

**Attention  
Deficit  
Hyperactivity  
Disorder  
(A.D.H.D.)**

*School Aged Child Version*

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## 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 child 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. Their activity is poorly organized and not directed towards a purposeful goal.

Hyperactivity usually starts before age 4, often starts in infancy, and some mothers claim that their baby was hyperactive in the uterus! The most important thing to remember is that the truly hyperactive child has little control over his actions and is not deliberately doing things to drive his parents and teachers crazy.

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. Many have good attention spans for television or video games. 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 and teacher's description of the child'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 child'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, xrays, brain scans, or EEG's are seldom useful. Your child 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.

Stress, such as divorce, other family problems, or school problems, may not be a cause of A.D.H.D., but stress can certainly make A.D.H.D. more pronounced.

### **Conditions That May Occur Together with A.D.H.D.**

15-20% of children with A.D.H.D. also have a “Specific Learning Disability”. These are defined as a disorder of the basic psychological processes involved in understanding or using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, or do mathematical calculations. Unless your child is consistently getting good grades in school, he should be tested to see if he has any learning disabilities. The public schools are required to provide this service. (There is more information on testing and treating learning disabilities later in this document.)

Other problems that sometimes co-exist with A.D.H.D. are behavioral problems (Oppositional Defiant Disorder, Conduct Disorder), anxiety, depression, Tourette’s syndrome, and other speech and language disorders.

### **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.

Some adults eventually do very well. Many people with this disorder become successful, creative, and high-achieving individuals. These are the ones who have learned to compensate for their problem. They may concentrate on activities that they are very good at while ignoring things that they are not interested in. They turn their excess energy into productivity. The inability to be satisfied with anything as a child can become ambition and drive in a successful adult.



## 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 standard therapies include:

1. Educational: Subsequent pages detail suggestions on how best to help these children in the classroom and with homework.
2. Behavioral: Clear rules and consequences, organization and planning, and other suggestions are outlined in subsequent pages. Some children may also benefit from individual, group, or family counseling sessions.
3. Medication: Stimulant medications, like methylphenidate (Ritalin) or dextroamphetamine (Dexedrine) are used in many children with A.D.H.D. These drugs stimulate the nervous system in the areas of the brain that control attention, impulses, and self-regulation of behavior.

Frequently, one hears about nontraditional therapies for A.D.H.D. Some of these are interesting, but not proven. Some have been disproven, but are harmless (except to your pocketbook). Others, while not harming the child directly, waste time while therapies that are beneficial are ignored. You may hear suggestions from friends, teachers, the internet, or the media concerning extra vitamins and amino acids, “sensory integration therapy”, vision training, use of colored lenses, hypoallergenic diets, etc. **There is no scientific proof that any of these therapies are useful.**



## ADHD Information for Kids

Many kids have trouble sitting still, keeping their minds on their work, and remembering directions. Sometimes, the reason is that they have Attention Deficit Hyperactivity Disorder, or ADHD for short.

Kids with ADHD find it difficult to sit still, *even when they really want to*. They also find it hard to pay attention, *even when they really try*.

Kids with ADHD often have a terrible time with homework and class work. Since they have trouble sitting still and paying attention, they get bored quickly. So, it's hard for them to concentrate or stick with things that are not very interesting to them.

Kids who have ADHD sometimes have a harder time controlling themselves, too. They may act without thinking about what will happen later. This often causes problems. With ADHD kids, their motor goes so fast that they have trouble putting on the brakes and slowing down, *but they just can't wait!*

**How does ADHD happen?** Kids with ADHD are normal just like everyone else. It's just a small part of their brain is not working so well. This is the part of the brain that helps people sit still, pay attention, and control themselves. Most of the brain of a kid with ADHD is working fine and is very healthy, just like everyone else.

If you have ADHD, it doesn't mean that you can't sit still or pay attention like other kids. It just means that you will have to learn some special tricks in order to be able to do these things.

The most important thing to remember is that there is *plenty* that parents and teachers do to help kids with ADHD, and there is *plenty* that you can do to help yourself.

