

ADHD



HEALTHYPLACE.COM

Help! My child has ADHD!

Group Confidentiality Agreement



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Group Norms

- For a successful group experience for yourself and others, you will need to have a quiet, private location where you are not interrupted and others who are not participating in the group will not overhear the discussion of the group. If you cannot be alone, please use headphones and protect any screens you are using to ensure they are not viewable by others not participating in the group.
- Please mute yourself when you are not speaking.
- If you are calling from a phone that has “hold” music, please do not put the group on hold. Your hold music will come through to the rest of the group.

Agenda

- Class One-What is ADHD? Diagnosis, Best Practices Overview
- Class Two-Parenting a Child with ADHD, Best practices, Strategies
- Class Three-Classroom and School Advocacy 504/IEP
- Class Four-Medication with Prescribing Provider TBD

What is ADHD?

ADHD stands for Attention Deficit
Hyperactivity Disorder

ADHD is one of the most common *neurodevelopmental* disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.

Types of ADHD

- **Predominantly Inattentive Presentation:** It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
- **Predominantly Hyperactive-Impulsive Presentation:** The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.
- **Combined Presentation:** Symptoms of the above two types are equally present in the person. Because symptoms can change over time, the presentation may change over time as well.

Causes of ADHD



Scientists are studying cause(s) and risk factors in an effort to find better ways to manage and reduce the chances of a person having ADHD. The cause(s) and risk factors for ADHD are unknown, but current research shows that genetics plays an important role. Recent studies of twins link genes with ADHD.¹

In addition to genetics, scientists are studying other possible causes and risk factors including:

- Brain injury
- Exposure to environmental (e.g., lead) during pregnancy or at a young age
- Alcohol and tobacco use during pregnancy
- Premature delivery
- Low birth weight

Research does not support the popularly held views that ADHD is caused by eating too much sugar, watching too much television, parenting, or social and environmental factors such as poverty or family chaos. Of course, many things, including these, might make symptoms worse, especially in certain people. But the evidence is not strong enough to conclude that they are the main causes of ADHD.

How ADHD Affects The Brain

Prefrontal Cortex:

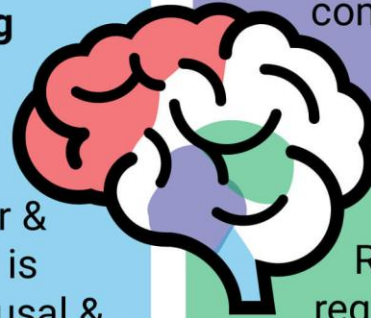
Responsible for organization, cognitive flexibility, self-control, & maintaining attention.

Basal Ganglia:

Helps regulate communication within the brain. Responsible for motor control, facilitating movement, and inhibiting competing movements.

Reticular Activating System:

Major relay system among the many pathways that enter & leave the brain that is responsible for arousal & consciousness. A deficiency in this region can cause inattention, impulsivity, or hyperactivity.



Limbic System:

Responsible for regulating emotions. A deficiency in this region might result in restlessness, inattention, or emotional volatility.

