Your Child & ADHD

A Guide for Parents
YOUR CHILD AND ADHD

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Aspen Education Group is the national leader in specialized programs, schools, and therapeutic or treatment options for children, teens, and young adults struggling with behavioral, emotional, or academic issues. We have boarding schools that specifically address the special needs of children and teens with ADHD. If you are a parent struggling to help your child meet his or her full potential, contact us to discuss how we might help you.

Call Toll-Free 888-972-7736 or visit http://www.aegprograms.com
YOUR CHILD AND ADHD

PART ONE: WHAT IS ADHD?

Some mothers know even before a child is born that he or she is hyperactive:

This baby moves around inside me night and day. I swear, he's kicking and crawling and doing gymnastics in there. I think my doctor ought to install a Jungle Gym or Jumping Castle.”

This baby requires more attention than other babies. Often this baby can't get on any kind of schedule for sleeping and eating.

Jason had colic and screamed his head off night and day. We never got any sleep. Naps, what's that? His naps lasted fifteen minutes and then he was good until midnight.

Sometimes she sleeps 24 straight hours and then she's up for three straight days.

He can get along on little catnaps. He never sleeps more than three hours.

As a toddler, this baby moves and crawls and is always on the go. He does not sit quietly in a playpen and play with his toys. She is constantly getting into things, constantly pushing parents to their limits of patience and endurance:

If I turned my head away one second, we were at the Emergency Room. One time I was on the phone and couldn't find him – he had crawled up the draperies.

He destroyed his nursery – pictures, rugs, drapes, everything.

She wants constant attention. Nothing satisfies her.

If he doesn’t get his own way, he’ll throw a chair across the room or throw a tantrum. He waves his arms and legs in the air and yells his head off. He throws three or four tantrums a day.

HE NEVER STOPS MOVING!
Although ADHD is being diagnosed more and more at the preschool level, parents often manage on their own until their child becomes old enough for kindergarten. Then their child’s teacher will give them the bad news:

“I think you should have Jason tested for ADHD.”
“OUR school psychologist thinks she should be on Ritalin.”
“He doesn’t have the self control to sit and learn like the other kids.”
“He acts up and is disruptive. He has to be put in a special class.”

Parents work harder and harder to help their child, and often begin to lower their expectations. Meanwhile, the child is often having trouble in relationships with teachers and peers.

He is babyish for his age. The other kids don’t like him.

She cries because she has no friends. Her own sister hates her.

I don’t know if he can go to college. I just want him to get invited to another kid’s house more than once.

Even though these parents have worked harder and put more time and energy into their child than any other parents, their reward is often criticism and disapproval. Well-meaning relatives, especially grandparents, take them aside and tell them what they are doing wrong:

“In my day, you spanked their little bottoms and that was that.”

“Children need discipline and direction. If you stand up to him better, he’d behave better.”

If the child tantrums or runs away in a public place, then parents have to put up with disapproval and mean remarks from strangers.

“Wow, what a brat!”

“Try taking away his sugar!”

“No kid should be allowed to do that. Give him a
One mother was so sick of explaining her boy’s behaviors that she had business cards printed up to pass to strangers. The cards read:

*My child is hyperactive and has Defiant Opposition Behavioral Disorder. It’s not our fault and we’d appreciate it if you mind your own business.*

As parents you are exhausted from the child’s constant movement, talkativeness, demand for extra attention, and behavior that’s bad no matter what you try or how many books and experts you consult. You are tired of trying to keep the child in line and explaining away bad behavioral. Meanwhile teachers are saying because this child may have a legal disability that requires medicine, special education, and behavior modification.

What is ADHD anyway? How will it impact my child’s life? Where can I get help for my child and myself? Is there anything I can do at home to help him and our family? How can my child grow up to lead a normal life? This booklet will answer those questions for you.

**WHAT IS ADHD?**

ADHD is a hereditary brain disorder that interferes with the way a person processes information. If you or your spouse have ADHD, your child has about a 60% chance of having it too. If you both are ADHD, your child has almost a 95% chance of having it. ADHD runs in families. ADHD is a physical problem. Children are born that way. ADHD does not come from bad parenting or poor environments. Scientists in Israel have actually identified two of the genes that may cause ADHD.

Dr. David Fassler reported before a recent meeting of the American Medical Society, “ADHD is a very active area of research. There is a clear genetic component. We are getting closer and closer to understanding the biological basis… Neuro-imaging suggests differences in brain structure.”

This means that when doctors use MRIs to watch brain activity, the brains of ADHD children clearly function differently than those of children without ADHD.
Dr. Helen Courvoisie has led research at Johns Hopkins University that indicates that the brains of ADHD children have:

- Two and half times the level of brain chemical called glutamate.
- Significantly different levels of important neurotransmitters in the front part of the brain.
  Neurotransmitters are chemicals that carry signals to and from nerve cells.
- Decreased levels of GABA, a neuroinhibitor.

Xavier Castellanos in a study by the National Institutes of Health found that brains of ADHD children are 2% to 3% smaller than those of normal children. Drugs used for ADHD do not cause these differences in size or brain function.

In the future ADHD may be diagnosed with blood tests.

Dr. Courvoisie said, “These are real deficits and differences. These are not just fidgety kids.”

WHAT ARE THE SYMPTOMS OF ADHD?

There are three symptoms of ADHD: impulsivity, distractibility, and hyperactivity. Although hyperactivity is the one that most concerns parents, a child can have ADHD and not be hyperactive.

These symptoms must be consistent and occurring over the child’s entire life span, not just because he or she is having a bad week. Children can act distracted or hyperactive when their family is going through a crisis like divorce, major illness, job loss or moving from one house to another. Their symptoms end when the crisis ends. These children do not have ADHD.

ADHD symptoms start early in life and persist. They interfere with the child’s ability to function and are related to the way his or her brain functions.

Hyperactivity. The child can’t sit still and is always fidgeting, drumming fingers or squirming around. ADHD children below age five can be a real challenge because their constant movement makes them more likely to be injured and to get into accidents and injuries.

Our local Emergency Room began to keep records on us to send to Child Protective Services because we brought Jason there four times in three months.
We can’t go to movies as a family or take car trips because he just can’t sit still that long.

**Impulsivity** usually means the child has poor self-control and does what he wants to do in the moment. ADHD children’s poor impulse control makes them appear immature for their ages and “spoiled.” It makes ADHD children hard to discipline because they will follow every impulse that comes into their minds without thinking over the consequences of their behavior.

*It was winter and this seven year old was visiting my house. He decided to jump into our swimming pool with his clothes on and almost drowned.*

*She started the fire because she was playing with matches even though I had hid them and told her not to.*

*He does what he wants when he wants to.*

**Distractibility** means this child is easily sidetracked from what he or she is doing. Distractibility means the child has trouble staying on task and completing work at home and school. The ADD child can’t seem to stick to things for very long, and jumps from one thing to another. He gets distracted by something outside a window and then follows an impulse to see what it is.

*He’s supposed to clean his room but stops to play video games. Then he stops the video games to watch TV. His room never does get cleaned.*

*We send her out to empty garbage and she forgets what she’s doing in the middle. She will just suddenly go next door to play with the neighbor’s cat.*

The ADHD symptoms have other implications. The child may not pick up social cues easily, and this means he will have trouble understanding other people and making friends. He or she may have a poor sense of time. She may be late to every class and appointment. He may think that because he has a week to complete a term paper, he does not have to do any work until the last minute. ADHD children often seem babyish and more self-centered, and may have trouble controlling their anger. Psychologists often say that an ADHD child who is ten years old can appear to be five years old in behaviors.
WHAT ARE THE TYPES OF ADHD?

There are three types of ADHD, although some doctors recognize seven types. These are the main types, according to the National Center on Birth Defects and Developmental Disabilities:

**Predominantly Inattentive Type:** This person has a problem organizing and finishing work but may not be hyperactive. He or she is easily distracted and has trouble following instructions and conversations or paying attention to details. This is often the child who stares out the window during class. The name for this used to be “non-hyperactive hyperactive child.”

**Predominantly Hyperactive-Impulsive Type:** This child can’t sit still long enough to eat dinner. He or she may be talkative and fidgety. Smaller children are always in motion – running, climbing, etc. Their restlessness leads to impulsive behaviors such as blurting out answers without being called upon, interrupting others as they speak, being unable to wait for his turn or to listen to directions without letting his mind wander or get distracted. This child often can’t pick up body language and social cues and therefore does not make friends easily.

**Combined Type:** Some people have symptoms of both types of ADHD.

WHAT OTHER CONDITIONS GO ALONG WITH ADHD?

