ADHD: The major challenges at home & school. What can you do?

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Plan for this evening’s talk
4 parts: Q&A after each part

1. What is ADHD?
2. Things to keep in mind about ADHD
3. Understanding the’ ADHD Challenge’ at home & school
4. What can you do to help your family member(s) with ADHD?
Part 1: What is ADHD?  
A journey through history

What do you think ADHD is?

Take a moment to write down (or think about) your own understanding of ADHD
What is ADHD?

**18th century perspective**

- **Attention Volubilis**
  - DISTRACTIBILITY: “Every humming fly, every shadow, every sound, the memory of old stories will draw him off his task to other imaginations”
  - RELIANCE ON SYSTEM-1 PROCESSING (Kahneman): “Studies matters only superficially; judgments are erroneous”; “Only hears half of everything; memorize or inform only half of it or do it in a messy manner”
  - POOR SELF-REGULATION: “Mostly reckless, often copious considering important projects, but also inconsistent in their execution”

- **Cause:**
  - *Poor child-rearing*: flaw of inattention develops. Results in dull activity of the fibres (too soft, too agile), which can lead to inefficient sensation & perception, also inefficient for attention

- **Treatment:** isolation, gymnastics, cold baths, horseback-riding, etc!

Melchior Adam Weikard “Der Philosophische Arzt” (1775):

*(Barkley & Peters, 2012 J Attention Disorders)*
What is ADHD?

18th century perspective

“On attention & its diseases”

“When born with a person it becomes evident at a very early period of life, and has a very bad effect; inasmuch as it renders him incapable of attending with constancy to any one object of education. But it seldom is in so great a degree as totally to impede all instruction; and what is very fortunate, it is generally diminished with age. How it is to be corrected, will be spoken of hereafter in the curative part of the work.”

“…incapable of attending with constancy to any one object of education.” (p.271)

1798
Early dual conceptualizations of ADHD

"Fidgety Phil"
Dr. Heinrich Hoffman 1845

Poorly regulated behavior (noncompliance)

Poorly regulated attention (learning problems)

Johnny-Head-In-The-Air

‘exhibit violent outbursts, wanton mischievousness, destructiveness and a lack of responsiveness to punishment’

‘quite abnormal incapacity for sustained attention, causing school failure even in the absence of intellectual retardation’

Dr. George Still 1902: “Morbid defect of moral control”
European (German) concept of ADHD: Hyperkinetic Disease of Infancy

(Kramer & Pollnow, 1932)

“Marked motor restlessness”

• "run up and down the room’
• "climb about preferring high furniture”
• "displeased when deterred”

Kramer & Pollnow, 1932; pp 7, 10
ADHD in the 1950’s-1960’s ‘minimal brain dysfunction’

- Speech
- Language
- Social interaction
- Emotional function
- Motor function
- Behavior
- Mood
ADHD: in the 1990s-2012 through a medical lens

A mental health disorder:

Childhood-onset disruptive behavior disorder:

Severe, impairing, & developmentally inappropriate levels of:

Inattention, Impulsiveness, Hyperactivity
2013: ADHD is a ‘Neurodevelopmental Disorder’

What are neurodevelopmental disorders?

- A group of congenital conditions in which the development of the central nervous system is disturbed.

- This can include differences in the pattern of brain development, which can result in ‘neuropsychiatric problems’ or problems in motor skills, attention, language & learning, or social-emotional regulation. [www.nature.com/subjects/neurodevelopmental-disorders](http://www.nature.com/subjects/neurodevelopmental-disorders)
Common characteristic of neurodevelopmental ‘disorders’

- Onset in early developmental period
  - Signs, symptoms, & impairments typically emerge in early childhood

- Characterized by cognitive & behavioral deficits

- Symptoms & functional impairments tend to persist throughout lifespan, albeit with changes

- Typically, more males than females

- Tend to run in families – are heritable

- No single biological cause
  - Complex genetic x environmental interactions assumed
ADHD: a neurodevelopmental difference

Behavioral Excesses
Hyperactivity/Impulsivity

Behavioral Insufficiencies
Inattention

academic & social difficulties: affecting learning & performance

Brain differences in ADHD (structural, functional, neurochemical) are associated with cognitive processing difficulties, which in turn affect learning & performance

Highly heritable (∼.75)
Gene x environment
ADHD – a paradox at the surface level

**Excessive behaviour**
Hyperactivity/impulsivity

- Excessive movement
  - High activity level that is inappropriate for the context

- Excessive talk
  - Talks too much, blurts out answers, interrupts

- Excessive demands
  - Cannot wait, spur-of-the-moment decisions

**Insufficient behaviour**
Inattention

- Inadequate focus & concentration
  - Highly distractible, inability to focus on task at hand

- Inadequate task engagement or re-engagement
  - Procrastinates,

- Inadequate organization & memory (for sequencing)
Strengths & Challenges of ADHD at School & Home
Keeping the balance: your child with ADHD is first & foremost a child!

