

ATTENTION DEFICITE HYPERACTIVITY DISORDER

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Medical description and Cause

A neurobiological condition characterized by developmentally inappropriate level of attention, concentration, activity, distractibility, and impulsivity. Attention Deficit Hyperactivity Disorder (ADHD) is the most commonly diagnosed behavioral disorder of childhood, affecting an estimated 3% to 5% of school age children. Symptoms include developmentally inappropriate levels of attention, concentration, activity, distractibility, and impulsivity. While there is some disagreement, some studies suggest that it occurs more often in boys, making just the number of boys affected closer to 10%.

Despite much progress in the diagnosis and treatment of ADHD, this disorder remains highly controversial. The diverse and conflicting opinions about ADHD have resulted in confusion for families and caregivers alike. While the cause of attention deficit hyperactivity disorder is unknown, scientists have determined that there is a neurobiological basis for the disease. There may be a familial component involved (genetic) in some but not all cases. This may be seen with an increased incidence of ADHD in children with a first degree relative with ADHD, conduct disorders, antisocial personality, substance abuse, and others. Genes are being identified that are thought to be involved in ADHD.

The popular theory goes like this. You have a brain and it is full of cells called neurons. The neurons regulate everything we think and do. In order to accomplish the job of regulation, the neurons needs to be able to talk to each other, as we do when we email each other. Instead of typing out messages as we do, the neurons squirt out chemicals called neurotransmitters. Dopamine, serotonin, epinephrine, and norepinephrine are the chemical names of some of the transmitters. Think of them as little messengers running between the neurons. The space between neurons where the little messengers (dopamine, serotonin, and the rest) run is called the synapse. The neurotransmitter hang out in the neurons and in the synapse. If there aren't enough neurotransmitter or messengers then a message can't be sent. There's no one to deliver it. What happens in ADHD (WE THINK! No one has proven this) is that in those parts of the brain that have regulate attention, impulse control, and regulating mood, the neurotransmitter or messengers are depleted. There just are not enough of them around in the neurons or in the synapses to get the job done, to get the message across. What message, you may ask? Well, take for example, the message, "PAY ATTENTION." The ADHD person starts to pay attention, but then

the messengers run out, the neurotransmitter dries up, and the message stops. Attention shifts. And so it is with other messages.

Symptoms

The symptoms typically begin by 3 years of age. All children may be overly active at times, their attention spans may be short, and they may act without thinking. However, if a child seems more active than others the same age; if a child is notoriously forgetful, disorganized, and always losing things; if the teacher complains that a child can't stay seated or quiet, blurts out answers instead of waiting to be called on, pays more attention to the traffic in the hall than to her, behaves aggressively, or struggles academically, then you may want to have the child evaluated for ADHD.

Attention deficit:

- does not pay close attention to details; may make careless mistakes at work, school, or other activities
- failure to complete tasks
- has difficulty maintaining attention in tasks or play activities
- does not listen when spoken to directly
- has difficulty organizing tasks
- is easily distracted
- unable to follow more than one instruction at a time
- often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork, or homework)
- often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books or tools)
- if often forgetful in daily activities.

Hyperactivity:

- fidgeting, squirming in seat, or moving constantly
- wandering, may leave the seat in the classroom when expected to stay
- has trouble participating in "quiet" activities such as reading
- runs and climbs in inappropriate situations
- talks excessively

Impulsivity:

- may blurt out answers before questions have been completed
- has difficulty awaiting turn
- interrupts others

- disruptive behavior
- is often “on the go” or often acts as “driven by a motor”

Other:

- hyper-focused at times, unable to stop or change
- sleep problems
- inability to delay gratification
- social outcasts or loners (possibly inability to play in groups but may perform in one-on-one situation)
- apparent disregard for own safety
- behavior not usually modified by reward or punishment
- may have other specific learning disabilities
- failure to meet normal intellectual developmental milestones
- extreme contrasts in skills and abilities, i.e., may be very verbal and even gifted in reading, but very poor in math, may be hyperactive one minute and then hyper-focused the next

How diagnosed

Determining if a child has ADHD is a multifaceted process. Many biological and psychological problems can contribute to symptoms similar to those exhibited by children with ADHD. For example, anxiety, depression and certain types of learning disabilities may cause similar symptoms.

A comprehensive evaluation is necessary to establish a diagnosis, rule out other causes and determine the presence or absence of co-occurring conditions. Such an evaluation should include a clinical assessment of the individual’s academic, social and emotional functioning and developmental abilities. Additional tests may include intelligence testing, measures of attention span and parent and teacher rating scales. A medical exam by a physician is also important. Diagnosing ADHD in an adult requires an examination of childhood, academic and behavioral history. The problems need to be rooted in childhood but persist into adulthood.

ADHD symptoms often arise in early childhood. ADHD is diagnosed using the criteria in the *Diagnostic and Statistical Manual, 4th Edition (DSM-IV)*. To meet the diagnostic criteria for ADHD, symptoms must be evident for at least six months, with onset before age seven.

The DSM requires a certain number of the symptoms described earlier to be consistently present in multiple settings, i.e., home, and school, and reported by multiple sources i.e., parents and teachers. There is no x-ray or blood test to provide objective evaluation, it is all subjective.

The Feeling of Having ADHD

Having ADHD is like being put into a dark room with things scattered around to trip you. You don't get a flashlight....but everyone else does. You trip around the room, bumping into things, until you finally learn the layout of the room. Then someone moves you to a new room, and the process starts again.

