

FACT SHEET # 5



AD/HD AND THE CHILD

AD/HD is a major concern in the field of child development. A conservative estimate is about 3% to 5% of school-age children are diagnosed with AD/HD.^{3,4}

AD/HD is a medical condition. It is not caused by bad parenting or anything that you do or don't do for your child. It can be tough being a parent of a child with AD/HD. You may feel constantly exhausted and, even though you do everything you can to support your child, you may feel like you're getting nowhere. Some parents of children with AD/HD are embarrassed when their child misbehaves at the supermarket, while others have trouble finding a babysitter or getting other kids to play with their child. Parents of AD/HD children who are mainly inattentive can find it difficult to get them to join in activities with others.

Many parents feel guilty because, even though they love their child, they don't want to accept their behaviour. Remember, kids with AD/HD are not intentionally being naughty or disruptive—they have a medical condition.

When co-existing conditions are present, academic and behavioural problems may be more complex. AD/HD often interferes with more than just school. It can affect social success, games, sports, activities with other children and family relationships — with all aspects of life. Added to that, children with AD/HD often experience a 2- to 4-year developmental delay that makes them seem less mature and responsible than their peers.

To deal with AD/HD, early diagnosis and intervention are key to maximize positive outcomes for the child. The longer the diagnosis of AD/HD is delayed, the greater the chance of developing related co-occurring problems.⁵

Once a child has been diagnosed, parents need to become actively involved in a collaborative treatment approach—family, teachers, doctors, other health workers and, possibly, medication all working together.

Parents should explain AD/HD to the child as simply as possible. This goes a long way to help the child understand that he or she “is not always bad or wrong.” Effective parent training will teach you strategies to change behaviours and improve your relationship with your child. Seek support for yourself through a local support group or counselling if you begin to feel overwhelmed or defeated.

Telling a Child About AD/HD⁵

- Be straightforward, honest and clear. First, educate yourself about AD/HD, then put what you have learned into words the child can understand. Don't just hand the child a book or send the child to a professional for an explanation.
- Don't make up words or use inaccurate words. The child will remember what you have said, so use an accurate vocabulary.
- Answer questions, and ask for questions. Don't be afraid to say you don't know—then go and find the answer.
- Tell the child what AD/HD is *not*. It is not stupidity, a defect, badness, etc.
- To inspire confidence, give the child some examples of some positive role models who have AD/HD, perhaps someone they know, like a family member. (ie: Robin Williams, the actor)

Tips for Parents/Caregivers⁵

- Make sure your child has eye contact with you before you talk.
- Give short, clear instructions—one or two steps at a time.
- Post house rules where they can easily be seen to help the child to maintain proper behaviour. Some children need these rules to be reviewed every day.
- As much as possible, minimize situations that make your child stressed.
- Establish consistent daily routines such as doing homework, going to bed at a regular time and doing chores.
- Teach and monitor organizational strategies, such as using coloured folders for different subjects, labelling,

using checklists and to-do lists, setting goals, and breaking projects into small, manageable pieces. Children with AD/HD need routines to structure externally what they can't structure internally on their own. They need reminders, repetition, direction, limits.

- Implement and be consistent about discipline, such as a system of tangible rewards and punishments—like loss of a privilege or free time.^{5,12}
- Praise your child for good behaviours and try to ignore minor irritations.
- Tell your child that you love and support him or her unconditionally.

Especially for Teachers^{5,9}

By trying out different strategies or teaching styles in the classroom environment, the teacher can build on the strengths of a child with AD/HD without disrupting the class. In fact, teachers report that many other children also benefit from some of the approaches developed for children with AD/HD. Here are some guidelines that can help the teacher:^{5,13}

- Don't be afraid to ask for help. Seek the support of the school and the parents, and find a knowledgeable person you can consult with when you have a problem.⁵
- Ask the child what will help. That child can often tell you how they can learn best.⁵
- "Think aloud, think ahead."^{13, p. 223} To make sure the child knows that a "shift" is coming, review the rules before starting the new activity, spell out the rewards (such as helping the teacher or extra computer time) for good behaviour, describe the punishment for

misbehaviour, and follow through on this plan once the activity begins.¹³

- Repeat directions and write them down. The child with AD/HD needs to hear things more than once.
- Seat the child with AD/HD near your desk or wherever you are most of the time. This helps keep the child's attention.
- Set limits and boundaries, but do it soothingly, not in a punishing manner.
- Set up a system of rewards and punishments, but make sure that there are two to three rewards for each punishment.
- Use visual support to instructions where possible to help the child stay on track.
- Teach them how to break down their work into achievable sections.
- Monitor their work frequently to make sure they understand, have completed it or know what to do next.
- Colour code books or timetables to help them have the right equipment for the right class.

Remember, children with AD/HD need support and understanding at home and at school. Everyone is good at something! Find the child's areas of strength and build upon them. Use simple but consistent behaviour management techniques.

Although life with your child may at times seem challenging, it is important to keep in mind that with help from family, school, other professionals, your local LDA chapter and you, your child has a significant chance of being happy and successful.

 **** AD/HD is not a learning disability. Each is a distinctive neurologically based disorder. Each is recognized and diagnosed differently. And each is treated in a different way. The treatment for AD/HD will not correct LD. The treatment for LD will not help AD/HD. About 30% to 40% of people with LD will also have AD/HD, so if one disorder is found it is important to look for the other.

This project has been funded with an unrestricted educational grant from Eli Lilly Canada Inc. LDAC is solely responsible for the content.

<p>FACT SHEET <i>AD/HD and the Child</i></p> <p>Learning Disabilities Association of Canada 323 Chapel Street, Suite 200 Ottawa, Ontario, Canada (613) 238-5721 (613) 235-5391 email: information@ldac-taac.ca website: www.ldac-taac.ca</p> <p style="text-align: right;">March 2005</p>	<p>DISTRIBUTED BY:</p>
--	-------------------------------