Write down (or think about)…

■ at least 5 great things about your child or family member(s) with ADHD!
ADHD does not set limits: Case Study: who said this?

“The pool is a safe haven. Two walls at either end, lane lines on both sides, and a black stripe on the bottom for direction”

The most decorated Olympian!

He was diagnosed with ADHD at age 9. A teacher told his mother: ‘Your son will never be able to focus on anything.’ His grades were B’s and C’s & a few D’s.
Ability Perspective of ADHD


- Survey: 174 experts, 11 disciplines, 45 countries
- Abilities & Strengths
  - Creativity
  - Energetic
  - Exciting & fun to be around
  - Flexibility
  - Interesting views on things
  - Multi-tasking
    (switching rapidly from task to task)
  - Resilience
  - Risk takers
ADHD varies from person to person
Disability perspective on untreated ADHD
A few more things to keep in mind....

**Factors that do not cause ADHD include:**

- Poor parenting
- Family problems
- Poor teachers / ineffective schools
- Too much television
- Too much sugar
- Food allergies
- Diet

But these factors may make life more difficult for an individual with ADHD.
Challenging behavior associated with ADHD is not intentional;

Individuals with ADHD are not being willfully difficult
ADHD symptoms vary: context-dependent

- **Elevated hyperactivity** in environments with high cognitive demands & relatively low stimulation
  - Demanding academic assignments, homework, new academic content, academic/psychological tests

- **Reduced hyperactivity** in environments with high stimulation & low cognitive demand
  - Watching TV, playing videogames, some sports activities, recess, painting, free play

Delayed brain growth in ADHD (3 yrs.)

Keep in mind there may be a 2-3 year difference between chronological age & ability to self-regulate attention, behavior & emotion in children & adolescents with ADHD.
ADHD & Self-regulation of emotion
(Barkley & Fischer, 2010)

- Low frustration tolerance
- Impatience
- Quick to anger, hot tempered
- Irritability
- Easy emotional excitability
Attention Deficit-Hyperactivity Disorder

The name itself is a challenge!!

ADHD is a neurodevelopmental difference _ not a disorder
Part 3: Challenges of ADHD at School & Home
ADHD: through the family lens – 24/7!

Before school:
Problems waking up
Getting ready for school

Bedtime:
Problems settling down & falling asleep

During school:
Cannot focus, distracted
Disorganized
Poor performance
Problems with peers

After school:
Problems with homework
Problems with friends, siblings
What parents have told us

“Contending & adapting every day – Windsurfing in unpredictable waters”

Moen et al (2011) J. Family Nursing;


• Parental Perspective

• Often feel less welcome/supported by teachers & school

• Feel less able to help their children

• Feel their children are overly singled out

• Feel they receive more requests from teachers for involvement in their children’s school functioning
Homework!!!

Homework completion

School grades
ADHD & Daytime sleepiness

- Sleep difficulties are common in ADHD, even in youth not taking medication, suggesting sleep problems not just an artifact of medication use
  - sleep onset latency, bedtime resistance, daytime sleepiness
- **Self-reported daytime sleepiness** by 12-years olds with ADHD predicted parent-reported homework problems & academic impairment & teacher-reported academic problems, over & above ADHD symptoms etc – but did not predict academic achievement

Langberg et al, 2013 J Sleep Res
Managing siblings’ needs, frustrations, resentment

(illustrations by Sarah Lynne Reul for upcoming book, by Barton Herskovitz, ADHD Sibling’s Workbook)
ADHD at school

Teacher’s perspective

- Low productivity, poor performance, poor grades
- Incomplete homework assignments
- Frequent rule violations, office-visits

Teachers:
- Report more stress teaching students with ADHD
- Perceive less support from home
- Do not understand why these students cannot do the same as their peers
- Seek advice & support
PAY ATTENTION TO INATTENTION

"My teacher said I don't pay enough attention in class. At least, that's what I think she said."
PAY ATTENTION TO INATTENTION

Persistent classroom inattention is a strong predictor of NOT obtaining a high-school diploma at age 22-23

Pingault et al 2011; data from Quebec, Canada

Low score = good attention
“Each 1-point increase in inattention is associated with worse academic outcomes at age 16”

Inattention is not just a ‘kid’ problem!!