About 60% of ADHD children with ADHD have other problems. The medical word for this is *comorbidity*. When a doctor says Attention Deficit Disorder presents a long list of comorbidities, the doctor means ADHD usually travels with a lot of other problems.

*My 6-year-old boy has been diagnosed with ADHD at 18 months old and has been taking medication since he was three. He currently takes Strattera, Risperdal, Seroquil and Tenex and we’ve had him on everything else. He is very violent and hits me and his teachers and other students, even the dog. He throws things like chairs. He has one-on-one all the time at school, but the school is recommending residential placement.*

This child may have ADHD, but he has also other problems separate from his ADHD. His doctors and therapists will have to treat the other problems as different and separate issues from ADHD.
Comorbidities associated with ADHD are aggression, antisocial behavior, tantrums and lack of anger control, poor relationships with other children, moodiness, depression, anxiety, bipolar disorder, Tourette’s Syndrome or even physical problems like recurring colds, possibly due to lack of sleep. The child may cry easily and seem depressed a lot, or he may be constantly mad about something and losing his temper.

Between 30% to 60% of ADHD children have learning disabilities. However, ADHD does not affect their intelligence.

Some comorbidities seem to respond to ADHD treatment. For example, if ADHD children improve their behaviors, their social lives pick up and then they are less likely to suffer depression.

Not every ADHD child will have an associated condition. The mistake parents make is to confuse the comorbidities with ADHD and vice versa, which is another reason why you have to insist on a good diagnosis.

**HOW MANY CHILDREN HAVE ADHD?**

The American Psychiatric Association reports that approximately 3 to 7% of children have Attention Deficit Disorder. Boys are three times more likely to be diagnosed with ADHD, but most experts believe that the disorder occurs just as frequently among girls. Since girls are less likely to act out, they are less likely to be diagnosed with ADHD.

The number of children diagnosed with ADHD keeps growing and growing. A few years ago Congress held hearings on ADHD because it was costing public schools so much money. Experts testified that in 1960 there were fewer than 50,000 American children on Ritalin, and yet by 1975, that number was around 300,000. During the 1990s, there was a 700% increase in the use of ADHD drugs, and as of today, about 5 to 6 million American children are taking ADHD medications.

There seemed to be racial and socio-economic factors. For example, 14% of white non-Hispanic children with family incomes below the poverty line take ADHD medications. No one
knows if this means that that group has a greater hereditary factor or if that group is being overly diagnosed.

WHY IS ADHD INCREASING?

Some authors blame all these new ADHD cases on modern things like video games, permissive parents, television, junk food, day care centers, and even microwavable foods. During the Congressional hearings, some experts testified that they believe public schools are pushing to have more children diagnosed with learning problems so they can get more federal money.

A few years ago the American Medical Association funded a council to deal with concern that doctors were diagnosing ADHD too often and prescribing too many drugs for it. The council concluded that this was not true. What is true is there is more awareness of ADHD, more people (especially girls and adults) are being tested, and more people are taking drugs for longer periods of time. Writing in the April 8, 1998 *Journal of the American Medical Association*, the council concluded that doctors were not diagnosing it too often or prescribing too many drugs.

A certain percentage of people have always been born with ADHD and that percentage has probably remained constant since the beginning of mankind.

Generations ago people with ADHD could probably fit into society more easily. In Abraham Lincoln’s day, for example, most people did not need much education. Jobs often involved physical work and outdoor settings. ADHD doesn’t matter in those settings. Even today ADHD people often prefer outdoor jobs as cowboys, farmers, and forest rangers rather than in sit-down careers like computer scientist or secretary. Years ago a child with ADD may have had an easier time when, like Tom Sawyer, he had a lot of freedom to roam outdoors. Today children are more often indoors in group settings, such as day care centers. Studies have shown that indoor activities like watching TV or playing video games make ADHD symptoms worse but, on the other hand, exercise and being outdoors lessen symptoms.
WILL MY CHILD OUTGROW ADHD?

About half of all children with ADHD outgrow it and no longer require medication by their late teens or early twenties. With these children, having ADHD is like being short for your age. Eventually you get a growth spurt and are as tall as everyone else.

No one really knows for sure if these children do indeed outgrow ADHD. They may outgrow being hyperactive but remain easily distracted and impulsive.

Or they may simply move into situations where they don’t have to sit still and concentrate the way they did at school. Because school is about reading, sitting still and paying attention to others who are speaking, it is a particular challenge for ADHD children.

For about half of ADHD children, the disorder continues into adulthood. Fewer than 20% of adults continue to take medication. Another very small percentage of people get diagnosed ADHD as adults, although this number is increasing.
PART TWO: MEDICAL DIAGNOSIS AND DRUGS

ADHD is typically diagnosed when a child is about seven or eight years old. However, more and more preschoolers are being tested after they enroll in day care or nursery school. Children as young as 18 months old are taking Ritalin.

However, what usually happens is parents are called on for a conference with the school principal and the child’s teacher. There they are told that the child can’t sit still, can’t concentrate and disrupts the class by blurting out answers and disturbing other children. The teacher may recommend that “you put him on Ritalin.”

This is not a medical diagnosis. ADHD is actually very hard to diagnose and should only be diagnosed by medical experts.

PUBLIC SCHOOLS AND ADHD DIAGNOSIS

Your child’s public school may request that your child be tested for ADHD because it is interfering with his or her academic progress. In some schools, a school psychologist may diagnose ADHD.

If you do not agree that your child has ADHD, you have the right to get a private evaluation and appeal the school’s recommendations.

If you suspect that your child has ADHD, you can get a private evaluation yourself by following the steps below. Then you can request special education services from your child’s public school. If the school denies services because ADHD is NOT interfering with the child’s learning, you have the right to appeal that decision.

For more information on your legal rights at a public school, see the section on Schools.

WHO SHOULD DIAGNOSE ADHD?

One of the strangest things about ADHD is that although it is the most common, studied and analyzed disorder in all of psychiatry, it is one of the hardest to diagnose.

ADHD can look like other childhood conditions, including depression, childhood mental illnesses, post traumatic stress syndrome, bipolar disorder, and many others. One child was put
on Ritalin because she spent long periods of time “spacing out” in her third grade class. When Ritalin did not seem to help her, a psychologist discovered that this girl was actually a rape victim.

FINDING AN ADHD SPECIALIST

There are many kinds of medical doctors who specialize in Attention Deficit Disorder so finding the right doctor can be very confusing. A child neurologist is a medical doctor with expertise in childhood diseases of the nervous system. A child psychiatrist specializes in mental diseases of childhood. Both are good choices. A regular pediatrician is a medical doctor who treats all childhood diseases and is probably not as knowledgeable about ADHD as the other two.

Child psychologists are experts in behavior and family dynamics, but do not have medical degrees and cannot prescribe medications. Likewise social workers and school counselors often diagnose ADHD and work with ADHD children, but they cannot prescribe drugs. It’s best to work with these specialists AFTER your child is diagnosed by a medical professional.

You may be able to get a team approach if you take your child to a teaching hospital connected to large medical university. There a group of neurologists, psychiatrists, psychologists and behavioral therapists will observe and test your child. This is the ideal way to determine if your child has ADHD. Both parents, your child’s teachers and caretakers should have to fill out questionnaires about your child’s behaviors.

Your child may take written and oral tests to evaluate his or her mental ability, as well as a complete physical exam to rule out problems in vision, hearing and so forth. Then you and your child will be observed under laboratory conditions.

You can also find a specialist through CHADD (Children and Adults with Attention Deficit Disorder) on their website at www.chadd.org or by contacting your local CHADD support group.

Another way to find a specialist is to go the websites of the organizations that license the specialists. For a child or adolescent psychiatrist, see the American Academy of Child and Adolescent Psychiatry at http://www.aacap.org/ReferralDirectory/index.htm or the American

FINDING A DOCTOR BASED ON YOUR INSURANCE PLAN

If you are in a Health Maintenance Organization (HMO), you will have to take your child to your primary care physician and ask for a referral to an expert on ADHD. Don't just settle for a prescription for Ritalin. Many doctors in HMOs have to see one patient every fifteen minutes. This is not enough time to diagnose ADHD.

If you do not have health insurance, you may qualify for medical help from your state if your income is under a certain level. For a family of four, that level is usually $34,000. Call your state’s Department of Economic Security office or go to the “Insure Kids Now” website at http://www.insurekidsnow.gov/states.htm.

WHAT DRUGS ARE USED FOR ADHD?

Medications work for 70% to 80% of ADHD children. Sometimes drugs work miracles, which is why they are so widely used. The child becomes able to focus on his work, and becomes less disruptive of class, less impulsive, and more compliant of rules. American children consume 8.5 million tons of Ritalin each year.