There are certain medications, for example, that sometimes help kids with ADHD. These medicines help you do the things that you would like to do - like sit still, pay attention, keep your mind on what you are doing, and be able to remember things,

Almost all medicines have what are called "side effects". These are things that happen that nobody likes about the medicine. With the usual medicine for ADHD, the main side effects are that you may get less sleepy and less hungry than you did before you started taking the medicine. This may not happen at all, but if it does, remember that it often goes away after about two weeks. If you ever take the medicine, and you feel funny or weird or different, you should let your parent or teacher know right away. It is also real important that the medicine be taken in a certain way. So make sure that you follow the doctor's directions.

Remember, many people have this problem, and many of them do just fine. If you listen to what your parents, teachers, and doctors tell you, you will do just fine too!

## **Guidelines for Living with a Child 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 child's self-esteem. When these children 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 child's limitations:*

Accept the fact that your child is intrinsically active and energetic and possibly always will be. The hyperactivity is not intentional. Don't expect to eliminate the hyperactivity but merely to bring it under reasonable control. Any criticism or other attempt to change an energetic child into a quiet or model child will cause more harm than good. Nothing helps a hyperactive child more than having a tolerant, patient, low-keyed parent.

Set realistic goals for him. Recognize his areas of strength and encourage achievement there. Perhaps he can channel his excess energy into sports, drama, or gymnastics. He can take on certain household responsibilities like washing the car, making beds, dusting, etc. Positive experiences and parental approval go a long way toward elevating his self-esteem.

### *2. Provide an outlet for the release of excess energy:*

This energy can't be bottled up and stored. Have fun with your child! Daily outdoor activities such as running, swimming, sports, and long walks are good outlets. A fenced yard helps. In bad weather, he needs a room where he can play as he pleases with minimal restrictions and supervision. He should not have too many toys, for this can cause more distraction. Encourage him to play with only one toy at a time. The toys should be safe and relatively unbreakable.

Although hyperactivity is "allowed", it should not be needlessly encouraged. Don't initiate roughhousing with your child. Forbid siblings to instigate noisy play. Encouraging hyperactive behavior can lead to its becoming your child's main style of interacting with people.

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

Household routines help the hyperactive child to accept order. Keep the times for wake-up, meals, snacks, chores, naps, 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 a hyperactive child becomes exhausted, his self-control often breaks down and the hyperactivity becomes worse. Try to have him sleep or rest when he is fatigued. If he can't seem to "turn off his motor", hold and rock him in a rocking chair.

### *5. Avoid taking him to formal gatherings:*

Except for special occasions, avoid places where hyperactivity would be inappropriate or embarrassing (such as churches or restaurants). You may also wish to reduce the number of times that you take him to stores and supermarkets. After he develops adequate self-control at home, he can gradually be introduced to these situations. Be sure to praise him when he plays independently rather than interrupting you when you are talking to guests or are on the telephone.

*6. Have a few simple and consistent rules of discipline:*

Rules should be formulated mainly to prevent harm to your child or to others. Aggressive behavior, such as hitting, biting, and pushing, must not be allowed. However, don't make unattainable rules; for instance, don't expect him to keep his hands and feet still. Hyperactive children tolerate fewer rules than other children. Enforce a few clear, consistent, important rules and add other rules at your child's pace. Avoid constant negative comments like "Don't do this" and "Stop that."

*7. 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 when you discipline him. If you yell and scream, your child will be quick to imitate you.

Punish him for misbehavior immediately. When he breaks a rule, isolate him in a chair or time-out room if a show of disapproval doesn't work. The time-out should last about 1 minute per year of age.

*8. Stretch your child's attention span:*

Encouraging attentive (non-hyperactive) behavior is the key to preparing him for school. Increased attention span and persistence with tasks can be taught at home. By age 5 he needs at least a 25-minute attention span to perform adequately in school.

Set aside several brief periods each day to teach him listening skills by reading to him. Coloring pictures should be encouraged. Play card or board games with him. His toys should include building blocks and puzzles and he should be praised whenever he is able to spend some quiet time playing.