It's like having a whirlwind in your mind. Everything seems to be blowing around and nothing stays put. Some people have compared the feeling to watching someone change the channels on the TV every few seconds. You can get a general idea of what is going on, but you miss most of the content.

People with ADHD tend to be socially blind. They may miss cues, rules, and structures which other people see much more readily.

5 boys are playing at recess, doing things they shouldn't. Suddenly, the teacher comes around the corner. Four of the boys stop almost immediately, while the ADHD child "just keeps going". The ADHD child feels singled out and treated unfairly. He was "just doing what everyone else did".

Students with ADHD have a greater likelihood of grade retention, dropping out of school, academic underachievement, and social and emotional adjustment difficulties, unless they receive adequate and appropriate treatment. This is probably because ADHD makes children vulnerable to failure in the two most important arenas for developmental mastery – school performance and peer relations. Children with ADHD are not unable to learn, but they do have difficulty performing in school due to poor organization, impulsivity/hyperactivity, inattention, and distractibility. However, some children with ADHD also have learning disabilities, further complicating identification and treatment.

ADHD can lead to poor self-esteem and poor social adjustment. Children with ADHD commonly experience interpersonal difficulties and peer rejection, and have been shown to elicit more negative feedback from teachers. This coupled with their social blindness frequently makes it very difficult for them to deal with teasing from other children.

ADHD occurs across all levels of intelligence, yet even bright or gifted children with ADHD may experience school failure. Despite natural ability, their inattentiveness, impulsivity, and hyperactivity often result in failing grades, retention, suspension, and expulsion. Without proper diagnosis, accommodations, and intervention, children with ADHD are more likely to experience negative consequences.

What's It Like To Have ADHD?

by Edward M. Hallowell, M.D.

What is it like to have ADHD? What is the feel of the syndrome? I have a short talk that I often give to groups as an introduction to the subjective experience of ADHD and what it is like to live with it:

Attention Deficit Hyperactivity Disorder. First of all I resent the term. As far as I'm concerned most people have Attention Surplus Disorder. I mean, life being what it is, who can pay attention to anything for very long? Is it really a sign of mental health to be able to balance your checkbook, sit still in your chair, and never speak out of turn? As far as I can see, many people who don't have ADHD are charter members of the Congenitally Boring.

But anyway, be that as it may, there is this syndrome called ADD or ADHD, depending on what book you read. So what's it like to have ADHD? Some people say the so-called syndrome doesn't even exist, but believe me, it does. Many metaphors come to mind to describe it. It's like driving in the rain with bad windshield wipers. Everything is smudged and blurred and you're speeding along, and it's reeeeeeally frustrating not being able to see very well. Or it's like listening to a radio station with a lot of static and you have to strain to hear what's going on. Or, it's like trying to build a house of cards in a dust storm. You have to build a structure to protect yourself from the wind before you can even start on the cards.

In other ways it's like being super-charged all the time. You get one idea and you have to act on it, and then, what do you know, but you've got another idea before you've finished up with the first one, and so you go for that one, but of course a third idea intercepts the second, and you just have to follow that one, and pretty soon people are calling you disorganized and impulsive and all sorts of impolite words that miss the point completely. Because you're trying really hard. It's just that you have all these invisible vectors pulling you this way and that which makes it really hard to stay on task.

Plus which, you're spilling over all the time. You're drumming your fingers, tapping your feet, humming a song, whistling, looking here, looking there, scratching, stretching, doodling, and people think you're not paying attention or that you're not interested, but all you're doing is spilling over so that you can pay attention. I can pay a lot better attention when I'm taking a walk or listening to music or even when I'm in a crowded, noisy room than when I'm still and surrounded by silence. God save me from the reading rooms. Have you ever been into the one in Widener Library? The only thing that saves it is that so many of the people who use it have ADHD that there's a constant soothing bustle.

What is it like to have ADHD? Buzzing. Being here and there and everywhere. Someone once said, "Time is the thing that keeps everything from happening all at once." Time parcels moments out into separate bits so that we can do one thing at a time. In ADHD, this does not happen. In ADHD, time collapses. Time becomes a black hole. To the person with ADHD it

feels as if everything is happening all at once. This creates a sense of inner turmoil or even panic. The individual loses perspective and the ability to prioritize. He or she is always on the go, trying to keep the world from caving in on top.

Museums. (Have you noticed how I skip around? That's part of the deal. I change channels a lot. And radio stations. Drives my wife nuts. "Can't we listen to just one song all the way through?") Anyway, museums. The way I go through a museum is the way some people go through Filene's basement. Some of this, some of that, oh, this one looks nice, but what about that rack over there? Gotta hurry, gotta run. It's not that I don't like art. I love art. But my way of loving it makes most people think I'm a real Philistine. On the other hand, sometimes I can sit and look at one painting for a long while. I'll get into the world of the painting and buzz around in there until I forget about everything else. In these moments I, like most people with ADHD, can hyperfocus, which gives the lie to the notion that we can never pay attention. Sometimes we have turbocharged focusing abilities. It just depends upon the situation.