Executive Functioning #1 Impact

EXECUTIVE SKILLS



FOCUS &
ATTENTION



PLANNING &
ORGANIZATION



WORKING
MEMORY &
METACOGNITION



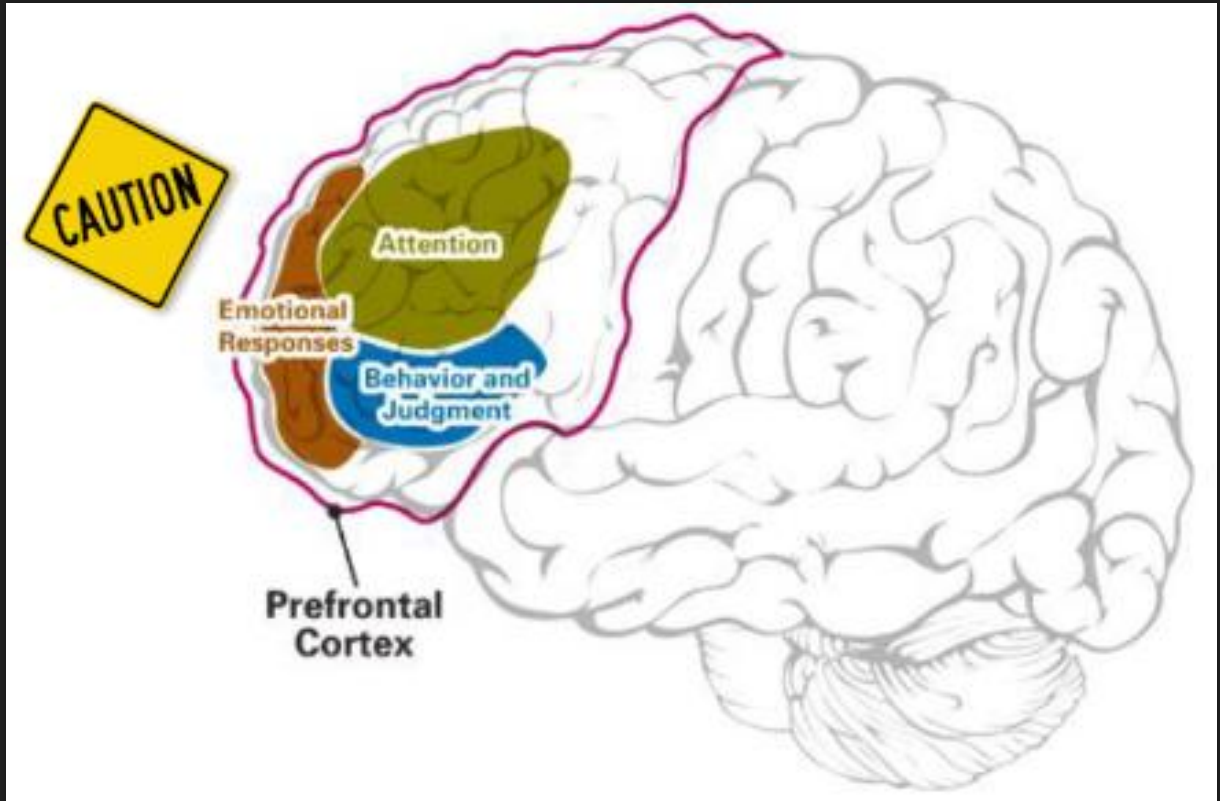
INITIATIVE &
PERSISTENCE



FLEXIBILITY &
PROBLEM
SOLVING



INHIBITION &
EMOTIONAL
CONTROL



How we Diagnosis?

Deciding if a child has ADHD is a process with several steps. There is no single test to diagnose ADHD, and many other problems, like anxiety, depression, sleep problems, and certain types of learning disabilities, can have similar symptoms. One step of the process involves having a medical exam, including hearing and vision tests, to rule out other problems with symptoms like ADHD. Diagnosing ADHD usually includes a checklist for rating ADHD symptoms and taking a history of the child from parents, teachers, and sometimes, the child.

Kaiser Permanente Process includes:

- Screening by Psychologist or Clinician
- Questionnaire by parents (2) and teacher
- Confirmation by ADHD team

All forms must be complete for the process to move forward!



Inattention: Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.



Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”.
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)



My Child Has Been Diagnosed with ADHD – Now What?

When a child is diagnosed with attention-deficit/hyperactivity disorder (ADHD), parents often have concerns about which treatment is right for their child. ADHD can be managed with the right treatment. There are many treatment options, and what works best can depend on the individual child and family. To find the best options, it is recommended that parents work closely with others involved in their child's life—healthcare providers, therapists, teachers, coaches, and other family members.

Types of treatment recommended by Kaiser Permanente for ADHD includes:

- Behavior therapy, primarily training for parents/caregivers
- Modifications and support in educational environments
- Medications

504 & IEP ACCOMODATIONS

More time for tests

Small group testing

Instructions to be read

Copies of notes/homework

Use of audio books

Preferential seating

Reduced homework

If your child has an attention, anxiety or similar challenge, consider asking for a 504 Plan, as an interim step to provide accommodations.

Response to Intervention or RTI is a proactive process that was designed to get students back to grade level.

