaches:* Headaches are more common in the first week that a stimulant is used. They usually stop occurring thereafter. If mild headaches continue to be a problem, they can be treated with Tylenol. If they persist and continue to bother the teen (this is rare), then the medicine may need to be changed.
- *Rise in blood pressure and pulse:* The medication may cause a rise in blood pressure and pulse depending on the dose administered. Even at higher doses of medication, however, the blood pressure or pulse increase is usually small and rarely dangerous.
- *Tics and Tourette's Syndrome:* Tics are muscle twitches that may be brought on by stimulants. A more severe form of tic, Tourette's Syndrome, is a long lasting tic that includes unusual sounds or grunts along with the muscle twitches. It is unclear how often the medication will actually cause tics or Tourette's Syndrome, though it is probably extremely rare. One study in the late 1970's reported that only one out of 1500 people treated with stimulant medications developed a new irreversible tic. If a severe tic develops, the medication should be discontinued; if the tic is not severe, the medication can usually be continued.
- *Effects on growth:* There have been studies suggesting that long term medication therapy can diminish growth by about 2%. Other studies have shown no effect. This problem may be more common in children who take medication seven days a week and during holidays and vacations. This appears to be a mild effect though and even those children whose growth slows down may well catch up during their teenage years.

### **Very Rare Side Effects**

- Hives (welts)
- Decreased white blood count
- Irregular heart beats
- Hair loss
- Hallucinations



## **Information for Teenagers Regarding the Stimulant Medications**

### ***Why am I taking this medication?***

Your doctor has started you on a medication designed to help you pay attention at school and at home. It may make it easier for you to listen and follow directions, to think before you act, and to sit still for longer periods of time. Your doctor may have told you that you have an attention deficit disorder, or hyperactivity, which causes you some problems, particularly when there are many distractions.

### ***What is the medication called and how will I take it?***

The medication you are taking is one of a group of medicines known as stimulants. The three types are called Ritalin (also known as methylphenidate), Adderall (amphetamine / dextroamphetamine salt combination), and Dexedrine (dextroamphetamine). After you take one of these, it works for a limited period of time to help you overcome the difficulty that you may have paying attention, being calm, or following instructions. Each of these medicines works for a certain length of time; therefore, your doctor ~ tell you to take it at specific times of the day (usually around breakfast and lunch). It is very important that you take it just the way your doctor tells you.

### ***How will the doctor follow my progress?***

Before starting you on this medication, your doctor will talk with you and your parent(s). He or she will want to know your height, weight, heart rate, and blood pressure. You may also be asked to answer some written questions about your activities and about how you feel. Your teacher(s) may be asked to fill out a form about your grades and behavior in school. Finally, a Psychologist may give you some tests to determine how you learn best.

Most doctors find that it is best if they see young people who are on Ritalin, Dexedrine, or Adderall on a regular basis for brief examinations. Your doctor will ask you (or your parents) for regular reports about how the medicine is or is not working. You should use these visits to share any concerns that you may have about your medicine or its effect on you. You should tell the doctor or nurse if it has been helpful or not. From time to time, your doctor will want to measure your body growth, including height and weight, and your body functioning, including heart rate and blood pressure. This is important to make sure that you stay in good health while on the medication.

It is very difficult to say how long you will be on this medication. We know that it is sometimes helpful for people even when they go to college and as they become adults. At any rate, this is a decision that will be made by your doctor as he or she monitors your progress.

Your doctor may talk to you about times about when you will not take your medication, such as during school breaks or vacations, or on the weekends. Since this is different for each person, be sure to ask your doctor if you do not understand this clearly.

### ***How will the medication make me feel?***

Aside from the ways that the medicine will help you, it may have other effects (called side effects) that may be uncomfortable. These effects are not harmful to your body and should not worry you. Many people never experience any of these side effects at all.

You may notice that you have more trouble getting to sleep at night or that you suddenly have more energy when it is time for bed. Your doctor can help you with this by changing the time of the day that you take your last dose of medicine.

You may find that you are not as hungry as you used to be, and that you do not want to eat at mealtimes. Try to eat a good breakfast, before you take the medicine. Try to eat *something* at lunch time. You may also be more hungry during the evening and want a snack after supper. Some people may get stomachaches and headaches, but eating regularly will usually help prevent those. If you have this kind of a problem, make sure that you mention it to the doctor. He or she may be able to help you work out a schedule of eating several smaller meals a day rather than three large ones- Your doctor may choose to change the dose of your medication, too.