Lines. I'm almost incapable of waiting in lines. I just can't wait, you see. That's the hell of it. Impulse leads to action. I'm very short on what you might call the intermediate reflective step between impulse and action. That's why I, like so many people with ADHD, lack tact. Tact is entirely dependent on the ability to consider one's words before uttering them. We ADHD types don't do this so well. I remember in the fifth grade I noticed my math teacher's hair in a new style and blurted out, "Mr. Cook, is that a toupe you're wearing?" I got kicked out of class. I've since learned how to say these inappropriate things in such a way or at such a time that they can in fact be helpful. But it has taken time. That's the thing about ADHD. It takes a lot of adapting to get on in life. But it certainly can be done, and be done very well.

As you might imagine, intimacy can be a problem if you've got to be constantly changing the subject, pacing, scratching and blurting out tactless remarks. My wife has learned not to take my tuning out personally, and she says that when I'm there, I'm really there. At first, when we met, she thought I was some kind of nut, as I would bolt out of restaurants at the end of meals or disappear to another planet during a conversation. Now she has grown accustomed to my sudden coming and goings.

Many of us with ADHD crave high-stimulus situations. In my case, I love the racetrack. And I love the high-intensity crucible of doing psychotherapy. And I love having lots of people around. Obviously this tendency can get you into trouble, which is why ADHD is high among criminals and self-destructive risk-takers. It is also high among so-called Type A personalities, as well as among manic-depressives, sociopaths and criminals, violent people, drug abusers, and alcoholics. But it is also high among creative and intuitive people in all fields, and among highly energetic, highly productive people.

Which is to say there is a positive side to all this. Usually the positive doesn't get mentioned when people speak about ADHD because there is a natural tendency to focus on what goes wrong, or at least on what has to be somehow controlled. But often once the ADHD has been diagnosed, and the child or the adult, with the help of teachers and parents or spouses, friends, and colleagues, has learned how to cope with it, an untapped realm of the brain swims into view. Suddenly the radio station is tuned in, the windshield is clear, the sand storm has died down. And the child or adult, who had been such a problem, such a nudge, such a general pain in the neck to himself and everybody else, that person starts doing things he'd never been able to do before. He surprises everyone around him, and he surprises himself. I use the male pronoun, but it could just as easily be she, as we are seeing more and more ADHD among females as we are looking for it.

Often these people are highly imaginative and intuitive. They have a "feel" for things, a way of seeing right into the heart of matters while others have to reason their way along methodically. This is the person who can't explain how he thought of the solution, or where the idea for the story came from, or why suddenly he produced such a painting, or how he knew the short cut to the answer, but all he can say is he just knew it, he could feel it. This is the man or woman who makes million dollar deals in a catnap and pulls them off the next day. This is the child who, having been reprimanded for blurting something out, is then praised for having blurted out something brilliant. These are the people who learn and know and do and go by touch and feel.

These people can feel a lot. In places where most of us are blind, they can, if not see the light, at least feel the light, and they can produce answers apparently out of the dark. It is important for others to be sensitive to this "sixth sense" many ADHD people have, and to nurture it. If the environment insists on rational, linear thinking and "good" behavior from these people all the time, then they may never develop their intuitive style to the point where they can use it profitably. It can be exasperating to listen to people talk. They can sound so vague or rambling. But if you take them seriously and grope along with them, often you will find they are on the brink of startling conclusions or surprising solutions.

What I am saying is that their cognitive style is qualitatively different from most people's, and what may seem impaired, with patience and encouragement may become gifted.

The thing to remember is that if the diagnosis can be made, then most of the bad stuff associated with ADHD can be avoided or contained. The diagnosis can be liberating, particularly for people who have been stuck with labels like, "lazy", "stubborn", "willful", "disruptive", "impossible", "tyrannical", "a spaceshot", "brain damaged", "stupid", or just plain "bad". Making the diagnosis of ADHD can take the case from the court of moral judgment to the clinic of neuropsychiatric treatment.

What is the treatment all about? Anything that turns down the noise. Just making the diagnosis helps turn down the noise of guilt and self-recrimination. Building certain kinds of structure into one's life can help a lot. Working in small spurts rather than long hauls. Breaking tasks down into smaller tasks. Making lists. Getting help where you need it, whether it's having a secretary, or an accountant, or an automatic bank teller, or a good filing system, or a home computer, getting help where you need it. Maybe applying external limits on your impulses. Or getting enough exercise to work off some of the noise inside. Finding support. Getting someone in your corner to coach you, to keep you on track. Medication can help a great deal too, but it is far from the whole solution. The good news is that treatment can really help.

Let me leave you by telling you that we need your help and understanding. We may make mess-piles wherever we go, but with your help, those mess-piles can be turned into realms of reason and art. So, if you know someone like me who's acting up and daydreaming and forgetting this or that and just not getting with the program, consider ADHD before he starts believing all the bad things people are saying about him and it's too late.

The main point of the talk is that there is a more complex subjective experience to ADHD than a list of symptoms can possibly impart. ADHD is a way of life, and until recently it has been hidden, even from the view of those who have it. The human experience of ADHD is more than just a collection of symptoms. It is a way of living. Before the syndrome is diagnosed that way of living may be filled with pain and misunderstanding. After the diagnosis is made, one often finds new possibilities and the chance for real change.

The adult syndrome of ADHD, so long unrecognized, is now at last bursting upon the scene. Thankfully, millions of adults who have had to think of themselves as defective or unable to get their acts together, will instead be able to make the most of their considerable abilities. It is a hopeful time indeed.