Learn more about the **Special Education Process** in our Blog

<https://www.3dlearner.com/uncategorized/504-accommodations-and-iep-accommodations/>

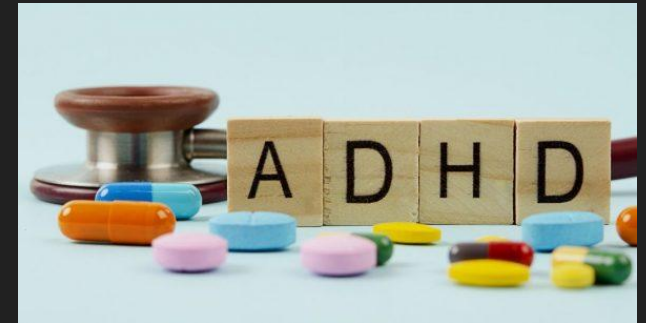
1. Identify the Root Cause of the Problem

2. Focus on a Proper Reinforcer

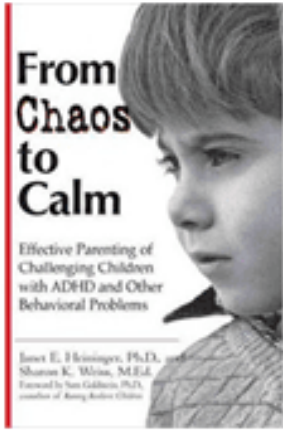
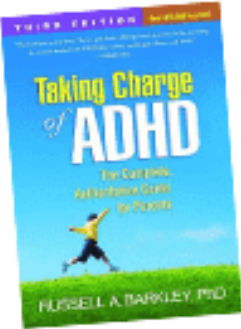
3. Apply the Reinforcer Early

4. Be Consistent in Your Application

5. Adjust the Reinforcer to Adapt to New Goals and Behavior



Must-Have Books on **ADHD** and **Motivation**



Session 2/3
Parenting a
Child with ADHD
Best Practices to
Manage ADHD



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Review

- What is ADHD
- Signs and Symptoms
- Causes
- Types of ADHD
- Diagnosis
- Treatment Best Practices

2 Containers to manage symptoms

1. Behavior Modification through Structure and Support (Active Parenting)/School based services)
2. Medication Management