You may feel unusually tired or slowed down during the day, especially during the first few weeks that you take the medicine. It is best to go about your daily routine (including sports), since this is not a sign that you are sick. A regular schedule of activity will help your body adjust to this feeling so that you will begin to not notice it. Regular activity will also help you sleep better at night.

If you notice that you have any uncontrollable movements of your muscles or your body that happen over and over again, you should tell your doctor right away. These include movements that you are not doing on purpose, and that are hard to stop. This is very uncommon and can be helped by adjusting, stopping, or changing the medicine. This is a decision that your doctor should make, however, so don't change the way you take the medicine without consulting with your doctor first.

If you feel sad or if nothing seems fun to you anymore, tell your parent(s) or doctor.

### ***How do I explain my medication to others?***

The fact that this--or any other medication--is needed is a personal matter and does not necessarily need to be shared with others. Most certainly, however, this need for medicine is not something that someone should feel shame or embarrassment over. Many children and teenagers are helped by stimulants, and they lead fun and normal lives. Although myths about these medicines exist, they are usually told by people who do not understand ADHD. If you have *any* concerns or worries about something that you have heard or read, you should discuss these concerns with your doctor.

Above all, it is important to understand that this medicine does not change who you are in any way. Any improvements you may make in school or other areas are your achievements, not those of the medicine. The medicine cannot *make* a person do anything: it only helps people do what they want to do in a quieter, calmer, more efficient, and more enjoyable way.

**CH.A.D.D.**  
**Children with Attention Deficit Disorders**  
***“Parents Supporting Parents”***

CH.A.D.D. is a non-profit, tax-exempt, support group for parents of children with attention deficits. As an organization, the primary objectives are:

1. To maintain a support group for parents who have children with attention deficits;
2. To provide a forum for continuing education for parents and professionals;
3. To be a community resource for information about attention deficit disorders;
4. To foster the objective that the best educational experiences should be available to children with the disorders, so that their specific difficulties will be recognized and appropriately managed within educational settings.

CH.A.D.D. was started in 1987 by parents of children with attention deficits and by professional who had an interest in working with these children. News of CH.A.D.D. meetings spread quickly and soon chapters began to form nationwide. Each chapter holds monthly meetings where speakers present information on a variety of topics associated with the disorders. These topics range from family interactions and behavioral management to medical treatment protocols.

Children with attention deficits come in all sizes, shapes, and ages. They don't all have that mischievous “Dennis the Menace” look, and they're not always just a blur of activity or a frenzy of excitement. Sometimes they're just sitting quietly in front of the television for hours, or seriously concentrating on the latest video game or teen magazine. Often, they're affectionate, caring, and well behaved. Children with attention deficits have a wonderful, joyous, spontaneous side to their personality, but they can also be a handful to raise.

CH.A.D.D. offers a variety of different memberships:

- Family Membership- \$30.00 per year;
- Professional Membership - \$60.00 per year;
- International Membership - \$100.00 per year;
- Organizational Membership - \$150.00 per year.

The organizational memberships are designed for schools, educational and counseling centers, pediatric offices, and hospitals. Membership benefits include the following:

- CH.A.D.D.ER, our semi-annual magazine;
- CH.A.D.D.erBox, our monthly newsletter;
- Teacher's Guide;
- Fact Sheet;
- Information Booklet
- Current CH.A.D.D. chapter meeting schedule.

National Headquarters  
499 N.W. 70th Avenue, Suite 308  
Plantation, FL 33317  
*(305) 587-3700*

National President's Office  
Sandra F. Thomas, R.N.  
P.O. Box 1535  
Greenfield, MA 01302  
*(413) 773-3486*

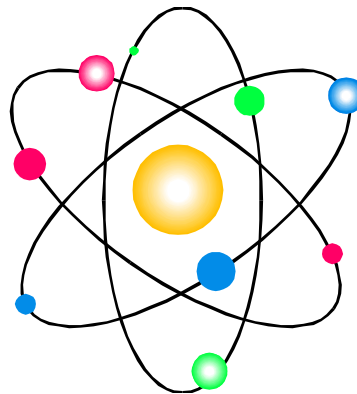
CH.A.A.D.  
Roseville and Greater Sacramento  
1528 E. Colonial Parkway  
Roseville, CA 95661  
*(916) 782-5661 or 723-5207*

CH.A.A.D. of Cameron Park  
*(916) 672-4405 or 672-2024*

CH.A.A.D. of Yolo County  
*(916) 758-524 or 750-3929*

Gold Country Ch.A.D.D. (Grass Valley)  
*(916)268-8873*

Butte County Ch.A.D.D. (Paradise)  
*(916)894-1221*



## Community Resources

**Community Alliance for Special Education (C.A.S.E.):** Nonprofit organization that provides legal support, representation, and educational consulting to parents throughout the greater San Francisco Bay Area whose children need appropriate special educational services. Parents are assisted by advocates and attorneys at IEP meetings, Mediation Conferences, and Due Process Hearings. It provides free consultation to parents and professionals by telephone or face-to face.