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Prognosis

At this point there is no known cure, and people do not grow out of ADHD. Most people learn coping skills which allow them to function effectively, and many find in time, in part due to their coping skills, the symptoms are not problematic. While others find it a significant struggle the rest of their lives.

Treatment

Most experts recommend a multimodal treatment approach for ADHD, consisting of a mix of medical, educational, behavioral, and psychological interventions. Interventions may include educational modifications and accommodations, behavior modification, parent training, counseling, and medication.

Behavior management is an important intervention with children who have ADHD. The most important technique is positive reinforcement, in which the child is rewarded for desired behavior.

Classroom success may require a range of interventions. Most children with ADHD can be taught in the regular classroom setting with either minor adjustments to the classroom setting, the addition of support personnel, and/or "pull-out" programs that provide special services outside of the classroom. The most severely affected may require self-contained classrooms.

Adults with ADHD can benefit from learning to structure their environment. Vocational counseling is often an important intervention. Short-term psychotherapy can help the patient identify how his or her disability might be associated with a

history of sub-par performance and difficulties in personal relationships. And extended psychotherapy can help address any mood swings, stabilize relationships and alleviate guilt and discouragement.

Medication

Psychostimulants (such as methylphenidate, dextroamphetamine, and pemoline) are the most widely used medication for the management of ADHD-related symptoms. Between 70-80% of children with ADHD respond positively to psychostimulant medications.

Hundreds of studies on thousands of children have been conducted regarding the effects of psychostimulant medications, making them among the most studied medications in pharmacological history. Relatively few long-term side effects have been identified. Most problems related to these medications are mild and short-term. The most common side effects are reduction in appetite and difficulty sleeping. Infrequently, children experience "stimulant rebound" – a negative mood or an increase in activity as the medication is wearing off. This tends to occur in younger children, and is more frequent with short-acting medication.

Other medication includes some antidepressants and antihypertensives. These medications increase attention and decrease impulsivity, hyperactivity and aggression.

Medications Chart

Stimulant Medications

Brand Name	Generic Name	Approved Age
ADHDerall	amphetamines	3 and older
Concerta	methylphenidate	6 and older
Cylert*	pemoline	6 and older
Dexedrine	dextroamphetamine	3 and older
Dextrostat	dextroamphetamine	3 and older
Ritalin	methylphenidate	6 and older

** Due to its potential for serious side effects affecting the liver, Cylert should not ordinarily be considered as first line drug therapy for ADHD.*

Antidepressant and Antianxiety Medications

Brand Name	Generic Name	Approved Age
Anafranil	clomipramine	10 and older (for OCD)
BuSpar	bupropion	18 and older
Effexor	venlafaxine	18 and older
Luvox (SSRI)	fluvoxamine	8 and older (for OCD)
Paxil (SSRI)	paroxetine	18 and older
Prozac (SSRI)	fluoxetine	18 and older

Serzone (SSRI)	nefazodone	18 and older
Sinequan	doxepin	12 and older
Tofranil	imipramine	6 and older (for bed-wetting)
Wellbutrin	bupropion	18 and older
Zoloft (SSRI)	sertraline	6 and older (for OCD)

Antipsychotic Medications

Brand Name	Generic Name	Approved Age
Clozaril (atypical)	clozapine	18 and older
Haldol	haloperidol	3 and older
Risperdal (atypical)	risperidone	18 and older
Seroquel (atypical)	quetiapine	18 and older
(generic only)	thioridazine	2 and older
Zyprexa (atypical)	olanzapine	18 and older
Orap	pimozide	12 and older (for Tourette's syndrome). Data for age 2 and older indicate similar safety profile.

Mood Stabilizing Medications

Brand Name	Generic Name	Approved Age
Cibalith-S	lithium citrate	12 and older
Depakote	divalproex sodium	2 and older (for seizures)
Eskalith	lithium carbonate	12 and older
Lithobid	lithium carbonate	12 and older
Tegretol	carbamazepine	any age (for seizures)

Foods

Many who have ADHD are really very picky eaters. It is further aggravated by social immaturity, and medications. Medications can really mess up the taste of certain foods, and have a huge impact on when these kids are and are not

hungry. People on medications like Ritalin and Adderal are not going to be very hungry while the drugs are in their system, but after wear off they may become very hungry.

Some people will use foods and vitamins in lieu of medications or in addition to medications to try and increase the chemical deficiencies. While there is a lot of debate surrounding this, it seems to work for some. However, people using diet and vitamins as part of their treatment must adhere to the process as strictly as they would their medication requirements.

Obviously a lot of caffeine or sugar isn't good for anyone. Ritalin and Adderal, like caffeine are stimulants. In fact some adults manage their mild ADHD through the use of soft drinks, coffee, and tea. The key is not to over do it, too much of anything is not a good thing. Boys with ADHD usually are not able to impose reasonable limits on themselves, you need to help with external control

Behavioral Management

Children with ADHD, according to Paul Wender ,M.D. (Professor of Psychiatry, University of Utah) are "difficult to reward and difficult to punish". It is as if they lived in an "emotional raincoat", one which prevented them from fully experiencing emotions directed toward them. While this can keep them from feeling the full effects of their problematic behaviors, it makes modifying these behaviors very difficult. This is one of the reasons many parents report that behavior modification systems work for only a very short time (2-3 weeks at most) with these children.

