

**EXAMPLES OF ADAPTATIONS FOR CHILDREN**



**WITH ATTENTION AND ORGANIZATION PROBLEMS  
FOR PARENTS AND CAREGIVERS**

## **Helpful Questions for Parents “Does your child possibly have ADHD?”**

### Three to five years

- constantly in motion
- finds it hard to sit still at mealtimes
- plays only briefly with toys and flits from one activity to another
- has difficulty responding to simple commands
- play seems noisier than that of other kids
- talks incessantly and often interrupts others
- has trouble sharing, waiting and taking turns
- often takes things away from others with little regard for their feelings
- wanders aimlessly and seems confused
- persistent misbehavior
- has trouble keeping friends
- teacher describes as “hard to handle” or a behavior problem

### Six to Twelve Years

- often engages in dangerous activities without considering the consequences
- fidgets and squirms restlessly in seat and often wanders around the classroom
- is very distractible and doesn’t finish assignments or chores
- has trouble following through on multipart instructions
- play is overtly aggressive
- talks at inappropriate times and often blurts out answers to questions
- has difficulty waiting in line or taking turns in games or group situations
- is disorganized and often loses things
- makes careless mistakes at home and school
- inconsistent school performance
- is socially immature, with few friends and poor reputation among peers
- has been labeled by teachers as “unmotivated” “lazy”, a daydreamer or a behavior problem.

### **Home Modifications for children with attention problems:**

In addition to above recommendations that can be applied in the home.

1. Provide a special place and time for homework assignments. If completion of homework is a problem, divide homework into short segments, arranging rest periods when a unit of work is completed. But “organizers” for keeping schoolwork in an orderly fashion.
2. “Preview” trips or visits to help your child prepare for new environments and experiences.

3. Prepare your child in advance for temporary rules you expect him/her to follow in various public settings.
4. Keep outings and shopping trips time-limited.
5. Structure free time by signing the child up for courses or activities rather than leaving excessive spare time.
6. Foster good parent-child relationships and enhance cooperative behavior by ALWAYS remembering to acknowledge when the child has done what you asked even when the task is trivial. For example, "You hung up your coat, thanks." Notice the good behavior, not just the negative.

### **Survival Tips For Parents of Children with attentional problems**

- Focus on the Positive
  - List at least 3 good things about your child.
  - Post them on your refrigerator.
  - Celebrate them!
- Try to re-direct (not stop) troublesome behavior. AD/HD children are hyperactive (energetic), impulsive (spontaneous), and have a short attention span (there's so much to do!).
- Provide a safe place for free play.
- Do not expect more than your child can manage.
- Avoid too much stimulation.
- Choose child-care that has a low child/adult ratio.
- Avoid formal gatherings, shopping trips, or eating out if these are more than he or she can handle.
- Routine, Routine, Routine!
  - Meals, toileting, chores, and bedtime should be as regular as you can make them.
- Catch'em being good!
  - Positive comments should outnumber negative comments by at least 2:1 – work toward 4:1.
- Tell your child what you like.
- Let your child know what you want him or her to do.
  - Say "walk, please" instead of "don't run".
  - Have a formal program of positive reinforcement in place at both home and school - use tokens, stickers, even skittles!

### Discipline:

- Less is more - make a few clear rules and consistently enforce them.
- Act quickly - talk (and threaten) less.
- Use non-physical punishment - time-outs (young children) or loss of privileges (older children)
  
- Stretch his or her attention span reward nonhyperactive behavior with praise, thumbs up or a hug; limit play materials available at one time but change them often
  
- Communicate daily with your child's teacher.  
Work together to make rules and consequences consistent Speak up for your child  
teach teachers, family, and friends about AD/HD
  
- Refuel - parenting a hyperactive child is hard work.  
Arrange some time to be good to yourself.  
Take a break!

### **Feeding Your Child with attentional problems**

All children need healthful diets to learn and feel their best. It is important that children with AD/HD eat a well-balanced diet. However, because of behaviors and medications, it may be difficult for them to eat right.

Children with AD/HD don't always pay attention to their own body signals for hunger, rest, or need to use the toilet.

Even when they do, they often don't sit still long enough to finish the job! They may eat just enough to "take the edge off" before they are off to do something else. Because of their high activity level and need for calories they may crave sweets to meet their energy needs. Medication often decreases the appetite during the daytime.

What can you do to help? /

- Give your child 3 regular meals. /  
He/she should be seated at a table with the family rather than in front of the TV or wandering around the house./
- Offer a variety of health foods. /
- Let him/her choose what and how much to eat. /
- Give milk to drink and fruit for dessert./
- Make healthful snacks part of your diet plan. /
- Midmorning and afternoon snacks of fresh or dried fruit, graham crackers, popcorn of juice will supply calories and vitamins./
- An evening or bedtime snack may be really important since medication effects will usually have worn off by then. /
- A protein snack such as peanut butter or meat sandwich, yogurt, cheese, nuts, milk and cereal or a milkshake are some good choices./
- Increase your child's interest in meals. /

- Include him/her in the planning or preparation./
- Save sweets and other "junk foods" for occasional use. It is best not to have them in the house on a regular basis./
- Give stimulant medication with milk or after meals. /
- If your child continues to be a very picky eater, check with your nurse, doctor, or dietitian about the need for multivitamins or other supplements. /

### **What about sugar, food additives and food allergies?**

Many parents wonder about the effects of food additives, sugar or food allergies. There is no clear link between specific foods and learning or behavior problems. Most (95-98%) of children with AD/HD show no difference in behavior with elimination of sugar, food additives or specific foods. A few (2-5%) who did show some improvement on special diets were better but not normal in terms of their activity level (49). Remember, high sugar foods tend to be given in fun, unstructured environments (parties, company, restaurants). Is it the sugar or the environment which is affecting your child's behavior?