Executive Functioning

EXECUTIVE SKILLS



FOCUS &
ATTENTION



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ORGANIZATION



WORKING
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METACOGNITION



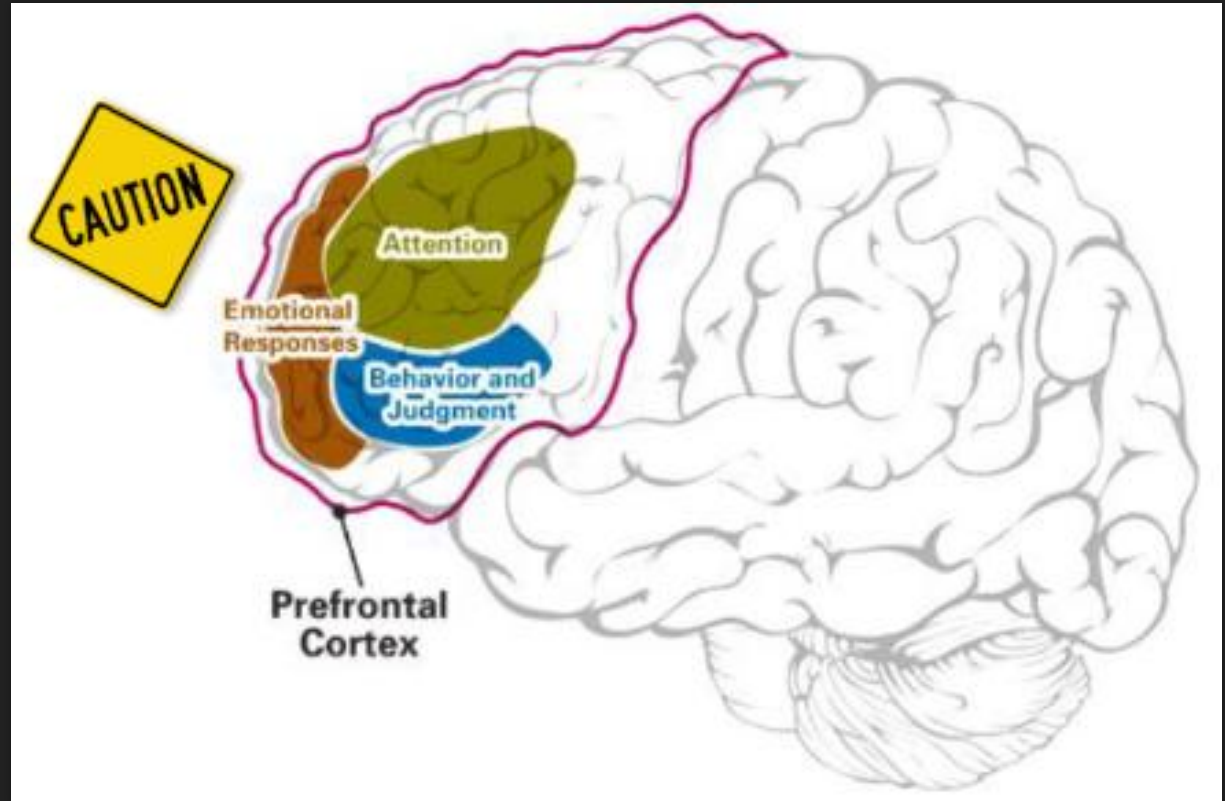
INITIATIVE &
PERSISTENCE



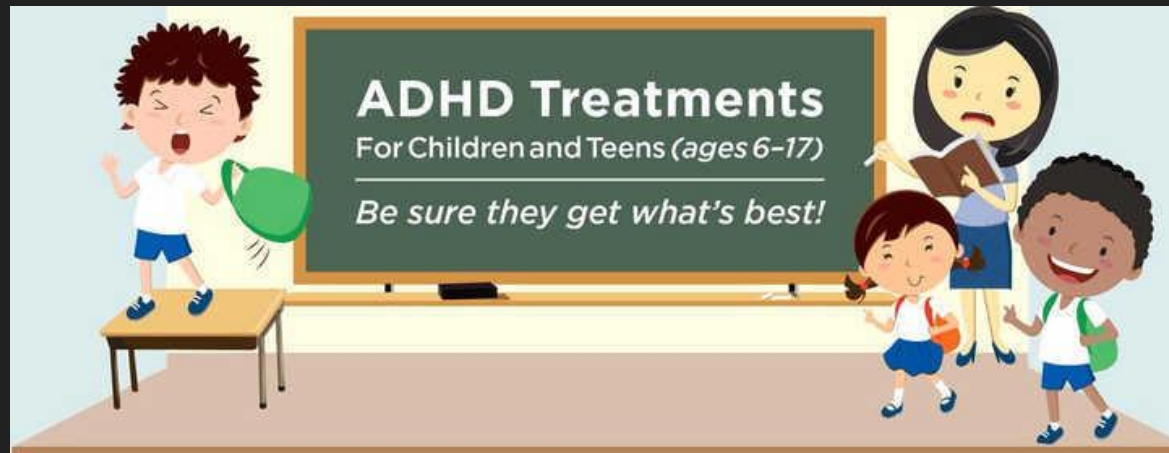
FLEXIBILITY &
PROBLEM
SOLVING



INHIBITION &
EMOTIONAL
CONTROL



- Impulse Control-the ability to stop and think
- Emotional Control-The ability to manage emotions by thinking about the goal
- Planning-the ability to create steps to reach a goal and make decision about what to focus on
- Flexibility-ability to change course or revise actions when things change
- Working Memory-ability to hold information in mind to complete tasks
- Self evaluation-ability and evaluate performance and make changes if needed
- Initiative-the ability to recognize the time to start without procrastination
- Organization-ability to create systems to keep track of materials and information



Where we have been:
(Treatment practices, 2009-2010)