Almost any program teaching social behaviors involves some form of modeling – that is, demonstrating appropriate behavior so that the child learns by imitation. Role modeling includes using forceful and interesting verbal cues when speaking, reinforcing good behaviors, greetings at the door, and appropriate smiles and gestures. For younger children, puppets can be appropriate models. A key part of modeling involves the use of good affective skills and body language. Children with ADHD may have problems understanding facial expressions, if they are taught how to read the emotions behind such facial expressions, the child's understanding of social interaction may improve. The child with ADHD will benefit from immediate feedback (is the parent/teacher angry, pleased, etc.?). Strong affective gestures (winks, thumbs up, frowns, etc.) also communicate effectively to the child.

The parent or leader who uses direct, encouraging praise will promote good social response. Encouraging praise places the value on the child's effort, not the quality of outcomes. For example: "I bet you really worked hard on that one." The praise does not judge quality, but specifically states that the child did well. Do not focus on what the child can't do, but instead focus on the child's strengths and abilities.

General Guidelines

- Provide clear, consistent expectations, directions and limits. Children with ADHD need to know exactly what others expect from them. They do not perform well in ambiguous situations that require determining "shades of gray" or "reading between the lines."
- Set up an effective discipline system. Parents may need to learn proactive discipline methods that teach and reward appropriate behavior and respond to misbehavior with alternatives such as "time out", natural consequences, and loss of privileges.
- Create a behavior modification plan to change the most problematic behaviors. Behavior charts and other behavior modification techniques will help you focus on and address problems in systematic, effective ways. You will learn to use behavior modification principles to reinforce positive behaviors and to eliminate or reduce negative behaviors that create problems for your child.
- Assist your child with social issues. Children with ADHD may be rejected by peers because of hyperactive, impulsive or aggressive behavior. Parent training can help you assist your child in making friends and learning to work cooperatively with others.
- Identify your child's strengths – in areas such as art, computers, mechanical ability -- and build upon these strengths so that your child has a sense of pride and accomplishment.
- Set aside a daily "special time" for your child. Constant negative feedback can erode a child's self-esteem, while a daily dose of TLC – whether a special outing or just time spent in positive interaction – can help fortify your child against assaults to self-worth.

- Seek support for yourself. Parents can give each other information as well as support. Since ADHD is highly hereditary, many parents of children with ADHD discover that they too have ADHD when their child is diagnosed. Parents with ADHD may need the same types of evaluation and treatment that they seek for their children.

Consistency is the key to helping ADHD children. They are really poor at dealing with change, even if it is positive change. They need to have a sense of external structure, as they tend to lack a sense of internal structure.

Try to provide a **quiet study area, free from distraction**, when seat work is required.

Try to **work within the child's attention span**. Keep changing the type of work frequently and the child can continue to work productively. Medication is NOT the only solution.

Remember, **these children have a tendency to get people around them fighting**. Try to avoid getting into "blaming mode", either as a parent or a leader.

Many of these children are **VISUAL learners**. Try making things more visual or tactile and they may grasp them better. Instead of memorizing words, ask them to "make a movie in their head and play it back".

Don't worry if you feel frustrated...so do their parents and so do the kids. Just **don't take their behavior as personally directed**, because it isn't in most cases.

Many parents and leaders have difficulty **not yelling at a child when mad at them**. This is only useful if you feel the child has a hearing problem. In fact, it tends to give the child the upper hand and to let the child divert you from the original rule. It is to the child's advantage to discuss with you "how unfair you are" rather than to clean up the room as originally directed.

Understand that for many of these children delayed rewards or gratification do not work well. Typically incentives need to be a mix of both short term and long term rewards.

Co-existing Disorders

ADHD frequently coexists with other learning, behavioral, emotional, and developmental problems. These include learning disabilities--particularly reading, writing, spelling, and math--speech and language disorders, conduct disorder, oppositional defiant disorder, mood disorders, and anxiety disorders. ADHD also affects memory--especially working memory--and organization. Some studies suggest that as many as 60% of the children with ADHD will have one or more co-existing disorders.

One of the difficulties in diagnosing ADHD is that it is often accompanied by other problems. For example, many children with ADHD also have a specific learning disability (LD), which means they have trouble mastering language or certain academic skills, typically reading and math. ADHD is not in itself a specific learning disability. But because it can interfere with concentration and attention, ADHD can make it doubly hard for a child with LD to do well in school.

A very small proportion of people with ADHD have a rare disorder called Tourette's syndrome. People with Tourette's have tics and other movements like eye blinks or facial twitches that they cannot control. Others may grimace, shrug, sniff, or bark out words. Fortunately, these behaviors can be controlled with medication. Researchers at NIMH and elsewhere are involved in evaluating the safety and effectiveness of treatment for people who have both Tourette's syndrome and ADHD.

More serious, nearly half of all children with ADHD--mostly boys--tend to have another condition, called oppositional defiant disorder. These children may overreact or lash out when they feel bad about themselves. They may be stubborn, have outbursts of temper, or act belligerent or defiant. Sometimes this progresses to more serious conduct disorders. Children with this combination of problems are at risk of getting in trouble at school, and even with the police. They may take unsafe risks and break laws--they may steal, set fires, destroy property, and drive recklessly. It's important that children with these conditions receive help before the behaviors lead to more serious problems.