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

*9. From time to time, get away from it all:*

Periodic breaks help parents to tolerate hyperactive behavior. If the father is the only parent that works outside the home, he should try to look after the child in the evenings, not only to give his wife a deserved break, but also to better understand what she must contend with during the day. A babysitter one afternoon and one evening each week can be essential to the parents of a hyperactive child.

*10. Utilize special programs at school:*

Once he enters grade school, the school is required by law to provide appropriate programs for your child'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, isolated study space, spaced learning techniques, and inclusion of the child in tasks like erasing the blackboard or passing out books. 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.

## **Behavior Modification**

Parenting books and classes usually emphasize ways that parents can change the environment and ways that parents can communicate with their child that will increase desirable behaviors and decrease undesirable behaviors. Rewards and punishments (consequences) are used to reinforce good behavior and lessen negative behavior. These techniques are very important in raising any child, but become tantamount when raising a child with ADHD. It is highly recommended that both parents take a parenting class and/or the ADHD class for this purpose. Likewise, there is a list of books at the end of this document that can teach parents valuable tools in raising the ADHD child.

There are many facets to effective parenting and behavior modification. Among all of these recommendations, one of the most effective is the home token system, or poker-chip program. This technique allows parents to capitalize on the power of rewards and privileges that the child greatly enjoys. This can increase the child's motivation to do work or behave in those ways they are less motivated to do but which they must do. In designating an effective home poker-chip program, several simple rules must be followed:

First it helps to use a tangible token, like a poker-chip, for children under eight years of age for they seem to be more impressed with these physical chips. For children 9 years old and older, points or numbers recorded in a notebook can work just as well.

Second, take time to sit down with your child and make a list of the various rewards and privileges they would like to earn. Sometimes the children may suggest things they find enjoyable which you would not have thought of on your own. Begin this conversation by telling your child you would like to set up a little program at home where your child can earn extra privileges and rewards for the good things which they do. The list of rewards you construct must contain at least 12 to 15 privileges. The more things you can think of to put on the list, the more powerful the tokens will be; remember, this is why money, (simply green paper) is so valuable to people. These rewards should be grouped into three types depending on how available they will be. The first type are those low-level rewards or every-day privileges which the child can buy anytime, or at least during that particular day, without waiting very long for them. Although these may sound like the more mundane privileges (e.g., television, Nintendo time, play at a neighbor's house, bike riding etc.), they are actually the most effective rewards for ADHD children. The second type are privileges that a child can earn every few days, such as staying up late past bedtime, having a friend over, or going to another's house, doing a special activity with a parent, etc. The third type are the longer-term rewards that may be available once every week or so. These may be activities like going to a fast-food restaurant, renting a video game or movie, having a friend spend the night, going to the movies or to a sporting event, etc. Try to make your list such that at least 1/3 of the rewards fall into each of these three categories.

In step three, make a list of jobs, chores, self-care routines (e.g., bathing, dressing, etc.) that you wish your child to do for you. You can also include one or two special behaviors such as sharing, cooperating with others, talking nicely to others, etc. on this list. Don't make this list too long to begin with and be sure that the things you expect of your child are actually appropriate for their age.

Fourth, you should go through this list of chores and assign an amount of tokens you will give for each. The amount should be based on two things: (a) How much work does this job require? and (b) How hard is it to get my child to do this? The harder the job, or the greater the

resistance from the child, the more tokens you should pay. Here is a rough guideline of a range of tokens to give a child:

- for 4-5 years old, use numbers between 1 and 5;
- for 6-8 year olds, use numbers between 1 and 10;
- for 9-12 year olds, use numbers between 5 and 100 (points, not chips);
- and for 13 to 18 year olds, use numbers between 25 and 500 (figure roughly, 100 points per hour of work.)

Now add up the number of chips/points your child could earn on an average day. Write this number down. Now look at the list of rewards again. You want to be sure that your child spends about 2/3's of his average daily earnings on his daily rewards. So, take 2/3's of his average daily earnings (the number you wrote down) and looking only at the daily privileges, divide this amount up so that your child spends this amount to purchase his typical daily rewards. For instance, he might earn 30 chips a day, then 20 chips (2/3's of 30) must be used to buy his daily privileges. These 20 chips might be used as follows: 3 chips for each 1/2 hour of television (limit 1.5 hours), 5 chips for a 1/2 hour of Nintendo, 2 chips to play outside, 2 chips to ride his bike or skateboard, and 1 chip for a special after-school snack.