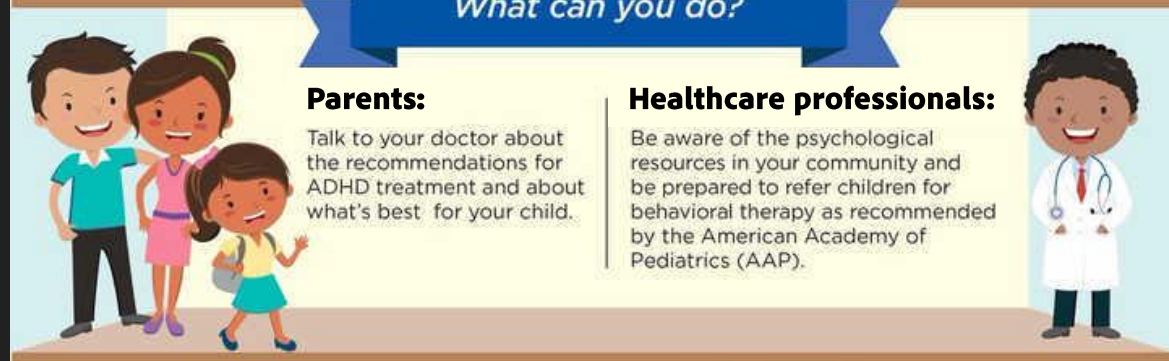
Less than **1 in 3** children with ADHD in this age group got **both behavioral therapy and medication.**

Where we need to go:
(Treatment guidance, 2011)

Provide both **behavioral therapy and medication.**



What can you do?



Parents:

Talk to your doctor about the recommendations for ADHD treatment and about what's best for your child.

Healthcare professionals:

Be aware of the psychological resources in your community and be prepared to refer children for behavioral therapy as recommended by the American Academy of Pediatrics (AAP).



Children with ADHD need structure (schedule and routines) and support (active adult parenting) making sure that they adhere to the schedule and routines.

Kids need structure, and children with attention deficit need A Parent's Observation The keys to getting the ADHD organization help you need: belief in the power of family routines and a long-term commitment to them.

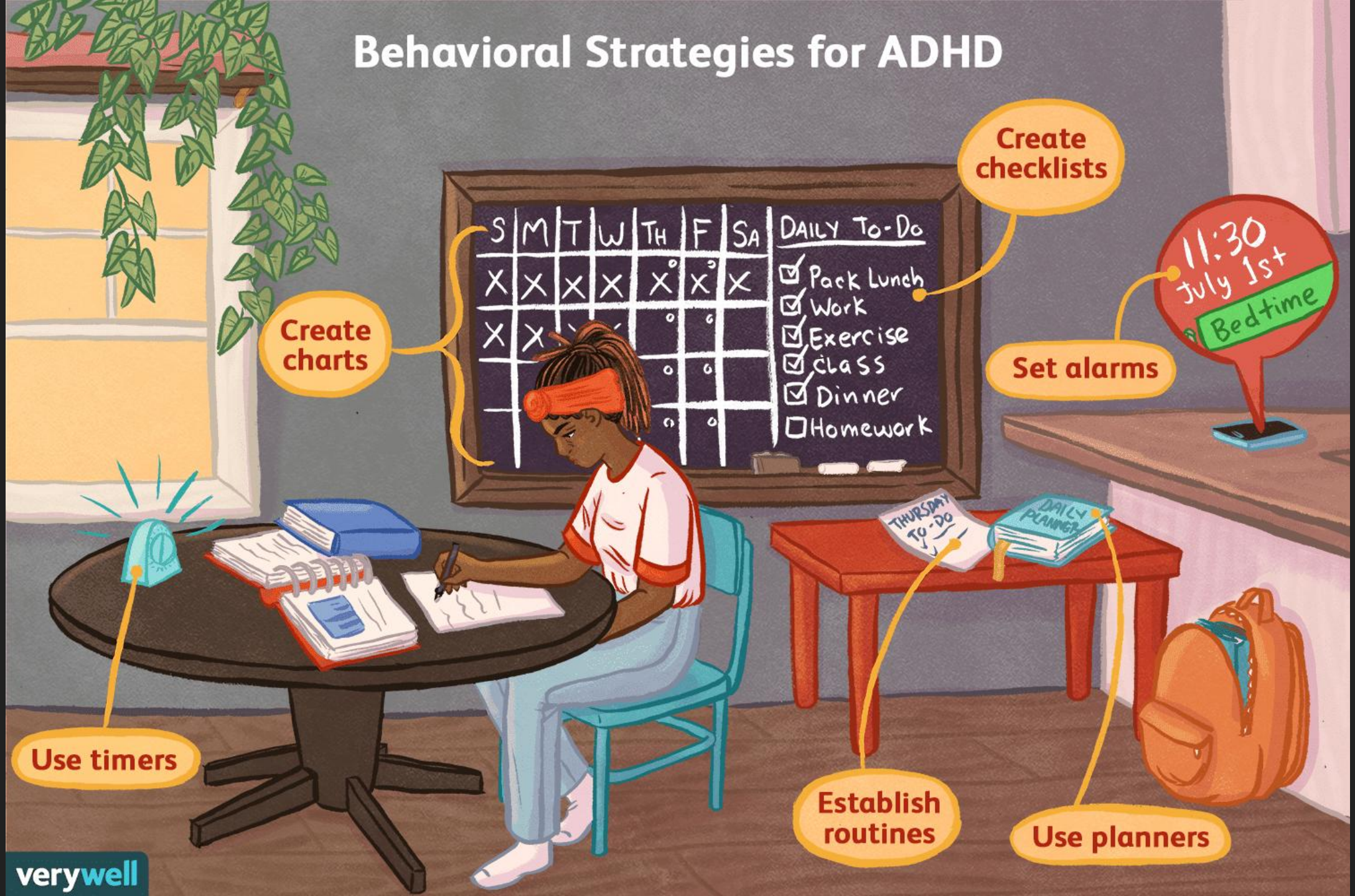
You've heard it before: Set up a morning routine for kids with ADHD to get out the door on time. Make sure homework happens at the same time and in the same setting daily. Do something fun to unwind before a regular bedtime.