Ritalin (methylphenidate) is the most well known ADHD drug. Ritalin is a stimulant that has been widely studied and used since 1937, and is considered a safe and effective drug for ADHD. However, UC Berkeley professor Stephen Hinshaw, writing in the April 2004 Pediatrics journal, found that children who took Ritalin for two consecutive years were about an inch shorter and eight pounds less than those who were not on medication. As this study is so recent, no one is sure of the long-range effects of Ritalin on children’s growth.

Ritalin is in the same family of drugs known as amphetamines or “speed.” Since many people take such drugs for fun, they have a street value. Consequently, they are “controlled substances,” which means you have to go to a doctor’s office to get a written prescription.

Usually stimulants make people feel more energetic and keyed up, but these drugs have an opposite calming effect on ADHD children. Even so, these drugs increase blood pressure and
heart rate, so children need to have medical examinations to rule out heart trouble before taking these drugs.

Ritalin only lasts four hours or less. Some parents and private schools only medicate children during actual classroom time, when the children need to concentrate. Then these children go off their medicine in the afternoon and on weekends. Going off the drug cuts down on sleep problems.

One author compared Ritalin to wearing glasses. When the drug wears off, your handicap comes back -- the same way that not being able to see comes back when you take off your glasses. For this reason, some parents prefer to give their children “long lasting” Ritalin. These are Ritalin Sustained Release, Ritalin LA, Ritalin SR 20, Metadate, Focalin and Concerta. The problem with these drugs is that they can work unevenly. For example, on some children they work fine for the first few hours and then not at all after that.

These medicines have side effects, although not every child experiences them. They are: increased blood pressure and heart rate, headache, loss of appetite, abdominal pain, insomnia, nervous tics, “zombie” demeanor, stomach aches, and moodiness.

If these drugs do not work, a physician may prescribe a similar stimulant like Dexedrine, Dextrostat, or Adderall. They have similar side effects to the Ritalin family of drugs.

If stimulant drugs do not work, then a doctor may prescribe tricyclic antidepressants such as Tofranil, Norpramin or Elavil. These are particularly good if the child has anxiety and depression along with ADHD. There have not been as many long-range studies done on these drugs. Their side effects can be constipation and dry mouth.

Atomoxetine made under the name Strattera works differently than the drugs mentioned above. It is not a stimulant and not a controlled substance. This means a doctor can prescribe it over the phone, which cuts down on office visits. The FDA approved Strattera for ADHD children in November 2002, so it is a new treatment. Side effects can be poor appetite, nausea, vomiting, tiredness, weight loss and upset stomach. Since it has not been in use as long for ADHD, the long-range effects have not been studied. In December 2004 the makers of Strattera added a warning that their drug has caused liver damage, but it is rare.
In some cases none of these drugs will work alone, so a doctor may prescribe a combination of them.

Doctors often have to experiment for a long time to get the right drugs and the right dosage for an individual patient. The dosage does not depend on the height and weight of the child but on the child’s ADHD. For example, a small child may sometimes take more medicine than a bigger, older child. The doctor may ask parents to keep records of the child’s behavior to help determine the level of dosage.

YOUR EMOTIONS ABOUT YOUR CHILD’S ADHD

Parents react in many ways when they find out that their child has ADHD.

There are many parents who want their child to be diagnosed with ADHD. Many doctors and psychologists report that parents offer them bribes for an ADHD diagnosis. The reason is that they receive more government benefits if their child has ADHD or some other medical condition. Sometimes parents believe that their child will have the advantage of special education at public school that includes instruction in a small class or even on a one-on-one basis.

While they may not actively want their child diagnosed with ADHD, other parents feel a sense of relief when they finally get that diagnosis. They realize that not everything is their fault as parents. They may have suspected that something was medically wrong, and the diagnosis finally gives them a course of action. Now they know how to make the situation better.

Other parents fight the idea that there is something physically wrong with their child, and actually would prefer a psychological explanation. They want to try a non-drug approach, such as counseling, parent classes, natural diets, and relaxation techniques. They may take a common sense view that if a child is throwing tantrums, can’t get along with other children, acts up in school and causes a commotion at home, then the problem is a poor adjustment. This explanation seems easier to handle. It is a temporary problem rather than a permanent physical condition. Often these parents will go from one doctor to another until they find one who says what they want to hear.
However, if a child has had a thorough medical and psychological examination that concluded with an ADHD diagnosis, then this child’s problem has a physical basis and medication can often work miracles. One doctor said that he is always delighted when Ritalin transforms a child into a likeable, manageable human being who could enjoy school.

Often when their child is first diagnosed, parents feel grief and sadness. They have trouble accepting that their child has to take medicine and requires some special help. There are depressing statistics that people with ADHD are more likely to end up in jail, or on drugs or alcohol. This information makes them worry about their child’s future. They feel a real sense of loss that their child may not live up to their expectations of achievement.

Sometimes one parent will insist that the child does not need medicine or treatment and this begins a fight with the other parent. This situation is not good for their marriage or their child, and it often has to be worked out through counseling.

Since there is a big hereditary factor with ADHD, still other parents feel a sense of guilt that they have passed on a trait that they themselves have struggled with all their lives.

When your child is first diagnosed with ADHD, take this chance to learn as much as you can about the disorder. If your doctor or other specialist recommends that you and your spouse go for parenting classes, behavioral therapy with your child, or family therapy with your child and his or her siblings, don’t take it as a criticism but rather as an opportunity to learn. Your child will respond better to certain kinds of parenting techniques than others, and you can learn them.

Many parents of ADHD children say the earlier the child is diagnosed, the better things will get. The sooner you get involved in his or her therapy and the more you learn, the better things will be for your entire family and your child. Your child’s self-esteem suffers less if you get early intervention.

You can learn ways of teaching your child to behave appropriately at home and at school, to help him or her form friendships, and to make his childhood joyful. You may want to talk to other parents of ADHD children and join a support group through CHADD (see www.chadd.org). You are not alone: millions have gone before you with the same situation.
While it is normal to grieve and feel sad, if those feelings last for more than a few weeks, you should seek out counseling to help you better accept and deal with the situation.

YOUR CHILD IS A PERSON, NOT A DISABILITY

Keep in mind that with the right guidance your child can be fine. Children with ADHD have gone on to pursue careers in medicine, law, university life or whatever they want. Many learn to channel their tremendous energy and grow up to become interesting, vital personalities with a certain extra sparkle, as one writer put it. They can learn to organize their work, channel their energy, and live wonderful lives as adults.

Your child is a person, not a disability. ADHD is part of his or her personality, but not the part that makes your child unique. Each child has unique talents and abilities, and a unique style and way of doing things. It is your job as a parent to bring out your child’s strengths and to help him or her cope with ADHD.

When you think about Thomas Edison, Winston Churchill, John F. Kennedy, General George Patton or Mozart, do you think about their Attention Deficit Disorders, or about the wonderful contributions they have made to the world?

Some writers actually frame ADHD as a blessing, not a curse. Author Thom Hartmann in his book, *The Edison Gene: ADHD and The Gift of the Hunter Child*, believes that ADHD is an adaptive gene that helps humanity by providing it with people who are quick thinking and impulsive. In other generations, they saved their tribe by reacting to danger first. ADHD people become inventors, explorers, innovators, pioneers and entrepreneurs. Instead of being a problem, the Edison or ADHD gene is a true gift to humanity.

At Cedars Academy, just as each student has the responsibility to develop organizational skills and a successful learning style, teachers are responsible to develop a teaching style to educate each individual student. Our program is based on evidence from the latest research in methods to educate and provide positive behavioral changes for students with Attention Deficit Disorder. Learn how Cedars can help your child. Call 888-972-7736
The treatment for ADHD is a combination of drugs, therapy and special education.

However, many insurance companies refuse to pay for counseling or behavioral therapy in connection with ADHD. This year the Maryland office of Blue Cross Insurance denied a claim for psychotherapy for parents of a child with ADHD, and this may signal even more trouble with insurance companies.

Most insurance policies have a cap on how much the insurers will spend annually on mental health services, which include ADD. Sometimes it is as low as $500 to $1000 per year. This is a real problem for parents. CHADD is lobbying in Congress to make it against the law for insurance companies to put those caps on coverage.

Psychotherapy means talking on a regular one-to-one basis with a professional therapist. Research indicates that while it is not helpful to have a young child under twelve undergo psychotherapy, it may help parents to talk to a therapist on a one-to-one basis. However, many insurance companies will not pay for such therapy.