This method of assigning points to privileges allows your child to save 1/3 of his daily earnings each day for longer range privileges, such as weekend rewards. Finally to determine the amount you should charge for the remaining privileges, ask yourself how often you want your child to have access to each of these. Then, knowing that he saves 1/3 of his tokens each day, multiply that amount by the number of days you feel he must save to get that privilege. Don't worry about getting these amounts perfect the first time; you can make adjustments to this program at the end of the first week in a family meeting with your child.

There are some critical rules to follow when starting a home token system:

1. Do not fine or penalize your child (i.e., take tokens away) for misbehavior during the first week. The program should remain a reward-only program during this week. If your child misbehaves, use some other form of punishment, but don't fine him in his token system. This is to make your child feel successful at this new behavior-program.
2. Give the tokens away freely for any good behavior you see, even if it is not on the list of chores. This is especially critical for good behavior you witness.
3. Tell your child you will only pay tokens for commands that are followed on the first request. If a request has to be repeated, the child will not be able to earn any tokens but must still do the work.
4. Give you child a bonus or extra tokens for having a good attitude while working. Give these separately from the amount you give from the work. For instance, if your child followed an instruction quickly, happily, with no complaining, then give the child the tokens for the job and immediately thereafter give them several extra tokens for a good attitude. Be sure to explain what you liked about their attitude that earned the bonus tokens.

5. There is no credit in a token system! If you do not have the number of tokens needed to buy a privilege, you cannot have it.
6. If you give your child an allowance of money each week, this should be part of the token system. Simply list this amount of money on the reward chart and specify how many tokens the child must earn to get this weekly allowance.
7. After the first 7-10 days of using the token systems for rewarding good behavior, you can start to fine your child (take chips away) for misbehavior. However, it is critical that you not fine your child excessively! A good rule to follow is that your children must earn two rewards for each fine you give them. This 2:1 ratio ensures that your child is never punished too much and keeps the reward program motivating. Excessive fines can lead to loss of interest by your child in the program and hence its failure as a motivational tool for you.
8. Every three weeks or so, change the list of rewards. Take off a few rewards your child seems to have little interest in and add on a few new ones he has come to like recently. Like any good restaurant, your reward “menu” must change to keep it interesting so that it motivates your child to work for you.

## Conclusion

Treating ADHD requires the use of many different treatments; no single one of them can address all of the difficulties likely to be experienced by such children. These treatments must be maintained over long periods of time if greater impact is to be made on the long term outcome of these children. Although medication often has an important role, training parents in more effective ways of managing child behavior at home is usually more important. By following a simple set of rules, such as those outlined here, greater satisfaction and happiness can be obtained in the relationship of parents with their ADHD children.



## 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 child.
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 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 child's undesirable traits at the same time. They should select one or two traits that are most in need of careful management.
4. Every effort should be made to shape behaviors without seeking to extinguish the symptoms. For example, if a child is highly demanding and insatiable, a mother might say, “You seem to want things all the time. It uses up all of my energy and time. From now on, you should keep a notebook and write down all of the things you need or want Every afternoon from 5:00 until 5:15, I will sit and listen to you and hear about all of the things you want or need.” In this way, the intent is not to try to extinguish the child's insatiability, but, rather, to limit it.
5. 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, afternoon naps, and reading in bed.
6. 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.
7. A mother and father must have similar reactions to the child's various actions. This requires considerable discussion and planning by the parents.
8. 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.
9. Anticipating every possible scenario in the home life of a child 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>1</sup>

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<sup>1</sup> Adapted from: *Developmental Variations and Learning Disorders* by Melvin D. Levine, M.D