At some point, many children with ADHD--mostly younger children and boys--experience other emotional disorders. About one-fourth will feel anxious. They feel tremendous worry, tension, or uneasiness, even when there's nothing to fear. Because the feelings are scarier, stronger, and more frequent than normal fears, they can affect the child's thinking and behavior. Others experience depression. Depression goes beyond ordinary sadness--people may feel so "down" that they feel hopeless and unable to deal with everyday tasks. Depression can disrupt sleep, appetite, and the ability to think.

Because emotional disorders and attention disorders so often go hand in hand, every child who has ADHD should be checked for accompanying anxiety and depression. Anxiety and depression can be treated, and helping children handle such strong, painful feelings will help them cope with and overcome the effects of ADHD.

Of course, not all children with ADHD have an additional disorder. Nor do all people with learning disabilities, Tourette's syndrome, oppositional defiant disorder, conduct disorder, anxiety, or depression have ADHD. But when they do occur together, the combination of problems can seriously complicate a person's life. For this reason, it's important to watch for other disorders in children who have ADHD.

504 plan / IEP

Section 504 is a civil rights statute that prohibits schools from discriminating against children with disabilities and provide reasonable accommodations. Under some circumstances, these reasonable accommodations may include the provision of services.

Eligibility for Section 504 is based on the existence of an identified physical or mental condition that substantially limits a major life activity. As learning is considered a major life activity, children diagnosed with ADHD are entitled to the protections of Section 504 if the disability substantially limits their ability to learn. Children who are not eligible for special education may still be guaranteed access to related services if they meet the Section 504 eligibility criteria.

The plans or IEP (Individual Educational Program) for these children are put together by a team of people working with the child, typically they include:

- Parents
- Regular classroom teachers
- Special Education teachers
- School Administrators
- Therapists

These teams have been referred to as a M Team. Well thought out and well written IEP's are critical for these kids. The IEP's provide direction to the School System and the teachers, they define specific interventions or special services. If it is written into the IEP the School system must provide it, or pay for it to be provided by someone else.

Is ADHD over diagnosed?

Because ADHD has gotten so much media attention in recent years and the public is more aware that it exists, some fear that it is over diagnosed. The Council on Scientific Affairs of the American Medical Association recently investigated this issue and determined that this is not the case. However, some evidence exists that minority students may be disproportionately identified for special education in some categories, including behavior disorders, serious emotional disturbance, and mental retardation. The National Medical Association has raised concerns that African American children are also being over diagnosed as having ADHD.

Even if it is over diagnosed, it doesn't make it any less real for the those who do have it.

Scout Leader Specific Suggestions

It is Scouting, it isn't personal. Don't take misbehaviors of a Scout with ADHD personally. Learn and understand as much as you can about the Scout and his abilities and disabilities so that you can be empathetic, not sympathetic. Be

objective and develop appropriate expectations. Appropriate expectations means you don't expect too much, nor too little. These boys need someone to believe in them, because often they don't believe in themselves.

Walk the talk. If you say all the right words, but your tone and facial expressions all say I don't like you, I think you are bad, guess what they will hear.

Be Prepared! Plan your meetings, events, and outings out ahead of time. Have a general routine structure that you follow for each meeting. Plan in contingencies. If a part of your plan is dependent on weather, or a certain person being available, have a back up plan ready to go. Having at least some level of structure in what's happening helps the ADHD kids keep on track. "Free time" can be disastrous as there are no 'boundaries' on the behavior. It works better to provide 2 or 3 options (i.e. you can swim, play ball, or rest in your tent) than to say they can do what they want.

Make sure you have adequate leadership. Scouting requires two deep leadership, that may not be enough. Depending upon the event you may need closer to a 4 to 1 ratio of Scouts to leaders. Leaders don't always have to be adults, sometimes older, mature Scouts do a great job. Den Leaders should consider Boy Scouts who want to be Den Chiefs. Your leaders need to be trained, and they need to know your plan too.

Start Troop and Pack meetings on time. It adds to the structure and predictability. Consider a pre-meeting activity to keep them busy before the meeting and avoid unstructured time which is always a problem waiting for a place to happen.

Provide a successful environment. Realize that ADHD kids have much less ability for internal control than their peers. An ADHD kid can get wound up without realizing it's happening and can have a hard time slowing down once he hits a certain level of 'hyper'. They are not uncontrollable and should not be left to run wild. What it does mean, though, is they may need some external help (i.e. from other people) to keep control.

Manage change. Scouts with ADHD need structure and predictability. They don't handle change well, which includes transitions from one activity to another. Let them know change is coming. Tell them in 15 minutes we are going to set aside this project and move onto something else, then remind them again in 10 minutes and 5 minutes. Also if they are working on something, and are not finished with it, let them know when they will have a chance to work on it again.

Don't ignore problems, intervene early and often if necessary. If you see the ADHD Scout starting to get wound up, talk to him then and let him know that he needs to slow down a bit -- DON'T wait until he is totally out of control! If you catch him early and bring it to his attention, he can probably settle down for a while; but if you wait until he's bouncing off walls, he has too little control left to help himself. It is better for you too, because if you put it off, and put it off, by the time you do act you may well be at your boiling point, and not in complete control yourself.

Have a Troop or Pack **discipline policy** that provides clear guidelines for progressive discipline, which is given to all Scouts and to their parents, and then fairly and consistently administer that policy. It needs to provide you direction without trying to cover every possible situation. For some items such as talking out of turn, warnings and reminders are appropriate, for unsafe acts there should be immediate reasonable consequences.