On paper, this seems basic. But when you're raising a child with real attention difficulties in the real world, setting and maintaining such routines can seem downright hopeless. Yet there is hope — even happiness — in sight.

Many well-intentioned parents enthusiastically start out to establish the structure their children need. Yet many throw in the towel after a few weeks (or even a few days) because the routines are not working. “Billy just won't listen. He doesn't want to go along with it. Every day becomes a battle, and we're all worn out. Is there something else we can try?”

Usually, trying to implement a daily schedule doesn't work because parents give up too soon. To make structure truly effective, routines need to be seen and implemented not just as simple behavioral strategies, but as a way of life.

Behavioral Strategies for ADHD



Sample Schedule

7am - 8am	morning routine and breakfast
8am - 9am	exercise and playtime
9am - 11:30am	lessons and quiet work time
11:30am - 1pm	recess and lunch
1pm - 3:30pm	lessons and quiet work time
3:30pm - 4:30pm	free time
4:30pm - 5:30pm	guided activity time
5:30pm - 6:30pm	dinner
6:30 - 8pm	family and chill time
8pm	nightly routine and bedtime

Parenting Strategies for Children With ADHD



Provide positive attention



Give effective instructions



Praise your child's effort



Establish rewards

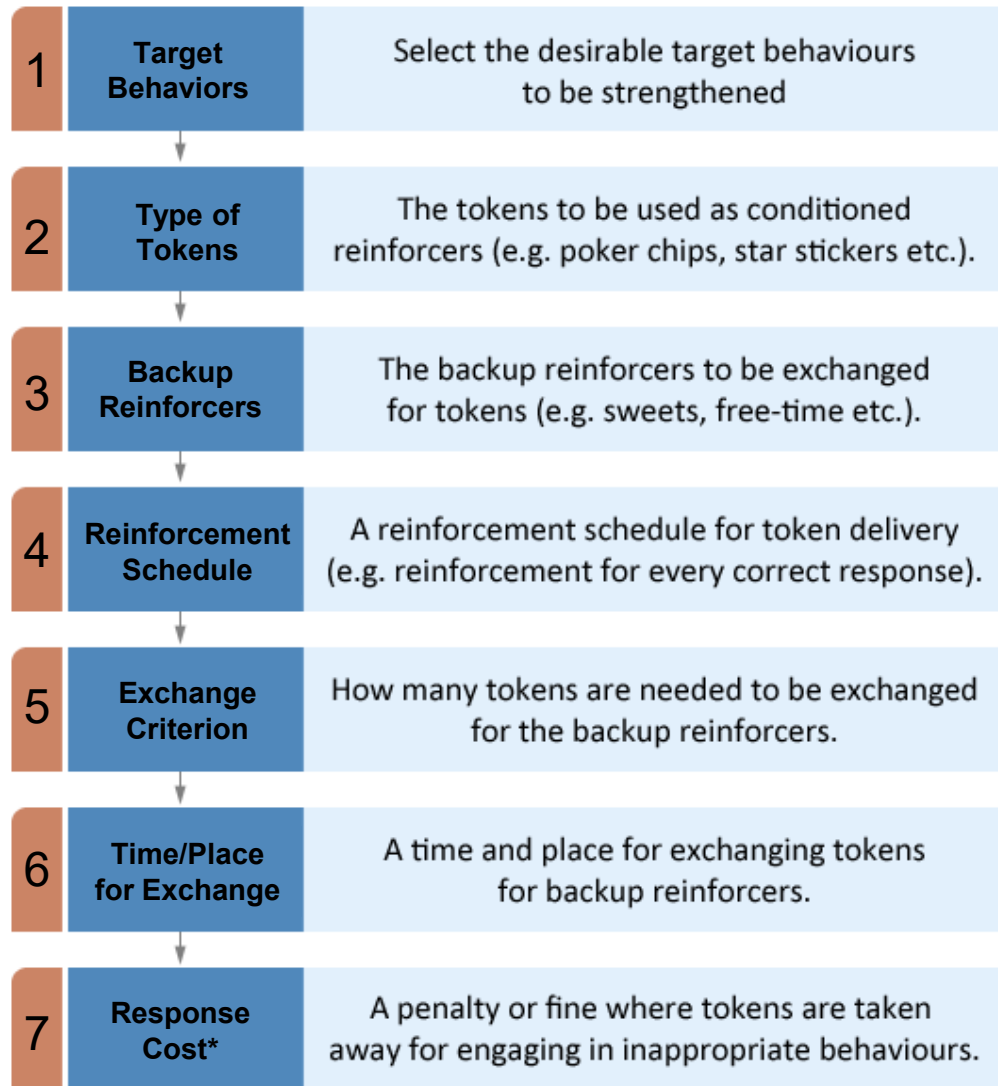


Use consistent consequences

Behavior Therapy Techniques

Technique	Description	Example
Positive reinforcement	Complimenting and providing rewards or privileges in response to desired behavior.	Child completes an assignment and is permitted to play on the computer.