If you feel your child is more active or behavior is worse after eating certain foods, simply eliminate those foods for at least two weeks to see if it makes a difference. If your child has allergic symptoms such as hayfever or asthma, it may be helpful to talk with your nurse or doctor about foods that might be making these symptoms worse.

Again, we know that good nutrition does make a difference in learning and behavior. Your energy and money is best spent in providing a varied and healthful diet. If you need more information on healthy diets for children, ask your nurse, doctor, or dietitian.

### **KEEP THEM SAFE**

Children with ADHD are more active and impulsive than other children their age. Take extra care to keep them safe.

- **KEEP AN EYE ON THEM:** Children with ADHD will need to be watched more than other children their age. Don't expect them to stay out of trouble when on their own.
- Provide a safe area for preschoolers to play. Use a gate or Dutch door to limit their play space. Fence in the yard, if possible. Supervise play with pets.
- Check on school age children more often.
- **REWARD** them for doing what they should be doing and correct them if they're not!
- **LOCK IT UP:** You can't watch them every second. Lighters, matches, medications, guns, ammunition, other weapons, poisons and fuel should be under lock and key -- even if they "know better". They're impulsive--Remember?

- **NO HELMET - NO BIKE:** Insist that your children wear a helmet when they ride a bike--even in the yard. Make it a habit.
- **KIDS BELONG IN THE BACK:** Children should ride in the back seat and always wear a seat belt. Most accidents happen within 5 miles of home. Set a good example - wear your own!
- **BETTER SAFE THAN SORRY:** Use other safety devices. Smoke and carbon monoxide detectors should be installed and working in every home. Use window guards, outlet covers and ground fault circuit interrupters.
- **BE PREPARED:** Take a First Aid class. Learn CPR. Make a First Aid kit. Have fire extinguishers on hand.

**REMEMBER:** Kids with ADHD are immature (often several years behind) in their judgment skills. Do not expect them to be as responsible as other kids their age.

### Parent Training:

Parent training can be one of the most important and effective interventions for a child with ADD. Effective training will teach parents how to apply strategies to manage their child's behavior and improve their relationship with their child.

Without consistent structure and clearly defined expectations and limits, children with ADD can become quite confused about the behaviors that are expected of them.

A technique called "charting" is often the first step in any behavior modification program. It requires that parents specifically define the behavior they are concerned about so that it can be observed and counted. Charting makes parents more aware of their own behavior and children more aware of a problem behavior.

Parents are encouraged to designate 10 to 15 minutes of each day as "very special time." Parents use this time to focus on being with the child, attending to what he is doing, listening to the child, and providing occasional positive feedback.

Parents are taught how to effectively use positive reinforcement by attending to their child's positive behavior while ignoring, as much as possible, negative behavior.

Parents are also taught how to decrease inappropriate behavior through a series of progressively more active responses -- ignoring behavior; natural consequences, such as not replacing a toy left out in the rain; logical consequences, such as loss of television time if the child leaves the room without turning the television off; and time-out. Time-out involves having the child sit quietly in a designated place for a specific time after he has misbehaved.

Parents learn to give commands and directions that can be understood and attended to by the child with ADD.

### Peer Relations:

Making and keeping friends is a difficult task for children with ADD. A variety of behavioral excesses and deficits common to these children get in the way of friendships.

They may talk too much, dominate activities, intrude in others' games, or quit a game before its done. They may be unable to pay attention to what another child is saying, not respond when someone else tries to initiate an activity, or exhibit inappropriate behavior.

Parents of a child with ADD need to be concerned about their child's peer relations. Problems in this area can lead to loneliness, low self-esteem, depressed mood, and increased risk for anti-social behavior.

Parents can help provide opportunities for their child to have positive interactions with peers. There are a number of concrete steps parents can take:

- setting up a home reward program that focuses on one or two important social behaviors
- observing the child in peer interactions to discover good behaviors and poor, or absent, behaviors
- directly coaching, modeling and role-playing important behaviors
- "catching the child" at good behavior so as to provide praise and rewards

Other strategies include structuring initial activities for the child and a friend that are not highly interactive, such as trips to the library or playground; using short breaks from peer interactions when the arousal level becomes high; and working to reduce aggressive behavior in the home.

### **Medication Facts and ADHD**

**Medication is not used to control behavior, it is used to improve the symptoms of ADHD!!!**

Choices:

- Psychostimulant medications (70-80% response): improve attention span.  
How they work: change the concentrations of chemicals available to the brain
  - Ritalin (Methylphenidate)
  - Dexedrine (dextroamphetamine)
  - Cylert (Pemilone)
    - Side effects: reduction in appetite, difficulty sleeping, tics
- Antidepressants:
  - Clonidine (catapres)
  - Tofranil (imipramine)
  - Norpramin (Desipramine)

### **Myths about medications**

- Medications need to be stopped when a child reaches the teen years
- Children build a tolerance to the medication
- Taking medication for ADHD leads to a higher risk for substance abuse when children are older
- Positive response to medication is a confirmation of a diagnosis of ADHD
- Medication stunts growth
- ADHD children who take medication attribute their success to the medicine

Other sources of references

Learning Disabilities Association  
412-341-8077  
Children and Adults with Attention Deficit (CHADD)  
305-5887-3700