Behavioral therapy is about teaching appropriate behavior. At private schools and camps for ADHD children, children often undergo behavioral therapy all day long. If the ratio of staff to children is high, each child receives instant and constant feedback from an adult at the time of each behavior. This is the most effective way to help an ADHD child learn to behave appropriately.

Parents can learn techniques that help ADHD children by going through behavioral therapy sessions. Often the therapist first observes how parents and child interact with one another, and then teaches parents how to improve their relationships and how to intervene when the child acts up.
TREATMENTS THAT DO NOT WORK

There are a number of treatments being sold as cures for Attention Deficit Disorder. While some people claim that these treatments “cured” their children, the general wisdom is that they are not worth the money because they do not work.

Mega Vitamin Therapy, Mineral Supplements, and Natural Cures

Parents buy herbal supplements that contain vitamins and herbal remedies under different names over the Internet or from health food stores. Many of these contain chamomile, a very mild sedative made from flowers; and/or St. John's Wort, another very mild herb that helps relieve anxiety and depression. Besides St John’s Wort and chamomile, some supplements also contain zinc, Vitamin E, Priacetam, Ginkgo, and two amino acids called L-tyrosine and DL-phenylalanine. Ginkgo is a blood thinner and can cause excessive bleeding. These cures are often quite expensive and usually do not have any effect on ADHD except as mild sedatives. Before you use these remedies, check with your doctor, especially if your child is taking conventional medications for ADHD. There may be harmful interactions between herbs and conventional drugs.

Some children have bad reactions to herbs. For example, some children will actually hallucinate or have severe nightmares after they take St. John’s Wort.

Naturopathic or homeopathic doctors selling herbal remedies often tell parents that ADHD is a result of a poor functioning thyroid or pancreas, magnesium or other mineral deficiency, or some other physical problem. Often these practitioners advise parents to put the child on a diet that eliminates many common foods like cow’s milk, chocolate, wheat, soy, eggs and yeast. Although a few children are helped by these diets, the regular medical establishment does not endorse these diets or remedies. See the section below on DIETS.

Anti-motion sickness medicines and chronic yeast infection treatments do not cure ADHD. Yeast treatments are often sold in health food stores and are supposed to kill an accumulation of yeast bacteria in the body. Usually store personnel will advise you also to eliminate bread and all yeast-containing foods. Anti-motion sickness medicines often make
children sleepy, but do not cure ADHD. ADHD is not the result of poor inner ear functioning, as some practitioners portray it.

**The Allergy Approach**

Many ADHD authors and specialists have noticed a link between allergies and ADHD. For this reason, many parents believe their child has allergies, not ADHD. They start a regimen of special diets and dust-free environments. They get rid of pets and have their child quit outdoor activities that may induce hay fever. Then they introduce allergy medications. Sometimes the allergy approach appears to work, because such medications often induce drowsiness and the child becomes less active. The danger in doing this is that the child does not get into behavioral therapy and special education classes, and that he or she is not taking the ADHD drugs that will really help. What usually happens is the allergy approach works for a little while and only delays appropriate treatment for ADHD.

**Optometric vision training** is a series of eye exercises that are supposed to help the brain function better. If a child does the exercises, he or she is supposed to become a better student and reader. These exercises do not cure ADHD.

**Chiropractic treatments** involve massaging the neck and spinal regions to achieve better alignment and cure ADHD. The Canadian Memorial Chiropractic College in Toronto, Canada has a textbook that reads: "...the results point chiropractic manipulative therapy as a possible non-drug intervention for children with hyperactivity." While chiropractic treatments may make a child feel more relaxed and calm, there is no scientific evidence that they help or cure ADHD.

**Kinesiology** is another alternative form of medicine taught at colleges of kinesiology. Kinesiologists claim to cure ADHD by correcting structural, chemical and mental imbalances in the body. There is no evidence these treatments will help an ADHD child.

**Hydrotherapy** is any treatment that involves submersion in water. There was a hydrotherapy fad in the 1980s to have ADHD children “swim with the dolphins.” Hydrotherapy treatments do not cure ADHD.
TREATMENTS THAT MAY OR MAY NOT WORK

The jury is still out on some of the most recent therapies for ADHD children. In some cases, initial scientific studies have some promising results, but more research is needed before these can be recommended for every child.

EEG therapy is a little like the Beta Wave or biofeedback therapy popular in the 1970s. You have to physically attach a machine to the brain, and then the machine records your brain waves to a screen. You watch your brain waves on the screen to see if they are fast, slow or moderate. The idea is that once you learn what a relaxed brain wave state feels like, you can learn how to attain it by practicing in the laboratory. Dr. Daniel Amen is a big believer in EEG therapy and has his patients do it at his famous ADHD center. The problem is that these treatments are expensive, and there has not been enough research to prove that their benefits are worth the cost of prescribing this therapy for everyone.

Metronome Therapy as the name implies is about teaching children with metronomes, those little machines that musicians use to keep time. There is some promising research that this therapy may be helpful.

Sensory Integration Therapy is one of the newest ways to treat ADHD. Children who have a diagnosis of “Sensory Integration Dysfunction” or “Sensory Processing Disorder” are overly or under-sensitive to things in the environment. SID children often do not like to be touched. They are picky eaters, and very sensitive to smells and noise. For example, many SID children cannot stand to have clothing labels rubbing against their skin or cry at the sound of a vacuum cleaner. Therapists who work with SID children have been trying their same non-drug techniques with ADHD children with some promising results.

ADHD coaches are a relatively new phenomenon. The first ones appeared about five years ago, and now many advertise on the Internet and Yellow Pages. Some coaches work only with ADHD adults and others work with parents of ADHD children. Coaching is usually done once a week over the telephone and costs an average of $100 per hour. The problem is there are
no accreditation, certification or licensing procedures for such coaches, so basically anyone can set up a practice.

THE FEINGOLD DIET

A California allergy specialist and pediatrician created a big stir with his 1973 book, Why Your Child is Hyperactive. Dr. Benjamin Feingold’s idea was that food additives, salicylate (the salt found in aspirin), artificial colorings and flavorings, and excessive sugars (especially corn syrup) in the modern diet were the cause of Attention Deficit Disorder and Hyperactivity as well as asthma, headaches, insomnia and other problems in children. The Feingold diet is very strict and hard to follow because you have to cook almost everything from scratch and eliminate many common foods. If a child accidentally eats something off the diet, his whole progress is set back for “at least 72 hours.”

In the first six weeks of the Feingold diet, a child is not allowed to eat anything on the forbidden food list. Then some of the forbidden foods are gradually introduced one at a time. If a child reacts, then that food must be eliminated forever.

Among the foods NOT ALLOWED on the Feingold Diet are soft drinks except 7-Up, lunchmeats and hot dogs, candy bars, salty/cheesy snacks like potato chips and Cheetos, and foods prepared from packages like macaroni and cheese, Kool-Aid, and cake mixes. Certain natural foods are also eliminated, such as tomatoes, berries, cucumbers, almonds and apples. Also not allowed are common drugstore items like regular toothpaste, mouthwash, cough syrup and drugs with aspirin.

Some children really seemed to benefit from the Feingold Diet, and Dr. Feingold claimed a 30% to 60% cure rate among his ADD patients. However, when the diet was tested in scientific studies, the percent of children helped was between two and ten.

In one very strict double-blind study, food was given to entire households and no one knew if their family was really on a Feingold diet or a regular one. In that study less than 2% of the children benefited from Feingold.
In January 1982, a panel of doctors and other experts from the National Institutes of Health concluded that scientific studies did not support Dr. Feingold’s claim that food additives, colorings, or preservatives cause hyperactivity. The same panel also recommended that the diet not be prescribed for everyone because so few people would benefit.

Disadvantages of the diet are that it is a lot of work, it makes your child stand out among the other children, and your child may develop a neurotic belief that he or she is much more fragile and sensitive than other people. However, despite all of this, the Feingold may be worth a try because your child may be one of the 2% to 10% of children who truly benefit from it.

COMMON SENSE DIETARY GUIDELINES

Most physicians do believe that a sensible approach to diet is important for children with ADHD. Dr. Daniel Amen, one of the foremost experts on the disorder, puts his patients on a low carbohydrate/high protein diet. His reasoning is that if you keep blood sugar levels in the body on an even keel, the child will be less moody and hyperactive. He suggests that you eliminate all sugary foods like cake, candy, soda and so forth. He wants you to replace simple carbohydrates like white rice, white bread and packaged cereals with complex ones like brown rice, bran and other whole grains. He advocates giving children protein at every meal and protein snacks like cheese and beef jerky, so that their blood sugar levels do not rise and fall. Because this approach is more common sense and not as extreme as Feingold, most doctors recommend it.