- 1031 Frailatin Street  
San Francisco, CA 94109  
928-2273
- 680 W. Tennyson Road, Room I  
Hayward, Ca. 94544  
783-5333

### **Learning Disabilities Association (L.D.A.)**

Local - 672-3145

State Office (Los Angeles) - (818) 355-9361

### **The Orton Dyslexia Society**

- Northern California Branch (Palo Alto): (415) 328-7667
- National Headquarters (Baltimore): (301) 29~0232

**Protection and Advocacy, Inc. (P.A.I.):** Private, nonprofit organization that protects the legal, civil, and service rights of Californians who have developmental or mental disabilities. Services include advocacy, information and referral, technical assistance, and representation.

- P.A.I. Central Office  
100 Howe Ave., Suite 185-N  
Sacramento, CA 95828  
Legal Unit (916)488-9950  
Administrative (916) 488-9955

## Literature

<b>Book</b>	<b>Suggested Ages</b>
<i>I Would If I Could</i> ; By Michael Gordon; Gsi; 1993	11-17
<i>Adolescents and ADD: Gaining the Advantage</i> ; by Patricia Quinn, M.D.	13-18
<i>ADD and Adolescence: Strategies for Success from CH.A.D.D.</i>	Adult
<i>ADHD and Teens: A Parents Guide to Making It Through the Tough Years</i> ; by Colleen Alexander-Roberts	Adult
<i>Driven To Distraction</i> ; By Edward Hallowell, M.D., And John Ratey, M.D.; Random House, 1994	Adult
<i>Living With The Active Alert Child</i> ; By Linda Budd; Parenting Press, 1993	Adult
<i>Helping Your Hyperactive Child</i> ; By John Taylor; Prima Publishing And Communications, 1990	Adult
<i>Hyperactive Child, Adolescent, And Adult</i> ; By Paul Wender, M.D.; Oxford University Press, 1987	Adult
<i>Give Your ADD Teen a Chance; A Guide for Parents of Teenagers with Attention Deficit Disorder</i> , By Lynn Weiss	Adult
<i>If Your Child Is Hyperactive, Inattentive, Impulsive, Distractable</i> ; By Stephen Garber; Villard Books, 1990	Adult
<i>Why Johnny Can't Concentrate</i> ; By Robert Moss, M.D.; Bantam, 1990	Adult
<i>Teenagers with ADD: A Parents' Guide</i> ; by Chris Dendy	Adult
<i>Your Hyperactive Child</i> ; By Barbara Ingersoll; Doubleday, 1988	Adult
<i>Succeeding in College with Attention Deficit Disorders</i> , By Jennifer Bramer	Adult

## **Books on Behavior**

*Parents Are Teachers*; Becker, W. (1971). Research Press.

*Families*; Patterson, G. (1976). Research Press.

*The Difficult Child* ; Turecki, S. (1985). Bantam Books.

*Surviving Your Adolescents*; Phelan, Thomas; Child Management, Inc.

## **Ideas to help in School**

*A Guidebook for Teaching Study Skills and Motivation* Bragstad, B. J., & Stumpf, S. M. (1987). (2nd ed). Allyn and Bacon.

## **Due Process and Legal Rights**

*The Special Education Handbook*; Shore, K. (1986). Warner Books.

## **ADHD Videos**

*It's Just Attention Disorder*. Video for children 11-18 years old in the Health Education Library.

*Understanding A.D.D.* Video available in the Health Education Library.

## **Typing: Computer Programs**

*Mavis Beacon Teaches Typing*. (probably the best program.)

*Microtype*. Typing Tutor.

## **The Internet**

There are many sites that pertain to ADHD, learning disabilities, parenting, etc., and they change frequently. Anyone with a computer and a modem can get their views onto the internet, so be sure to consider the source and be careful not to believe everything that you read there. Especially be wary of anyone claiming to be able to “cure” ADHD with vitamins, nutritional supplements, or any other product that you have to purchase over the internet.