Oops! the creator of this image wasn’t paying attention
Children with ADHD may miss what is said!

- Children with ADHD missed about 20% of the key information!

- Probably not the case of “won’t do as I say”

- but rather, “didn’t process what you said”
ADHD: reading rate & comprehension

- I’m a very slow reader. In high school & middle school I really hated to read because it took me a long time & I would have to read things over and over again.

- I would find myself at the end of the chapter & not remember anything I had just read… I realized would have to go back and read it all over again.

- It got to the point in middle school where I was sick of school already & I hated going.”

Knowles (2006):
Grant, a 21-yr-old college student

Reading is slow & effortful, non-interactive & non-strategic
How ADHD interferes with organization

- “I get frustrated that even when I try to get organized I can’t, so I just stop trying to get organized. It takes too much time to get stuff into my notebooks. I have to move on to the next thing. There’s so much going on. Someone’s tapping the desk. Someone is whispering. I can’t take the 30 seconds to get the thing in my notebook because I might miss something, so I just stick it in my bag.”

- Knowles (2006): Rob, an 18-year-old high school student

Note the emotional frustration, the impression given of poor motivation, & the overuse of non-specific terms—in a bright 18 year-old!
ADHD affects friendships

- Making friends

- Keeping friends: quickly loses friends

- Following peer’s conversations; may misinterpret

- Overreacts in situations with peers

- Peers cannot count in the youngster with ADHD in following through with plans
Part 4:
what can you do to help your child succeed at home & school?

Probably the best resources are:
- Other parents who have an older child with ADHD
- Parent organizations
4 topics

1. Helping with behavior & attention
2. Help with homework & school
3. Help with friendships
4. Help with sleep
Topic 1: Helping reduce behavioral challenges: be consistent!

- Don’t sweat the small stuff: decide what behaviour is unacceptable in your family
- Remind the child of your home/family-rules – just before the situation
- State the rule/request clearly - avoid repeating
- If your child breaks a rule, only give one warning.
- Let the child know what the consequence will be and follow through with the consequence if the rule is broken.
Help your child listen:
Speak softly but firmly: eye-to-eye

- **Get down on the child’s level when you talk to him or her.** Avoid yelling at your child; he or she may not be able to “hear” what you are saying when you are yelling.

- **Use positive language.** Tell your child what you want rather than what you don’t want. (Don’t nag!) Reward your child for good behavior as often as you can.
Use Effective Instructions & Commands

- ATTRACT the child’s attention: Maintain eye contact
- SPEAK clearly
  Use short sentences (‘chunked’)
  Use visual/gestural cues & wait for compliance
- PAUSE between sentences
- MONITOR the child
  If child ‘looks blank’ - stop & repeat instruction
- TO REPEAT INSTRUCTION
  Restate slowly & simply; Do not expand
Offer choices: avoid dictating!

- **Limit choice, but do not dictate.** If you make all the decisions for your child, he or she may be unable to make his or her own decisions later.

- Give your child choices when appropriate.

- It is best to give two choices to pick from so he or she does not get confused or frustrated.
Minimize corrections & criticism

- It may be with the best intentions that you give corrections & criticism. However, you may inadvertently be contributing to your child’s feelings of inadequacy & low self worth.

- Use 3 to 1 ratio! When you correct or criticize, make sure you find at least 3 opportunities to praise (e.g., smile, gesture, comment)
Quiet zone, physical activity, & green space

- **Learn to establish a “quiet zone” your child’s life.**
  - Help your child to learn stress management techniques & to understand that he or she needs emotional “time outs” to regroup after an upset.
  - Provide a quiet space for youngster

- **Plenty of physical activity**
  - Check that your child gets at least 60 minutes of physical activity every day

- **Explore green spaces!**
  - Research suggests that even 20 minutes in a natural green space (e.g., park) helps reduce ADHD symptoms
Topic 2: Helping with Homework

- A homework place
- Break into smaller units / shorter time period
  - 1 page/column at a time
  - Use count-down timer
- Help get started
  - check understanding
  - set timer, then leave!
- Take brief (30-60 sec), timed, structured breaks
Getting started… on homework

■ Encouragement
  “I know this is hard, but I’m sure you can do it with just a little help. Let’s start with one small part”

■ Segment
  “Let’s start with this part. Let’s go over the directions (instructions).