CITRUS

Finally, if your child is taking Ritalin and other such medications, ask your doctor about citrus intake. This means oranges, grapefruit, tangerines as well as juices made from them. Citrus interferes with the effectiveness of ADHD medications.

CAFFEINE

Some parents put their ADHD children on coffee or other drinks that contain caffeine in an effort to avoid medicating the child. Their reasoning is that because caffeine is a stimulant, it
should have the same calming effect as stimulant drugs. However, most doctors do not want ADHD children to have any caffeine. It is especially important not to allow your child to have a caffeinated drink three hours before bedtime, as it will interfere with sleep.

GREEN TIME HELPS ADHD CHILDREN

Researchers at the University of Illinois Human Environment Research Laboratory recently found that time spent outdoors in nature tended to calm ADHD children and lessen their symptoms. The more “natural” the setting, the better the calming effect. For example, children who hiked through wilderness experienced fewer symptoms than those who spent that same amount of time playing in a city park. Likewise, playing outdoors in a park was better than playing in an indoor gymnasium.

The Illinois scientists found that exposure to nature even on a small level seemed to help ADHD children focus and calm down. For example, if a child has a tree or other view of nature outside a window, his or her grades tended to improve.

Try sending your ADHD child outdoors every day. The more natural the setting, the better!

REGULAR EXERCISE HELPS ADHD CHILDREN

The common sense view that active children need to “run their energy off” has some scientific basis. Your ADHD child should have an hour of aerobic exercise every day. Aerobic exercise is hard, vigorous exercise involving the big muscle groups, the kind that increases the heart beat and forces a person to breathe harder. Aerobic exercise can be running and swimming as opposed to slow walking or bowling.

There have actually been books written about the benefits of aerobic exercise to ADHD children. Scientists proved a long time ago that exercise benefits cardiovascular health, but now they are learning that it benefits mental health too. Aerobic exercise causes chemical changes in the brain, in particular a release of dopamine, giving people a feeling of well-being and calm. This is especially good for ADHD children.
Dr. Michael S. Wendt at State University of New York at Buffalo had ADHD children work out five days a week. The children did distance running and got their heart rates up to 135-175 beats per minute for 20 minutes of each 40-minute workout. Then Dr. Wendt had parents and teachers record behaviors. The children in the program improved their behavior and their ADHD symptoms decreased.

VIDEO GAMES, TELEVISION AND COMPUTERS

Video games present a problem for ADHD children. Many of them will sit and play these games for hours on end, giving parents a much-needed break. But when they are through playing, their ADHD symptoms worsen. Studies have shown that these games stimulate the same region of the brain that cocaine does – and thus they are addictive. ADHD children should not be allowed to play video games.

Computer games and television watching also present problems. There are special computer programs that help ADHD children organize their schoolwork, and these can be very helpful at home and at school. However, ADHD children can “hyper-focus” on television and computer games for hours on end. When they are done watching television or playing computer games, their symptoms will get worse. ADHD children should not be allowed to watch television and play computer games for more than an hour at a time, and no more than two hours a day.
PART FOUR: HELP YOUR CHILD AT HOME

Certain ways of taking care of ADHD children work better than others. ADHD children respond well to regular hours, structure, consistent discipline, outdoor play, physical exercise, orderliness and predictability.

The problem is since ADHD is hereditary, many parents of ADHD children have the disorder themselves. This means they have trouble keeping things orderly and calm, being organized about their work and meals, and keeping to routines. The adults in the family can be impulsive, easily distracted and hyperactive themselves.

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If there is more than one ADHD child in the family and if at least one parent has the disorder too, then the family may have some real problems in day-to-day functioning. A family like this may be unable to carry out the suggestions in this booklet. There may be a need for professional help in the forms of therapy several times a week, private schools and/or respite care (babysitters to give parents a time-out).

While sending your child away to boarding school or a private camp may seem like a drastic measure, these places can provide the rest of the family with a needed break and a chance to regroup, even as your child gets professional help within an environment designed for his ADHD disorder.
YOUR HOUSE AND ITS FURNISHINGS

ADHD children do best in an uncluttered environment where everything is put away. Otherwise all the objects will distract them. There is some evidence that you can calm ADHD children by using soft neutral colors in rooms that have very few paintings and other decorations, and by using fabrics and wallpaper without patterns.

If you let your child keep toys lying all over the house, he or she will jump from one toy to another. Keep toys put away and let your child play with only a few at one time.

If you have more than one ADHD child, you should try to simplify your house and its upkeep as much as possible, because you will be doing so much extra parenting. Plant a low-maintenance yard. Buy maintenance-free appliances like self-cleaning ovens and self-defrosting refrigerators. Don't have a lot of knickknacks and other things that need dusting and cleaning.

Buy heavy-duty furniture and toys. Have floors you can wash rather than carpets and rugs. Don't buy mechanized furniture like recliner chairs. Don't buy toys that could endanger your child or that require adult supervision like motorized cars or electric ovens. ADHD children often do not have the impulse control to handle these toys.

Don't get a puppy when your children are young – you will not have the time and energy to train the dog. Don't expect your young ADHD child to be responsible for a pet.

STRUCTURE YOUR CHILD'S DAY

ADHD children respond well to regular hours for medications, eating, sleeping, homework, exercise and play. A lot of parents find it helpful to set up a chart and have the child check off each part of his daily routine. The parent can say, "Look at your chart. It's 4 PM and time for homework." This way the chart is the bad guy, not the parent.

If the child gets a star for doing everything correctly and on time for a week, he or she can earn a treat such as dinner at a fast food place or a small toy. Some parents have their child
earn stars for good behaviors, and get stars or points taken away if the child misbehaves. The chart system is a form of bribery, but many experts in ADHD recommend its use.

**Have a morning routine.** Your child uses his chart to check off each part of a morning routine such as: Brush teeth, make bed, wash, get dressed, have breakfast, get on the bus. The important thing is every morning your child gets up at the same time and follows the same routine.

**After school,** provide a healthy snack. If the weather is good, make your child play outside for at least a half-hour or more. Physical exercise has been shown in study after study since the early 1970s to lessen ADHD symptoms. Just being outdoors helps ADHD children.

Organized sports and activities like clubs and Scouts are often disappointments to both ADHD children and their parents. Although a sport like baseball looks like an outdoor activity, most players stand in place through the game. Baseball has a lot of rules that require focus. In organized sports like Little League baseball, PeeWee football and League Soccer, there is a lot of tension and competition (especially among parents) that an ADHD child may not be ready to handle. On the other hand, the really vigorous individual sports like track and swimming may be a better fit.

Organized clubs like Brownies can be like school, with a lot of sitting and concentration. It can also be stressful for a family to have to take part in car pools, fund-raisers and activities that require you to be at a certain place at certain times.

Martial arts may help some ADHD children learn to focus, but most will find classes like yoga too boring. Because ADHD children usually do well in one-to-one interactions with adults, private lessons in music and such often work out.

You will have to investigate each activity to decide if it is worth your time and energy. Will your family become too stressed out if you sign up for these commitments? Are the leaders patient and understanding? Will your child stand out too much and become disruptive, or will he or she really have a good time?
**Bedtime** is extremely important for ADHD children, who frequently get insomnia as a reaction to their drugs. Have a certain time for bath, pajamas, evening snack and teeth brushing. Again your child can check these activities from a chart every night.

Do not allow your child to watch violent television or stimulating video games before bed. Do not allow any drinks with caffeine after 4 P.M. or any drinks whatsoever three hours before bedtime. During the hour before bedtime, your child should calm down by reading, playing quietly or watching a low-key television program. If he or she cannot fall asleep after an hour, the child may be allowed to read in bed. Some children take sleeping medications every night, but you may be able to avoid this by trying the suggestions here.

**Daily transitions.** ADHD children usually do not transition well from one thing to another. For example, a six-year-old wakes up at home (1) and goes to Grandma’s (2). Then she goes to a day care center (3). In the afternoon she has kindergarten (4). Then she goes to day care (5) again until Grandma picks her up (6). She spends a few more hours at Grandma’s (7) until Mom picks her up. They stop at a grocery (8) before going home (9). At each of these nine transitions, she throws a tantrum.

For this ADHD child, it would be better to find a day care center that includes kindergarten classes and not use Grandma or run errands in the evening. In that way, she only has to make two transitions instead of nine.

**DISCIPLINE AND PRAISE**

If your ADHD child is your second or third, you may find out that the way you handled your first children will not work with this child. An easy-going manner with a friendly tone of voice may have been just fine with your other children, but now you need a different style.

It is not about being mean to a child and returning to the days of harsh punishment and spanking. It is about being firm and consistent, and learning to give your ADHD child constant and immediate feedback.