Don't be fooled. Boys with ADHD do not grow and mature evenly. Get to know each of your Scouts. Very often their emotional maturity lags behind their physical age. You could very easily be talking to an 8 year old Scout, with the cognitive skills and language of a 10 year old, operating at the emotional age of 6. As you know 2 years, even 1 year at Cub and Boy Scout ages is a huge difference.

Reinforce Scout values and expectations. If you have some Scouts acting inappropriately ask them to explain where in Scouting it says that is OK. In Boy Scouts it has been called 'running the twelve', i.e., asking them to go through the 12 Scout Laws and tell you which one says it is OK to call others names, or to be disrespectful to adults, or whatever the offense was.

Yelling at Scouts is sometimes very hard not to do, especially when we are frustrated, but it not only doesn't help, it **hurts**. Yelling would help if they are hard of hearing, but they aren't. Yelling tends to reinforce you are not in control. Use the Scout sign and wait, wait as long as you need. Once you have their attention then speak calmly and clearly. While your tone needs to be firm, instead of raising your voice, lower it, make the Scouts listen more carefully to hear what you have to say.

Stay in control, but don't over control. Some tasks like using a knife may require strict control, but taking a hike in a safe area doesn't require everyone to be in single file. Think of it as herding, you are still in control, setting boundaries and limits, but the preciseness of those boundaries and limits vary.

Allow an ADHD boy to move around during a meeting. Discuss it with him privately and set specific limits that he understands. Have him not only repeat them to you, but explain them. Specific limits could be you can get up and stand behind your chair, you can get up and go sit with a specific person, or type of person, i.e., an adult leader, you can walk quietly to get a drink and come back, etc. You don't want them going anywhere and sitting with anyone. If you can have patience with them changing chairs, or even standing during a meeting, you will have come a long way. You are still in control of the meeting because you defined the limits. Be sure to fill in the other adult leaders, and any appropriate youth leaders.

Manage their energy, don't try to control it. Work within their attention span. Don't expect them to sit quietly for long periods of time. Break these sessions up so they have some physical activity in between. It doesn't have to be mass chaos, it could simply be everyone standing up behind their chairs singing a song or doing some exercise for just a couple of minutes. If they are tapping a pencil on a table during a meeting, and it is distracting don't tell them to stop tapping, it's their spill over, it is helping them sit. Instead tell them to tap it on their leg where it doesn't make noise.

Be tolerant and flexible. If you are prepared enough, you can deviate from your plan and still accomplish your objective. While your meetings and events need to be structured and well planned out, don't expect them to go off without a hitch in a perfectly orderly fashion. Sometimes it may feel more like controlled chaos. Even massive oak trees bend in the wind.

Pick your battles. You can not turn a Scout, a Pack, a Troop, or a Den around in one meeting. Start with two or three key issues or behaviors. Once those are accomplished you can add one or two more.

Don't paint yourself or the ADHD kid into a corner. Give him and yourself an (acceptable) out. Make sure you are going to be willing to execute the consequences consistently. Hold your temper and frustration. Avoid being impulsive yourself. Take a few seconds even a couple of minutes to play out in your mind all the possible outcomes before declaring the consequence. You can tell a Scout to "please stop that, it is unsafe or inappropriate" without going on in the same breath and saying "and if you do it again...". After you have thought through things you can declare the consequence if it happens again. One boy told by his leader (on a hike) "If you do xxxx again, you can just turn around and go home!". When he thoughtlessly did it again and the leader yelled at him for it, the boy turned around and started heading back. This left the leader in a dilemma as the boy had taken him literally and was doing what he had been told to do. The leader then had to find a way out of this. A better alternative might have been to tell him that a repeat offense would mean he would have to do extra dishes, or he wouldn't be able to make the campfire that night, or some similar consequence.

Provide a safe haven, which means safe from verbal and emotional abuse as well as physical abuse. Don't allow teasing. ADHD boys make great 'targets'. A few boys may figure out subtle techniques for rousing the ADHD boy's anger. They harass him until he reacts (which is usually not subtle), and enjoy watching him get in trouble. Keep an eye out for these situations and address the REAL troublemakers (though not necessarily letting the ADHD kid off without punishment if he warrants it as well, but make sure he does deserve it).

Scouts are not bad, but sometimes they do bad things. PLEASE don't tell the kid that he is a rotten kid! ADHD kids hear this an awful lot and it is extremely destructive to their self-esteem. Tell him often enough that he is a 'bad kid' and he will start to believe you and decide that there is no use in trying to be 'good'. Believe me, being good is hard work for an ADHD kid, but most do try. Instead of telling him that HE is 'bad', tell him that his BEHAVIOR is the problem and what specifically needs changing.

Time-outs often work, but do it in a positive way. Don't send him to sit in the corner because he is bad -- tell him that you think he needs some time to calm down and that maybe if he sat out for a while and watched (or drew a picture or

looked at a book or practiced a knot (if he can without frustration) or some other quiet activity), he could rejoin the group in a while. He may even ASK for time out. Depending on the current activity, I will usually say 'yes' but sometimes put restrictions (for five minutes, then come back or in a specified location or similar). He will find it very upsetting when he asks for time out, is forbidden it, and then gets in trouble for losing control. An ADHD Scout had a problem with another boy and refused to participate any further. Rather than leave him there sulking, another leader took him aside and gave him a chore to do instead (washing dishes). This worked fairly well. He did not enjoy doing the dishes, so he was not rewarded for his behavior, but it provided a type of 'time out' from a situation which he was losing control in.

