

Helping Your Child Thrive with ADHD

Lisa D. Bailey, Ph.D.
Licensed Psychologist
Nautilus Behavioral Health, PLLC

What is ADHD?

- DSM-5 Diagnostic Criteria:
 - **A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):**
 - **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
 - Poor attention to detail/makes careless mistakes
 - Difficulty sustaining attention
 - Seems not to listen when spoken to directly
 - Difficulty with follow-through on tasks or activities
 - Difficulty with planning and organization
 - Prefers not to engage in tasks that require sustained mental effort
 - Frequently loses things or is easily distracted (by external stimuli or by own thoughts)
 - Forgetfulness for daily activities

What is ADHD?

- DSM-5 Diagnostic Criteria (cont.):
 - **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
 - Fidgetiness
 - Difficulty remaining seated when expected to do so
 - Runs around or climbs when it is inappropriate. (Adolescents may feel restless)
 - Difficulty playing/relaxing quietly
 - Uncomfortable being still (“on the go,” seems “driven by a motor”) or difficult to keep up with
 - Excessive talking
 - Blurts out answers
 - Difficulty waiting for turn
 - Interrupts or intrudes on others, takes over what others are doing

What is ADHD?

- DSM-5 Diagnostic Criteria (cont.):
 - Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
 - Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
 - There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
 - The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

What Looks Like ADHD?

- Anxiety
- Depression
- Specific Learning Disorder/Disability
- Oppositional Defiant Disorder
- Autism Spectrum Disorder
- PTSD
- Medical condition/medication
- Substance abuse
- Sensory impairment (vision, hearing)

Executive Functions

- Brain-based skills needed to effectively complete tasks
- Many people learn them naturally, but people with ADHD have difficulty “picking up” these skills
- Types of executive functioning skills:
 - Response inhibition
 - Working memory
 - Emotional control
 - Flexibility
 - Sustained attention
 - Task initiation
 - Planning and prioritization
 - Organization
 - Time management
 - Goal-directed persistence
 - Metacognition

Myths About ADHD

- Myth #1: ADHD is not a real medical condition
- Myth #2: ADHD is a result of bad parenting
- Myth #3: Children with ADHD cannot pay attention to anything
- Myth #4: Children with ADHD are all hyperactive
- Myth #5: Children outgrow ADHD
- Myth #6: Children who take ADHD medications are more likely to use drugs and alcohol
- Myth #7: Children with ADHD will not grow up to be successful/productive adults

Difficulties at Home

- Completing tasks/chores
- Struggling with homework
- Following directions
- Keeping track of belongings
- Requiring frequent reminders
- Interrupting family activities
- Winding down
- Regulating emotions

School-Related Difficulties

- Keeping track of school materials
- Adjusting to school schedule (e.g., A days and B days)
- Turning in homework assignments
- Recording homework assignments
- Bringing home materials needed to complete homework
- Communicating when having more trouble
- Planning and completing long-term assignments/projects
- Focusing on lectures
- Coping with transitions and “down time”

Social Difficulties

- Reading and responding to social cues
- Peer rejection/isolation
- Arguments or misunderstandings with peers
- Coping with peer pressure
- Repairing relationships
- Dating
- Navigating social media

Benefits of ADHD

- Ability to hyperfocus
- Ingenuity/Creativity
- Perceptiveness
- Curiosity
- Risk-taking
- Energetic
- Intelligence
- Resilience

How Do I Help?

- Play to your child's strengths
- Teach, not punish
- Involve your child in problem solving
- Remember the positives

How Do I Help?

- Effective intervention occurs on two levels:
 - Environment (external)
 - Individual (internal)
- Parents/caregivers play a role in both levels of intervention

Environmental Strategies

- As parents/caregivers, you have the ability to set up your home and daily routines to assist children with executive functioning deficits
- Daily routine
 - Consistent from day to day
 - Mealtimes
 - Sleep/wake times
 - Rituals and routines

Environmental Strategies

- Physical environment
 - Reduce distractions
 - Minimize clutter
 - Decrease opportunities for dangerous behavior
- Social environment
 - Organized activities
 - Play dates
 - Time-limited activities

Environmental Strategies

- Advance preparation is key
 - Modify task expectations
 - Rehearse a situation *beforehand*
 - Coaching
 - Verbal prompting
 - Reminders
- Use mistakes to teach
 - Praise for success (or partial success)
 - Get feedback from others (a second opinion)
 - Use debriefing sparingly

Teaching Executive Functioning Skills

- Formal teaching
 - Problem-solve around difficult situations
 - Help your child set goals for behavior
 - Help your child learn steps of task completion/problem solving
 - Provide direct feedback and praise
 - Set up reward system
- Informal teaching
 - Model using these skills for your child
 - Play games
 - Ask for child's input/analysis
 - Allow your child to make real decisions

Supporting Internal Executive Functioning

- Parents/caregivers can help children internalize the executive functioning skills that adults have been modeling or directly teaching
 - Teach routines
 - Help children learn scripts for problem-solving and self-regulation
 - Seek children's input on their own strengths and weakness and on what is helpful or unhelpful
 - Motivate children to practice and use their executive functioning skills
 - Praise
 - Incentives/Rewards

Formal Intervention: Medication

- What medication *does*:
 - Increase ability to filter out extraneous information and focus on one thing
 - Decrease impulsivity
 - Increase *ability* to self-regulate
 - Makes it easier for child to learn skills
- What medication *does not*:
 - Increase focus on things adults think are important
 - Automatically improve social knowledge and skills
 - Teach skills

Formal Intervention: Therapy

- Benefits of therapy:
 - Teaches skills
 - Helps child and parents/caregivers develop intervention plan
 - Helps child and parents/caregivers with problem-solving around pitfalls
 - Provides lasting benefits
- What to look for in therapy:
 - Structured/focused
 - Skills-based
 - Parents/caregivers and child should be involved

Things to Remember

- Do the minimum necessary to help your child be successful and fade supports over time
 - Goal is for children to have enough support to be successful, while not overfunctioning for the student
- Collaborate with teachers and other caregivers to support children's development of executive functioning skills
- The most important thing is to attend to your child's strengths and their efforts to internalize executive functioning skills

“If a child doesn’t know how to read, we teach.”

“If a child doesn’t know how to swim, we teach.”

“If a child doesn’t know how to multiply, we teach.”

“If a child doesn’t know how to drive, we teach.”

“If a child doesn’t know how to behave, we... teach? ...punish?”

*Why can’t we finish the last sentence as automatically as
we do the others?*

Tom Herner, 1998.

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* **calm** impulses

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LARA HONOS-WEBB, PH.D.

Contact Information:

Lisa D. Bailey, Ph.D.

Nautilus Behavioral Health

l.bailey@nautilusbehavioralhealth.com

www.nautilusbehavioralhealth.com

Questions?