**GET IN TRAINING**
If you want your ADHD child to control his temper and tantrums, both you and your spouse will have to work together because your child will “divide and conquer.” You both will have to control your own anger. You have to remain calm and act like adults around the child. As any parent of an ADHD child knows, this is easier said than done because your child pushes you to your limits.

You can try relaxation techniques when you begin to lose your temper such as centering yourself with a deep breath, laying down on a bed (psychologists say it’s impossible to be angry when you are laying down!), and counting to ten. You will have to get enough sleep, eat good healthy food and exercise so that you are up to the hard job of taking care of an ADHD child. You have to stay in training like an athlete to do this kind of parenting. Again, this is all easier said than done in a world where there’s always too much to do.

It is very important to get some time for yourself so that you can stay calm and in control around your ADHD child. Hire a reliable adult to carefully watch your hyperactive child on a regular basis.

Consider taking a vacation alone together while your child goes away to ADHD summer camp. Look for the camp early in the year (by February) because they book up quickly. Check out the camp’s staff and facilities. It should have a low staff to student ratio, regular hours and structure, and provide plenty of physical exercise. Ask what they do when it rains.

You will have to work together as a couple and not undermine each other. If one parent is disciplining, the other should not jump in and defend the child. You may want to have a code word that you can say aloud if you think your spouse is being inappropriate.

FATHERS MAY HAVE AN EASIER TIME

ADHD children often behave better with adult men than women. This is a very difficult part of having an ADHD child, because the child may be fine with Dad or a male doctor. These adult males often in turn criticize the female parent and blame the disorder on her. No one knows why these children respond better with men, but it may that the male voice is deep and
low; the male physical presence is scarier; and men usually give direct commands without a lot of explanation.

GIVE COMMANDS, NOT EXPLANATIONS

In any event, any caretaker can learn to simply tell the child what to do without reasoning with the child or giving a lot of explanation. If you are at the park, say simply “It’s time to go home. Get in the car.” Start packing up.

If the child resists, go down to his level, stay calm and repeat, “It’s time to go home. Get in the car.” Do not use arguments or explanations, but just give simple commands. Use a voice of authority. Use a firm tone, not one that is hesitant or questioning. Tell your child what to do instead of asking him.

DISCIPLINE IN THE MOMENT

With ADHD children, “wait until your Dad gets home” just does not work. You have to have a consequence at the time of the problem.

If your child throws a tantrum, you can use a technique called “wrapping” if he or she is small. Take each of the child’s hands firmly in yours, wrap his or her arms across the front of the body, then pick your child up and put him or her in the car seat. Ignore any yelling and screaming.

If the child throws a tantrum at home, again just pick him or her up and put him in his room or give her a time-out in a chair until she calms down. Time-outs and re-directing behavior are better techniques than spanking. If you start hitting and spanking, you are telling your child it is okay to hit other people. Your child will do the same to others.

Instead of spanking, say something simple like, “You are really mad. You better go calm down.” This way you are providing your child with “a vocabulary of feeling.” Your child learns what “mad” and “calm” feels like and how to express that in words, not tantrums.
If your child is fighting with another person over a toy, don’t get into the middle of the fight by listening to both sides. Just pick the toy up and take it away. Say something simple like “You can have this later.” Don’t give in to their demands that you give the toy back.

If children can’t get along, you say, “It is time for your friend to go home.” Follow through by taking the other child home, even if they demand otherwise. Discipline in the moment. Redirect behavior.

It is important to communicate that you are in control, not your child. Don’t try to discipline from far away. We have all seen the mother who yells at a child from a window in the house. She yells until she is blue in the face and the child ignores her. She needs to go to the child, go down to his level and speak to him clearly and directly and in a normal tone of voice, and then make him go inside until he is better behaved.

This kind of discipline is a lot of work because you have to do it consistently all the time -- minute by minute, hour by hour. You are constantly teaching and training your child. That’s hard!

In summary, have a few consistent rules and regular times for daily activities. Refer to the rule when you tell the child to do a task. If you have to discipline, use action and not words. Redirect the child’s behavior. Give simple commands and follow through. Stay calm yourself.

Sometimes it may be extremely hard for you and your spouse to turn around a child’s behavior, especially over age ten or so. The child’s behavior is so disruptive that your family can not function as a unit. You may want to consider an ADHD residential program, even for a semester or so. The environment is so controlled and structured at these schools that there is no way for students to act out. Many children feel accepted by others for the first time and can make friends. Likewise academic classes at these schools are set up so that ADHD children can excel. The best schools have counselors who work with their students’ families. These programs are different than juvenile boot camps and schools with military-style discipline, which have been proven to be ineffective.

**GIVE A LOT OF LOVE AND PRAISE**
Parents of ADHD children are often shocked to watch themselves caught on video after a therapist tapes them with their child. All they do on the entire tape is criticize and discipline the child – there is never a word of praise or encouragement.

This produces a ten-year-old with ADHD who feels like a failure. He has never received much positive feedback from his parents, his brothers and sisters don’t like him, he doesn’t have any friends, and he’s flunking at school. He is depressed and suffers low self-esteem. He’s only ten, but he has failed at being ten years old!

It is important to “catch your child being good” at many times throughout the day.

With ADHD children, praise has to be in the moment and immediate, the same way as you discipline ADHD children. ADHD children respond to NOW and immediate feedback.

**Wow! I like the way you’re playing with your sister!**

**I didn’t know you had such nice table manners!**

**Thank you for answering the phone.**

**It is fun to play at the park with you.**

**Your hair looks really good today.**

**Good night, honey, I love you so much!**

When your child grows up, it will be your “voice” in his head all day long. Do you want it to be a very critical voice that constantly disparages every move he makes? Or is there some room for love and encouragement?

**WEEKENDS AND VACATION TIME**

These are the times most children like best, but for ADHD children, they are often more difficult.

At private schools specializing in ADHD, weekends and summer days are just as scheduled as weekdays. There are regular hours for meals, homework, and sleep. There are planned outings and activities in the afternoon and evenings. Take your cue from them: even though it’s a weekend, keep to regular hours.
It may work best to plan outdoor activities like camping, fishing, hiking, and walking through a zoo because of the benefit of “Green Time.” A day spent running errands, at a shopping mall or sitting around Grandma’s house will make your ADHD child’s symptoms worse.

MUSEUMS AND AMUSEMENT PARKS

ADHD children, in general, do not do well at museums unless the site is “hands on” and designed for children. This child “acts up” more often at art museums, street fairs, house tours, history museums, and exhibits that involve reading and looking without touching and experiencing.

Amusement parks are often over-stimulating and turn into a disaster when the child “melts down” in a two-hour waiting line for a five-minute ride. Disneyland allows ADHD children and five friends to bypass long lines with a Special Assistance Pass. You don’t need medical documents to get the Disneyland pass. Knott’s Berry Farm requires proof of ADHD and then will allow three children along with the ADHD child to use “fast lanes.”

Any vacation that needs a long car trip is not a good idea for ADHD children. It can help to travel when your child is asleep, or to break up the trip over several days.

Long overnight visits to relatives’ houses where there are a lot of rules and concern about furniture and other belongings usually end up badly too.

Be realistic about your family vacation. Plan something active and child-oriented, not a week in a fancy hotel next to great shopping, as you will only frustrate yourself and your child.

Better yet, take your own well-deserved vacation while your child spends part of his summer at a structured camp for ADHD children. You’ll both have more fun that way.

BIRTHDAYS AND HOLIDAYS AND OTHER EVENTS

Prepare your child for every event from Christmas to dental appointments by using your trusty calendar and wall chart.

Show the child which day on the calendar is the birthday or the event. If he is two years old, he can understand two days away. If she is five, she can understand five days away. Count
down the days on the calendar. Talk to him about exactly what will happen on the birthday or at the dentist. Be very specific about each little thing that will happen. By knowing what to expect, your child won’t be as nervous and will behave better.

Don’t allow your child to get too keyed up about these events by raising expectations or fears too much. Be casual and matter-of-fact about things.

Keep birthday celebrations small and low-key. Take your child and two other preschoolers to the park for an hour or two. For a child over seven years old, treat your child and one friend to a movie and ice cream afterward. Think small and simple, and stay away from “who’s got the biggest party” contests.

Be realistic about the holiday season. Do you really need to send out hundreds of greeting cards and put up tons of lights all over the house if this kind of thing creates too much stress for your family? Make a list of everything you think you need to do, and then cut out everything that is not essential. Open presents in the afternoon so bedtime is easier. Hire someone to watch the children rather than take them along when you shop. Cut every possible corner. If you have an ADHD child, you already have enough to do. Don’t compete or compare your family’s holidays to those of people you know or people on television.