## **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 child.
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 child that his or her problem is "out of control", rather than admonish the child 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 child's attention deficits. When a child appears to be tuning out or acting impulsively during class, the teacher should provide a confidential signal (such as placing a hand on the child's shoulder) as a way of letting the child 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 child 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 child 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, story telling, 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 feeding the gerbils or 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 child 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 child, 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 child should be “more responsible”, it is usually unrealistic to expect that the ADHD child can get homework assignments back on time. The following suggestions are offered:

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

1. Be sure that the child understands the assignment and has it in written form. This usually requires that you check with the child after class to make sure that the assignment is understood and written down.
2. Be sure that the child takes the assignment home. This usually requires that you check with the child after school is out for the day so as to ensure that the assignment is being taken home. The child 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 child 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 child understands to bring the assignment back to school. If things have gone well at home, the child's homework should be in the homework slot in the backpack. Therefore, if the child 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 child 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 child's backpack. Having a special slot for long term assignments separate from the daily assignments is also helpful.
2. Be sure that the child 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 child returns to school.
3. Encourage your child and reward him for finishing assignments and getting them back to school on time. Consider a star system whereby the child receives a star on a chart that is displayed at home for each homework assignment completed and returned to school. Start with a reward for getting the homework in one more day per week than the child has done previously. Every two or three weeks, increase the required minimum number of days of getting the homework in per week by one. Once the child 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 child improve his or her ability to get assignments in on time.

## Parent Tips on How to Get Your Child Organized

1. Require a daily assignment sheet.
2. Consistently check the assignment sheet each day.
3. Require that the notebook 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 child's school. Be a school volunteer if possible, but at least spend some time in your child's classroom to get a feel for what is going on there.
8. Keep homework time as positive as possible.
9. Provide adequate study space. If your child is distracted by objects in the bedroom, consider having your child study in another room.
10. Provide a special place to keep the notebook, and be sure that the child puts it there before going to bed. Make sure that it is on the way out the door or even right in front of the door so that your child doesn't forget to take it 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 child frequently. Use a timer if necessary, to help keep your child 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 child 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 child set up his or her notebook. If your child 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
  - Reading
  - English
  - Spelling
  - Social Studies
  - Science/Health
  - Music

## Study Tips for Younger Students

1. Be sure everything has a place and put everything in its place.
2. Always have what you need for class with you. Your binder should always have:
  - a) Paper
  - b) Dividers
  - c) Homework behind subject divider
  - d) Assignment sheet
  - e) Zipper bag with:
    - (1) 2 sharpened pencils
    - (2) grading pens or pencils
    - (3) eraser
    - (4) writing pens, either black or blue
    - (5) pair of scissors
3. Take only what you need to class with you. Don't carry extras!
4. Clear your desk or work area of everything except what you must have to do your assignment.
5. Always put the largest items on the bottom.
6. Use an organizer box in your tote tray for glue, crayons, pencils, protractor, compass, etc.
7. Write the subject on the book's cover and on the spine of the book so you don't have to open each book to find the right one

Always write needed school supplies on the bottom of your assignment sheet under "Things to Remember."



## **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 child's teacher to check on your child'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 child is in any way. Any improvements your child may make in school or other areas are your child'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 child a good breakfast. You may also find your child 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 child (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

### ***How long will this medicine be needed?***

There is no way to know how long a person will have to take the medicine. The parent, the doctor, and the school will work together to find out what is right for each young person. Sometimes the medicine is needed for only a few years, but some people may need help from the medicine even as adults.

### ***What else should I know about this medicine?***

Many people have incorrect information about this medicine. If you hear anything that worries you, please check with the doctor.

This medicine does not cause illegal drug use or addiction.

This medicine does not stop working at puberty.

Some young people take the medicine three or four times a day, every day. Others only need to

take it twice a day, and on school days. You and your doctor will work out what is best. It is important not to chew Ritalin Sustained Release tablets or Dexedrine Spansules, because this releases too much medicine all at once.

If the medicine seems to stop working, it may be because it is not being given regularly (especially at school), because your child has gained weight and needs a higher dose, or because something at school or at home, or in the neighborhood, is upsetting your child. Please discuss your concerns with the doctor.