Time-out	Removing access to desired activity because of unwanted behavior.	Child hits sibling and, as a result, must sit for 5 minutes in the corner of the room.
Response cost	Withdrawing rewards or privileges because of unwanted behavior.	Child loses free-time privileges for not completing homework.
Token - economy	Combining reward and consequence. Child earns rewards and privileges when performing desired behaviors. She loses rewards and privileges as a result of unwanted behavior.	Child earns stars or points for completing assignments and loses stars for getting out of seat. Child cashes in the sum of her stars at the end of the week for a prize.

Seven Elements of a Token Economy (Miltenberger, 2008)



*A response cost is not always used. See Cooper, Heron, and Heward (2007, p. 370)

Weekly Success Chart

NAME	Date ____	Date ____	Date ____	Date ____	Date ____
	Monday	Tuesday	Wednesday	Thursday	Friday
GOAL 1:	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
GOAL 2:	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM
GOAL 3:	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM

 = Good job!

 = Keep trying!

GO OUT FOR ICE CREAM



80



BUILD A FORT OR GO TO THE PARK (DEPENDS ON WEATHER)



150



OUT FOR LUNCH



80



PICK MOVIE AT HOME



40



BUY A BOOK



100



GO TO THE MOVIES



350



DATE WITH MOM



250



HELP COOK



60



DATE WITH DAD



250



PICK A RESTAURANT



300



XBOX GAME (\$10 FOR EVERY 100 TICKETS)



TRAMPOLINE PARK, BOWLING, OR CHUCK E CHEESE

500



Emotional Regulation What Can Parents Do?