BROTHERS AND SISTERS OF ADHD CHILDREN

Sometimes everybody gets along. If the children are more than seven years apart, in many ways, it is like having two “only” children. But if they are closer in age, sometimes there are problems.

Often a sibling resents how much time and energy parents spend dealing with the ADHD child’s problems. A brother may get tired of his mother going to doctors, therapists, teacher conferences, and such all the time that have nothing to do with his life. A sister is jealous of all the money spent on the ADHD child. Both of them feel the ADHD child is held to a different and lower standard of behavior. They may feel that they always have to be good and high achieving to compensate for the problems with their sibling. They also get tired of the ADHD child’s constant noise and hyperactivity.
Teenagers in particular may be embarrassed if their ADHD sibling acts too weird in front of their friends. They may stop inviting friends home.

Sometimes if the ADHD child starts to improve either through medication or therapy, suddenly there are problems with the other children. These problems were probably always there, but parents ignored them in favor of working on the bigger ADHD problems.

There are a few things that may help.

First, explain ADHD to all your children the best you can based on each child's age and ability to understand. If you don't talk about it openly, a sibling may worry that he or she can get it too. The sibling may even worry that ADHD is fatal. Talk and explain why brother or sister is taking medicine. See the RESOURCES section for a list of books you can read to your children about ADHD.

Second, try to give each child some individual attention every day. Schedule special times when you or your spouse can spend one-on-one with each child doing something you both enjoy, like going to a movie or restaurant.

Third, if a sibling is doing well, don't withhold praise and appreciation because you think it's unfair to your ADHD child. Give the needed praise, without comparing the children to one another aloud.

Fourth, don't expect a sibling to spend big blocks of time with an ADHD child if the ADHD child behaves badly. If you can give each child some individual space, preferably a room of his or her own, that may work wonders.

Fifth, for the same reason, stagger your children's schedules so they spend less time together. For instance, if a brother has after school sports on Tuesdays and Thursdays, keep your ADHD child at home at that time. Schedule your ADHD child's activity after school on Mondays and Wednesdays.

Sixth, if other children tease your ADHD child, you (not siblings) should handle the problem.

Brothers and sisters of ADHD children often deeply love their sibling but don't always show it outwardly. Remember this is fairly typical of all children everywhere.
HELPING YOUR CHILD MAKE FRIENDS

Neal Swartz, founder of the Cedars Academy, a private school in Delaware for ADHD children, put it this way: "We have to teach the things other children pick up naturally. Things like how much pressure you put on a handshake, how often to make eye contact with other people, how to listen without interrupting. We even teach basic hygiene."

ADHD often means a child can not pick up social cues or read other people’s body language. As Mr. Swartz explained, these are things people usually learn without formal instruction.

Because they don’t know how they are coming off or how to read body language, ADHD children often push adults to their limits and get in trouble at school. For example, an ADHD boy will drop a load of books on the floor. Then he blurts out an answer in class. Then he pulls a classmate’s hair. Then he decides to loudly sharpen a pencil. At this point, his teacher yells, “I’ve had it! You’ve been acting up all day!” A child without ADHD may have realized he was getting on his teacher’s nerves and pulled back. The ADHD boy honestly wonders, “What did I do?” When his parents show up for a conference, their son insists, “I didn’t do anything!”

ADHD children often have no idea how they are “coming off” to others. They don’t realize that their voice is too loud or that no one likes their clowning. On the other hand, a quiet, non-hyperactive ADD child can simply appear weird. Most children will not risk their own social status to make friends with someone who is weird.

Parents have to teach the things other children learn naturally. You can’t allow yourself to get into the mentality that the other children are mean and picking on your child, but you have to help your child better understand other people.

Give your child “the vocabulary of feelings.” Tell the child how his or her actions affect others in terms of feeling.

You’re crying. Are you sad?

Wow, you seem really upset. Are you angry?

When you hit your brother, he feels angry and hurt.
Don’t keep teasing me. I don’t like it.

Use an indoor voice. That loud voice makes me nervous.

One trick is to teach an older child to mentally summarize what another person is saying, before she replies. This way your child learns not to interrupt.

ADHD children make wonderful friends to other children. They appreciate their friends more and can be incredibly loyal. Many authors believe having ADHD as a child ultimately makes a person more sensitive to other people with problems or heartaches.
We know why it is called the Edison Gene.

ADHD is not just about paying attention in the classroom, but can affect every aspect of a child’s life. Our students acquire social skills and emotional control just as they master academic skills.

Aspen Education Group’s wilderness programs, boarding schools, and summer camps offer unique environments in which children and teens with ADHD can not only learn new skills but thrive and succeed.

Wilderness Programs

Research shows that when kids with ADHD spend time outdoors, known as “green time,” their behaviors improve. The wilderness has a remarkable effect on these children.

Locations: New York, Texas, Idaho, Utah, and North Carolina

Boarding Schools

We have therapeutic boarding schools that specialize in teaching children and teens with ADHD. Small class sizes and individualized curriculum help students learn how to learn. We know that the one-size-fits-all approach in public education rarely works for students with ADHD.

Locations: Massachusetts, Vermont, North Carolina, Oregon, Texas, Arizona, Delaware

Summer Camps

Our unique summer camps offer much more than the typical summer adventure. We specialize in creating camps that offer not only adventure but learning experiences, for children and teenagers with attention deficit hyperactivity disorder. Treks and white water rafting are just some of our exciting activities.

Locations: North Carolina

To Talk to an Admissions Counselor, Call 888-972-7736
PART FIVE: HELP YOUR CHILD AT SCHOOL

If your child has ADHD, you can’t just send him or her off to school unless it’s a private school designed for ADHD.

Parents have to become advocates to make sure that a public school with the education mandated under two federal laws. Most public schools do not want to provide special services, and in many cases, parents have had to hire attorneys. For legal help, contact the Disability Rights Education and Defense Fund, a national center for disability law. Contact DREDF at their website at www.dredf.org or

DREDF
2212 Sixth Street
Berkeley, CA 94710
510.644.2555 phone
510.841.8645 fax

This section contains general information about your legal rights, but is not legal advice or opinion on legal issues. Contact an attorney about these issues.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

Thanks to the lobbying efforts of parents of ADHD children, ADHD was included as a Health Impairment under the Individuals with Disabilities Education Act (IDEA) on September 16, 1990. This law states that children may qualify for special education and other services on the basis of their ADHD, if it gets in the way of their learning. Schools must provide services and special education to address the effect of ADHD on all areas of the child’s life, including academics, social/emotional, communication, vocational and independent living skills.

Under IDEA, parents can ask the school district to test their child for ADHD, although the school has the right to refuse. If the parents go ahead and get an outside doctor to diagnose ADHD, the school is required to consider that diagnosis, but has the right to refuse services if the
ADHD is not interfering with the child’s functioning. Parents have the right to appeal that decision.

If the school’s staff believes the child has ADHD, the school may provide an outside evaluation and diagnosis, if parents consent. Parents must consent to special educational services for their child, and whether or not to use medicine.

The school must reevaluate the child every three years or less.

Once a child is in a Special Education program under IDEA, the school has to come up with an Individual Education Plan (IEP) every year. Parents, teachers, and other school staff design the plan together.

If the school district wants to place your child in a school out of your neighborhood, you have the right to challenge that. Under IDEA, your child has to be educated as close to his home as possible. Likewise, you have the right to request that your child stays in regular classes as much of his day as possible.

If your child is suspended or expelled from school, your child is still entitled to educational services during that time. Once you can request a hearing, your child has to remain in his own school until the hearing process is over.

SECTION 504 LAW

Your child may qualify for services under Section 504, a civil rights law that requires schools not to discriminate against children with disabilities and to accommodate them as much as possible.

Under Section 504 a disability must substantially limit a child’s ability to learn. The school has to come up with a 504 plan. Unlike IDEA, a 504 plan does not have to be changed every year and the child does not have to be reevaluated every three years.

Eligibility for 504 is a little looser than under IDEA, and therefore sometimes it is easier to get services under 504. However, IDEA offers more services and more parent participation. If your child is suspended or expelled, he will have more protection under IDEA. Schools usually push for a 504 plan over an IDEA program because it gives them more freedom.
To get services started for your child, write a letter to the principal asking for an evaluation to determine if your child is eligible for special education and other services under BOTH Section 504 and IDEA regulations 34 CFR 300.7.

MANATEE COUNTY CASE

A Federal Court in Tampa, Florida is currently hearing a case that may have a huge impact on schools and ADHD laws. Joanie Derry sued the Manatee County School District on behalf of her son. Ms. Derry is arguing that the school should be required to provide ADHD services even though her son is a good student, because he is not performing up to his real ability. This boy is constantly being disciplined and sent to the principal’s office, and Ms. Derry argues that proper services would help his adjustment.