It is not a good idea to combine this medicine with nasal decongestants (medicines containing pseudoephedrine or phenylephrine ), because rapid pulse or high blood pressure may develop. If nasal congestion is severe, it is better to use a nasal spray. Check with the pharmacist before giving an over-the-counter medicine.

Also, many children with ADHD become cranky or more hyperactive on antihistamines (like Benadryl). If medicine for allergies is needed, ask for one of the prescription allergy sprays (like Beconase).



## **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) 758-9524 or 750-3929 or 666-0246*

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

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



## Community Resources

### **National Attention Deficit Disorder Association (NADDA):**

42 Way to the River  
West Newbury, MA 01985  
1-800-487-2282

**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  
National: 4156 Library Road  
Pittsburgh, PA 15234  
(412) 341-1515

### **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
  - A. Legal Unit (916)488-9950
  - B. Administrative (916) 488-9955

**Challenge**

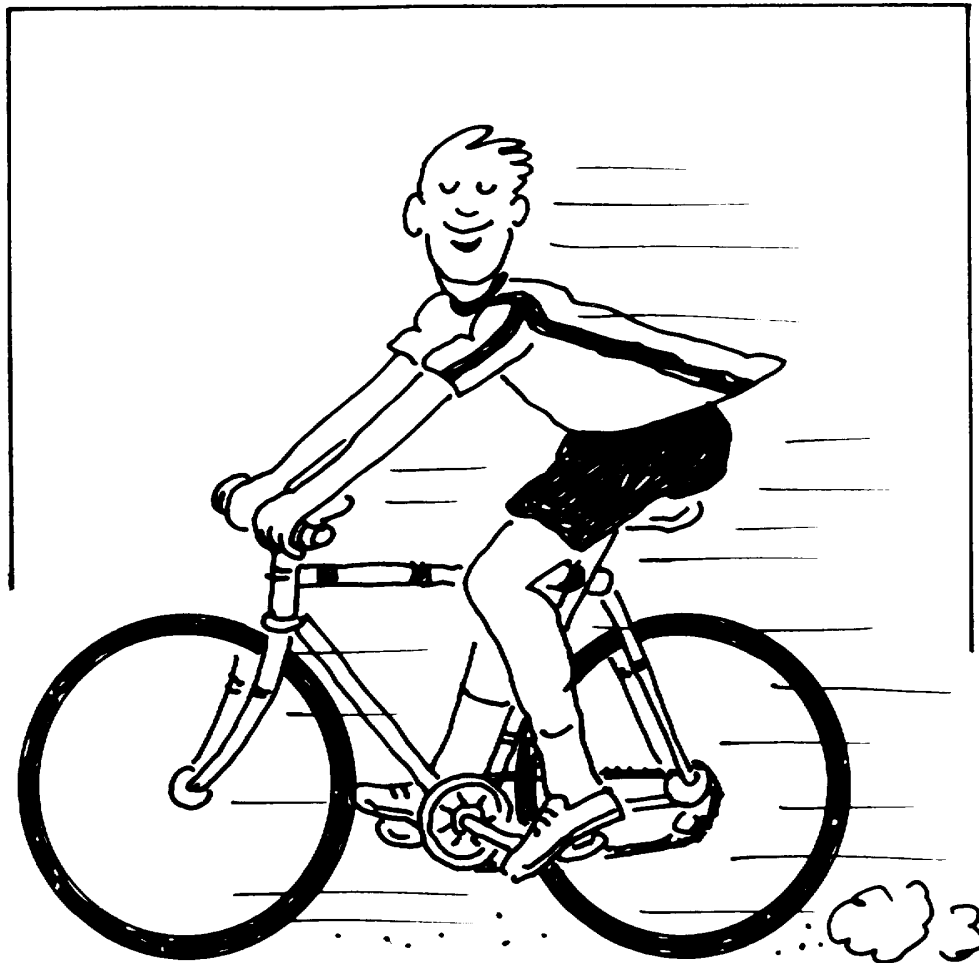
Post Office Box 488

West Newbury, MA 01985

(508) 462-0495

**National Attention Deficit Disorder Association**

(800) 487-2282



## Literature

### Books for Children

### Suggested Ages

- Jumpin' Johnny Get Back To Work!* By Michael Gordon; Gsi, 1991 3-8
- Add Hyperactivity Workbook*; By Harvey Parker; Impact Publications, 1988 5-10
- Eagle Eyes*; By Jeanne Gehret; Verbal Imagespress, 1991 6-10
- Learning To Slow Down And Pay Attention*; By Kathleen Nadeau; Chesapeake Psychological Pub.,1993 8-12
- Slam Dunk Add*; By Roberta Parker; Add Warehouse, 1993 8-12
- My Brother's A World Class Pain: A Sibling's Guide To Adhd/Hyperactivity*; By Michael Gordon; Gsi, 1992 8-12
- Putting On The Brakes: Young People's Guide To Understanding Attention Deficit Hyperactivity Disorder*; By Patricia Quinn, M.D., And Judith Stern; Magination Press, 1991 8-12
- The "Putting On The Brakes" Activity Book For Young People With Adhd*; By Patricia Quinn, M.D.; Magination Press, 1993 7-13
- I Would If I Could*; By Michael Gordon; Gsi; 1993 11-17

### Books for Parents

- ADHD/hyperactivity: A Consumers Guide*: Gordon, S. GSI Publications, 1990
- Driven To Distraction*; By Edward Hallowell, M.D., And John Ratey, M.D.; Random House, 1994
- Living With The Active Alert Child*; By Linda Budd; Parenting Press, 1993