- Consistency and Stability as Much as Possible
- Accept your child's emotional responses
- Talk about your own feelings
- Encourage your child to talk about their feelings



- Model Emotional Regulation
- Teach Children Positive Self Talk
- Role Play Situations that tend to repeat itself
- Turtle Technique
- Star (Problem Solving)
Stop and Breathe
Think about options
Anticipate the consequences
Respond by making the best choice



- Review

- Same Routines every day

- Organize the day collaboratively with your child

- Use Organizers and Planners

- Chore Charts

- Consistent Rules and Structure

- Utilize Reward System, short daily rewards, weekly and long term



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Recognizing and Coping with
**ATTENTION DEFICIT
DISORDER**
From Childhood Through Adulthood

THE ESSENTIAL REFERENCE THAT
REVOLUTIONIZED OUR UNDERSTANDING OF ADHD
NOW REVISED AND UPDATED

EDWARD M. HALLOWELL, M.D.
AND JOHN J. RATEY, M.D.

Session 3

School and Classroom Strategies



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House Keeping

- If you have questions, you can also put them in the chat box and will endeavor to answer them at the end of the class/group

Review

Session 1

- What is ADHD
- Signs and Symptoms
- Causes
- Types of ADHD
- Diagnosis
- Treatment Best Practices

Session 2

2 Support Containers

Behavior Modification through Structure and Support (Active Parenting)/School based services.

Medication Management

1. 504 Plan Eligibility



Free Appropriate Public Education under Section 504

IEP vs 504

	Individualized Education Plan (IEP)	Section 504 Plan
Type of law	Special Education - Individuals with Disabilities Act (IDEA)	Civil Rights - Rehabilitation Act of 1973
Department	Department of Education	Office of Civil Rights
Requirements for eligibility	Has a disability that: a) meets criteria under IDEA, b) significantly impacts educational performance, and c) requires specialized services	Has a disability that significantly impacts a major life function
What is typically included?	Specialized education services, accommodations, related services	Accommodations, modifications, and related services
Age limits	IEP offered through 12th grade or until age 21 when required	No age limits with a 504 plan
Where is the plan used?	Educationally, through the 12th grade Does not transfer to college	School, work, and college Eligibility and plan creation occurs at each institution
Discipline	A Manifestation Determination meeting must be held to determine if the offense is a manifestation of the disability by the 10th day of suspension Services are required during long-term suspension	A Manifestation Determination meeting must be held to determine if the offense is a manifestation of the disability by the 10th day of suspension May require reevaluation

2. Design a specific 504 Plan that targets your child's classroom issues

SAMPLE 504 PLAN

Student: Brendan Davis
 Date of Birth: June 23, 2004
 Grade: 4th
 Date of Plan: September 4, 2013
 Projected Date of Review: September 1, 2014
 Mental/Physical Impairment: ADHD

Area of Educational Needs	Accommodations	Person or Persons Responsible	Frequency of / When Accommodation is to be Implemented
Work Completion	Have student complete either even or odd problems	Teacher	When written work or homework is assigned
Organization	Assign a "buddy" to work with student at end of day to make sure all needed materials and books are brought home	Student, Student Buddy, Teacher (responsible for assigning buddy)	Every day - 10 minutes before the end of the school day
Behavior	Use positive redirects when behavior becomes inappropriate	Teacher and other staff depending on location (librarian, etc.)	Whenever needed
Inattention	Preferential seating - have student sit in or near the front of the classroom, away from the door	Teacher	Daily
	Provide a quiet area for the student to complete work	Teacher	Whenever needed
Test Taking	Allow extra time to complete tests	Teacher	Whenever needed
	Allow the student to complete test in library or resource room	Teacher	Whenever needed

Approved:
 Parents:
 Other School Personnel
 Name Title

Date:
 Teachers:



3. Monitor Your Child's Progress

- **Ask for progress reports**
- **Keep communication open**
- **If something isn't working, then ask for changes**

4. Create a Paper Trail

- Diary
- Meeting notes
- Important Dates
- Copies of Plans, assessments, written communication
- Who, when, why, what happened





5. Consult with an educational expert if problems develop

-Paid Expert-[Special Education Advocates | Berkeley Parents Network](#)

[-Wrightslaw Special Education Law and Advocacy](#)

-Spanish Speakers-El Concilio

It is a Civil Rights Issue !

[-AchieveIEP.org](#)

[List Of 40 Common 504 Accommodations For ADHD](#)

Any questions?

Session 4 Medication Management Interventions

There will be no live presentation today, parents please watch the following videos at the link below

[Understanding ADHD Medications | My Doctor Online](#)



ADHD

Medication Management Best Practices