If this parent gets special educational services, it will open the door to tens of thousands of students with ADHD who do not receive such services now because they are performing at an average or above average academic level.

PRIVATE NEIGHBORHOOD SCHOOLS

Parents sometimes believe that a religious or small private school in their neighborhood will be better for their ADHD child. However, often this kind of school does not work as well as the public schools, where a child can get special services. If the religious or private school does not receive public funding, then your child is not eligible for special services under IDEA or 504. A private or religious school has the right to expel your child permanently.

WORKING WITH YOUR CHILD’S NEIGHBORHOOD SCHOOL

Whether you work with a private or public school, you will have to become your child’s advocate. Try to find a teacher who likes working with ADHD, not one who has a classroom full of children with many kinds of special needs. Your child’s teacher should be well-organized, neat, firm, patient and consistent. Ask for daily report cards. Ask for special circumstances for test
taking, such as giving your child more time and allowing her to take the test in a room free of
distractions. You can request your child sit in the front of the room.

If your plan calls for an amount of one-on-one time each week from a tutor, make sure
the school lives up to this arrangement all the way until spring, not just in the beginning of the
school year.

Will your child be put in a class where she is mostly babysat and where little actual
learning takes place? If your child has average or above average intelligence, will he be placed
with others of his ability? If he has disruptive behaviors, will he be wasting a lot of educational
time in the principal’s office or in time-outs?

Can you find a teacher who is patient and firm without being overly harsh in his
discipline? Will your child be singled out when he has to take medicine at noon? Will he be
embarrassed like the ADHD first grader who had to wear an ugly black rubber spider every time
he was “bad”?

HIGH SCHOOL STUDENTS

While almost half of ADHD children outgrow the disorder by late adolescence, a small
percentage are diagnosed with ADHD in high school. These students were able to get through
elementary school because their parents checked over homework every night or because they
had very high intelligence. Often they have gotten by with mediocre grades, but begin to fail
courses in high school. The reason is now their work requires organization and time management
skills they never learned.

For example, a high school student has to break up a term paper into a series of small
tasks like research, outline, and so forth. Instead of one teacher, a high school student now has
four or five teachers, who each assign homework. A student with ADHD often does not have the
planning and organizational skills to handle these long assignments and to keep track of many
classes.

At this point parents have to seek help through Section 504 or IDEA at a public high
school. They may also hire tutors or enroll the student in a residential school specializing in
ADHD. ADHD students can also request to take College Board examinations such as the Scholastic Aptitude Test under special circumstances.

If a teen graduates from high school but is not quite prepared for college, programs such as Landmark College in Vermont specialize in ADHD students. After completion of the program, graduates usually can enroll in regular university programs.

PRIVATE BOARDING SCHOOLS FOR ADHD

Private schools designed to educate ONLY children with ADHD can often work wonders. Although they are expensive, sometimes even a semester or two at a residential school can turn around an ADHD child’s behavior and outlook on life. These schools are so highly structured in their regular daily routines that the children calm down and become focused and learn time management.

Look for a school with the following attributes.

1. The school specializes in Attention Deficit Disorder.

2. Throughout the day and at every opportunity, the staff teaches social skills along with academics. They do not embarrass or punish students but show them how to behave appropriately by example and praise.

3. Class sizes are small. There is a lot of one-on-one attention from adults.

4. There is a regular daily schedule of classes, meals, bedtime, recreation and physical exercise. The children don’t spend time watching television or playing video games. However, the school feels like a fun and interesting place because it offers lots of different activities and field trips.
5. The school owns equipment designed specifically for ADHD, such as computer programs that help organize academic work. Classrooms are free of distractions. Classes are broken up into small periods of lectures, video, and hands-on work.

6. Staff members are firm and consistent, and give constant immediate feedback. Students have constant supervision. Every teacher is someone who genuinely enjoys teaching these active children and understands their special needs, but recognizes that each one is an individual with unique talents and gifts like any other child.

7. On the high school level, the staff helps the ADHD student through college admission processes and gives him the study skills necessary to succeed in a regular college program.

8. Parents and family members are encouraged to actively participate at this school.

Sometimes your health insurance policy will cover some of the costs of a residential school. You may be able to write off the cost of tuition, room and board from your annual Income Tax return, but rules are strict. Consult your tax professional to find out if you can qualify for that deduction.
RESOURCES FOR PARENTS OF ADHD

CHADD has been mentioned again and again in this booklet, because it is the premier support for parents and children with Attention Deficit Disorder. CHADD offers parent support group, the latest research, a network of health and legal professionals, and all kinds of wonderful services. Check out their website at www.chadd.org or write CHADD, 8181 Professional Place, Suite 150, Landover, MD 20785. You can also phone their National Resource Center on AD/HD at (800) 233•4050 or Business (301) 306•7070.

The Disability Rights Education and Defense Fund is a center for disability law. Contact them at 2212 Sixth Street, Berkeley, CA 94710 or phone 510.644.2555.

ADDitude Magazine is about ADHD. It comes out six times a year, and costs $20 for a year’s subscription. See their website at http://www.additudemag.com/additude.asp. Contact them at ADDitude Magazine, P.O. Box 500, Missouri City, TX 77459, or call 1-888-762-8475.

A lot of the information on the Internet about ADHD is not very good or scientific. But you can find very good research on the website of the American Academy of Pediatrics at www.aap.org. Another reliable source of good information (over 1600 articles on ADHD) is the National Institute of Health at http://www.nih.gov.

The American Academy of Pediatrics recommends this list of books about ADHD written on a child’s level:


Sometimes I Drive my Mom Crazy, But I Know She’s Crazy about Me. By Lawrence E. Shapiro. King of Prussia, Pa.: Center for Applied Psychology, 1993.

YOUR CHILD AND ADHD

BIBLIOGRAPHY


ADHD BOARDING SCHOOLS

Therapeutic and emotional growth boarding schools specialize in addressing the unique social and educational needs of children and teens with ADHD. These programs offer a learning environment that allows students to thrive as they develop the skills and focus necessary to achieve their potential. Small class sizes allow for individualized attention and give teachers and counselors the ability to develop education plans that address your child’s specific needs. Students with ADHD are able to discover their strengths and develop strategies to overcome behaviors that have limited their success in traditional, one-size-fits-all academic settings.

For more information on these schools and other Aspen Education Group programs that specialize in students with ADHD, please call toll-free 888-972-7736.

Cedars Academy – Delaware – Girls and Boys ages 11-18

Cedars Academy is a college prep boarding school specializing in boys and girls with ADHD. The Academy offers a fully accredited, college-preparatory curriculum for middle and high school students. The Academy is located on 73 beautiful rural acres on the Delmarva Peninsula, only two hours from Washington DC, Baltimore and Philadelphia. To maintain an individualized approach to education, the Academy is limited to 40 students with a student/teacher ratio of 6/1. Each student undergoes a thorough assessment of academic and personality style, strengths and challenges. Then the staff prepares an Individual Education Plan based on assessment results. Just as each student has the responsibility to develop organizational skills and a successful learning style, teachers are responsible to develop a teaching style to educate each individual student. The program is based on evidence from the latest research in methods to educate and provide positive behavioral changes for students with ADD.

New Leaf Academy – North Carolina and Oregon – Girls Ages 11-14

New Leaf Academy offers a carefully crafted program that pairs individualized counseling with education, allowing girls with ADHD to experience change and growth. Students re-examine and rethink their perceptions of their world, as they recognize and appreciate the opportunities that life offers. Girls thrive in the Academy’s year-round, highly structured system of classes, study, self-development and recreation. As experts in the art and the science of helping girls in their pre- and early teen years, the staff at New Leaf stresses development of personal responsibility and commitment to family, school and community through behavioral changes. Academic programs are designed individually to assess and accommodate interests and learning styles.

Stone Mountain School – North Carolina – Boys Ages 11-16

Stone Mountain School is a therapeutic boarding school for boys with ADHD and learning differences. Located in the mountain setting of a 100-acre campus in western North Carolina, Stone Mountain offers numerous outdoor activities that have both a recreation and therapeutic benefit. The beautiful yet rustic surrounding serves as an experiential classroom where the natural and logical consequences of daily living are clear and understood. The program offers group therapy and academics through an adventure-based experiential model. Stone Mountain creates a caring yet highly structured community by limiting the living and academic group size. Staff teaches and mentor basic living skills while implementing the Level System of Personal Development that is at the core of assisting young men toward responsible, self-managing behavior.
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