- Helping Your Hyperactive Child*; By John Taylor; Prima Publishing And Communications, 1990
- Hyperactive Child, Adolescent, And Adult*; By Paul Wender, M.D.; Oxford University Press, 1987

*If Your Child Is Hyperactive, Inattentive, Impulsive, Distractable*; By Stephen Garber; Villard Books, 1990

*The Myth of the ADD Child: 50 Ways to Improve Your Child's Behavioral and Attention Span without Drugs, Labels, or Coercion*; Armstrong, T. Dutton Press, 1995.

*The Parents' Hyperactivity Handbook: Helping The Fidgety Child*; By David M. Paltin; Plenum Publishing Corporation, 1993.

*Why Johnny Can't Concentrate*; By Robert Moss, M.D.; Bantam, 1990

*Young Hyperactive Child: Answers To Questions About Diagnosis, Prognosis, And Treatment*; Edited By Jan Loney; Haworth Press, 1987

*Your Hyperactive Child*; By Barbara Ingersoll; Doubleday, 1988

### **Books on Behavior**

*1,2,3 Magic: Training Your Preschoolers and Preteens to Do What You Want*; Phelan, Thomas; Child Management Press, 1985.

*Assertive Discipline for Parents*; Canter, L., Harper and Row,

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

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

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

*Raising Your Spirited Child; A Guide for Parents Whose Child is More*: Kurcink, M.; Harper Collins Publishers, 1991.

*The Self-esteem Teacher*: Brooks, R.

### **Ideas to help in School**

*The Don't Give-up Kid* ; Gehret, J., (Good for children with learning difficulties; 7-10 years old.)

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

*Homework without Tears*: Canter, L. and Housner, L.; Harper and Row

*Keeping ahead in School*: Levine, M.; Educators Publishing Service, 1990.

## **Due Process and Legal Rights**

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

## **ADHD Videos**

*1-2-3 Magic!*: Phelan, Thomas (Child Management, Inc.: 1-800-942-4453)

*Jumpin' Johnny' Get Back to Work!*: *The video*. In the Health Education Library or purchase from ADD Warehouse.

*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  
alt.support.attn-deficit

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

You can obtain a catalog from ADD WareHouse, by calling 1-800-233-9273 or at their website listed above. 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.

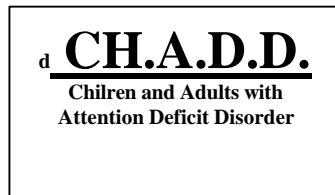
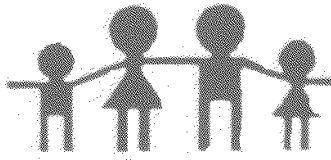
### **Parenting Class**

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 Pasteurt  
 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