Use your search engine (Yahoo, Lycos, etc.). Here are a few sites that looked pretty good and that existed as of April 2000:

<http://www.addclinic.com>  
<http://www.concentric.net/~skiplac/challeng.html>  
<http://www.chadd.org/>  
<http://www.add.org/>  
<http://add.miningco.com/health/add/>  
<http://www.oneaddplace.com/>  
<http://addwarehouse.com>

[alt.support.attention-deficit](mailto:alt.support.attention-deficit)  
[alt.support.attn-deficit](mailto:alt.support.attn-deficit)

### **A.D.D. WareHouse**

You can obtain a catalog from ADD WareHouse, by calling 1-800-233-9273. They carry ADHD books, videos, flash cards, games, and other products. Their address is:

300 Northwest 70<sup>th</sup> Avenue  
Suite 102  
Plantation, FL 33317

### **A.D.H.D. Orientation Class**

The Department of Psychiatry at Roseville offers a five part lecture series on ADHD. It covers symptoms, treatment, and parenting. Call 973-5300 to find out the dates of the next class and other information about enrolling.

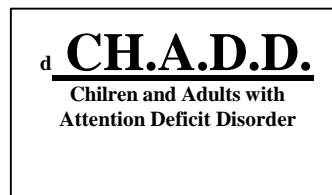
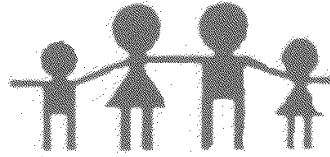
### **Parenting Class**

A four evening class taught at Roseville that teaches effective parenting techniques. Call 726-KIDS for more information.

# FAMOUS PEOPLE WITH ADD/LD

## WITH PERSEVERANCE THEY MADE IT - SO CAN YOU!

Isaac Newton  
 Hans Christian Anderson  
 Ann Bancroft  
 Beethoven  
 Harry Belafonte  
 Alexander Graham Bell  
 Gregory Boyington  
 Wright Brothers  
 Sir Richard Francis  
 Burton  
 George Bush's Children  
 Admiral Richard Byrd  
 Thomas Carlyle  
 Andrew Carnegie  
 Lewis Carroll  
 Prince Charles  
 Cher  
 Agatha Christie  
 Winston Churchill  
 John Corcoran  
 Tom Cruise  
 Leonardo da Vinci  
 Salvador Dali  
 Walt Disney  
 Thomas Edison  
 Albert Einstein  
 Dwight D. Eisenhower  
 Michael Farady  
 F. Scott Fitzgerald  
 Malcolm Forbes  
 Henry Ford  
 Benjamin Franklin  
 Zsa Zsa Gabor  
 Galileo  
 Danny Glover  
 Tracey Gold  
 Whoopi Goldberg  
 Handel  
 Stephen Hawkings  
 Ernest and Mariel  
 Hemingway



William Randolph  
 Hearst  
 Dustin Hoffman  
 Bruce Jenner  
 'Magic' Johnson  
 Michael Jordan  
 John F. Kennedy  
 Robert Kennedy  
 Jason Kidd  
 John Lennon  
 Carl Lewis  
 Greg Louganis  
 James Clerk Maxwell  
 Steve McQueen  
 Mozart  
 David H. Murdock  
 Isaac Newton  
 Jack Nicholson  
 Jules Verne

Nostradamus  
 Luci Baines Johnson  
 Nugent  
 Louis Pasteur  
 Gen. George Patton  
 Picasso  
 Edgar Allan Poe  
 Werner von Braun  
 Eddie Rickenbacker  
 Lindsay Wagner  
 Nelson Rockefeller  
 General Westmoreland  
 Rodin  
 Pete Rose  
 Weyerhauser family  
 Babe Ruth  
 Russell White  
 Robin Williams  
 Nolan Ryan  
 Woodrow Wilson  
 Anwar Sadat  
 Henry Winkler  
 Pierre Salinger  
 Stevie Wonder  
 Charles Schwab  
 F.W. Woolworth  
 George C. Scott  
 Wrigley  
 George Bernard Shaw  
 William Butler Yeats  
 Tom Smothers  
 Socrates  
 Suzanne Somers  
 Sylvester Stallone  
 Jackie Stewart  
 James Stewart  
 Thomas Thoreau  
 Henry David Thoreau  
 Leo Tolstoy  
 Alberto Tomba  
 Van Gogh  
 Russell Varian