■ What is it you have to do?
  What is the first step?

■ Positive Feedback
  “It’s great that you did _____! Now let’s go on to do _____”
Help with reading comprehension & written work

- Reading Comprehension
  - Encourage your child to read the text aloud
  - Text-to-speech software (for teens)
  - Encourage your child to use ‘post-it-notes’ to
    - highlight words or sentences they don’t understand
    - To link events, people
    - Predict what might happen next

- Written work
  - Encourage your child to ‘brain-storm’ to generate ideas before starting
  - Use software to help organize ideas (‘kidspiration’ etc) or act as a scribe
  - Encourage productivity: ‘just one more sentence/paragraph’ –
    - leave spelling errors & missing elements until later
Helping with Organization & Time Management:

organize a schedule at home

- Set up a specific schedule for waking, eating, playing, homework, chores & bedtime.
- Post it where your child can see it.
- Use a count-down timer.
- Make sure clocks are visible.
- Explain any changes in routine in advance.
Everything – has its own accessible place
## Time Management: Using a Planner

What type of Planner would work best for you/your child?  **CIRCLE THE ONE FOR YOU / YOUR CHILD**

### Paper-based
- Page per day
  - Hour by hour
- Week-at-a-glance
  - Weekdays/weekend
- Month-at-a-glance
- Pocket-size

### Electronic based
- Palm Pilot
- i-phone
- Computer-based software

➢ **Choose/Use one planner for everything** (school/work, personal)

➢ Consider whether you need to plan hourly, daily or make lists?
Help your child prepare for the school day

- Get ready the night before school
  - lay out clothing
  - remind child to put school materials/homework back in backpack
  - Check the schedule.

- Make enough time for your child to dress & eat in the mornings.
Be proactive in enhancing home-school partnership: Discuss...

- child’s strength’s & interests
- child’s needs
- Approaches & strategies that you have found helpful
- preferred ways & frequency of communication
- Preferred times for face-to-face meetings
- Establish mutual goals & request written copy

- Participate in school activities/events involving parents
- Volunteer – trips, sports activities etc
Topic 3: Help with friendships: Become a ‘friendship coach’

- Listen to & observe your child interacting with peers
  - Give your child a chance to express his/her feelings
- Spend time doing fun things with your child – without directing or criticizing; building a good relationships with your child will pay off
- Keep ratio of positive to negative comments as high as possible; praise what your child did well in an interaction, then select & target most important behavior
- Help your child make a better choice of friends – those who share similar interests & with good personality match
- Volunteer at your child’s school or extra-curricular activities to get to know other children & their parents – then network to set up play-dates
Helping the parents of other children understand your child’s needs, may assist in them being more willing to include your child in play groups and other socializing activities.
Help your child look for ways to succeed or excel

- Children with ADHD often feel that they are not good at anything. Encourage their strengths, interests & abilities.

- Help your child to use his or her skills as compensations for any limitations.
Sleep plays a crucial role in the maintenance of health, memory, & optimal daytime functioning.

Children who do not have regular bedtimes in early childhood (e.g., age 3-5) have lower test scores in reading, math, spatial abilities at age 7 (Kelly et al, 2013. J Epidemiol Community Health)
Recommended sleep duration for youth
http://www.sleepfoundation.org

- Ages 4-12 months: 12-16 hours (including naps)
- Ages 1-2 years: 11-14 hours (including naps)
- Ages 3-5 years: 10-13 hours (including naps)
- Age 6-12 years: 9-12 hours
- Age 13-18 years: 8-10 hours
Shut off all screens 1 hour before bedtime & restrict access in bedrooms

- Blue-light from screen disrupts sleep
- Presence of screens (smart-phones, ipads, laptops, TV etc) in bedrooms is associated with shorter sleep duration
Stop & ask yourself…

- When does your child go to bed?
  - Sunday to Thursday; Friday & Saturday?

- Do you have a bedtime routine for your child?

- When do you shut off all ‘screens’ – relative to bedtime?

- Does your child take stimulant medication? Does it affect sleep onset?
Take care of yourself !!!

- Taking care of a child with ADHD can be challenging.

- Take some time for yourself.

- Talk to a friend, watch a movie, take a bath, read, exercise, pray, meditate or do something else that recharges your spirit.
TIME FOR ME TO STOP!

ANY QUESTIONS?