Be clear and concise. A lot of ADHD kids are very 'black and white' kids. 'Grey areas' are very hard for them to deal with. They need things spelled out very specifically. A boy loved music. When he was first in school, he would sing to himself, which would get him in trouble. He stopped doing that, but one day was in tears because the teacher yelled at him for humming ("I've told you before not to do that!"). The boy was devastated because the teacher had only told him not to sing, and hadn't said anything about humming! As far as he was concerned this was a totally different issue. Another Scout was ready to quit Scouts one night when one of the leaders told him that if he was involved in any more of that sort of horseplay he would be sent home and couldn't come to the next meeting. The leader was referring to serious rough-housing that several of the boys were starting in on, but the boy took this to mean anything other than perfect behavior, therefore he might as well quit as he could never meet these standards. It took a long conversation to explain to him what types of behavior would warrant this punishment and why (safety, etc.). It was apparent that he really didn't know where the line was between a little bit of goofing around and serious rough-housing.

These are not dumb Scouts. Don't use complex sentences or difficult words, but don't 'talk down' or use 'baby talk'. Don't clutter your message with a lot of extra information and fancy words, but never forget most Scouts with ADHD will have average to above average intelligence. If you talk down to them they will know it and resent it.

Break tasks down and provide one instruction at a time. While these Scouts may be smart, they have a lot going on, and common sense and maturity are not the same thing as intellectual knowledge. Don't tell them to clean up the meeting room. Tell them it is time to clean up the meeting room. First I want you to pick up all the paper cups and paper plates and throw them away. After that is done, now I want you to wipe off the tables.

Avoid getting into a war of words. Avoid telling a Scout to go clean up his tent, or to put the meeting supplies away, and then getting into a verbal battle when they don't do it to your expectations. Instead take a picture of a tent when it is cleaned up to your expectation or when the supplies are put away they way you want them. Have those pictures available and simply ask them, when they say they are done, does it look like the picture?

Use obvious visual and verbal cues to reinforce appropriate behavior and as warnings to inappropriate behaviors. Boys with ADHD miss subtle cues.

Watch for misinterpretations. Remember they are often socially and emotionally behind the other boys of the same age, and many don't handle shades of gray. An off hand comment made in jest and intended to be friendly, can be seen as they really don't like me. Equally a hint that you are being annoying, can be completely missed.

Make eye contact. If you are trying to get an important message to a Scout with ADHD, a warning, or a positive reinforcement, make sure you have mutual eye contact first. During the course of a meeting, don't assume just because he is looking the other way he isn't listening, but do make eye contact from time to time to make sure he hasn't drifted off.

Be cautious of competitive activities. Boys with ADHD want nothing more than to fit in. This period of time during Cub and Boy Scouts groups and clicks are constantly forming. Their social immaturity becomes one of their biggest enemies now. They don't know how to win and lose as good sports, they take it very personally. You may want to avoid competitive activities, or be very careful about how they are structured and set up. You may want to avoid individual winners, and either have everyone win or team winners (with teams carefully set up).

Proactively manage social situations. Scouting promotes the 'buddy system', many kids with ADHD can't find a 'buddy'. Because of their social immaturity the other Scouts don't want to be around them, or fear if they befriend one of these challenged Scouts, they themselves will be teased and ridiculed by other Scouts. If you leave it up to the Scouts to pick tent assignments, who do you think the last Scouts are to be picked? Often you end up with the Scouts who have

ADHD being 'buddies' to each other and/or tenting together. Frequently this isn't a good thing. First of all they tend to feed off each other, which makes their behavior worse, and neither are a good role model for the other.

Ask them what they want to do. They will tell you what they like and what they hate. When the ADHD boy gets fussy, it's a thermometer that other boys are getting bored too. So it can be an advantage to the leader.

It helps to get to know your ADHD kids. Find out what reasonable rewards and consequences work for THAT kid. Make it fair. **Most ADHD kids have a very strong sense of 'fair'.** They will often accept a 'fair' punishment with reasonable grace, but if they feel he is being punished unfairly, they may kick up an outrageous fuss. Sometimes it needs to be explained to him, why the punishment is fair. Listen to their side too. Really listen, and ask questions. You may find out that there was a reason for the behavior that you are not aware of. ADHD kids are often very poor at expressing themselves. One ADHD cub got in trouble for dumping a tent mate's sleeping bag out of the tent at bedtime. At first all he gave for a reason was that he lost his temper. Under probing, it was discovered that the tent mate had dumped all his clothes and sleeping bag on top of the ADHD boy's sleeping bag and was refusing to move them, and the ADHD boy wanted to go to bed as he was supposed to. Who was the victim?

Food and ADHD. Many Scouts who have ADHD are really very picky eaters. It is further aggravated by social immaturity, and medications. Medications can really mess up the taste of certain foods, and have a huge impact on when these kids are and are not hungry. Scouts on medications like Ritalin and Adderal are not going to be very hungry while the drugs are in their system, but after wear off they may become very hungry. Discuss these things with the Scout and his parents before you go to camp. Obviously a lot of caffeine or sugar isn't good for anyone. Ritalin and Adderal, like caffeine are stimulants. In fact a number of adults manage their ADHD through the use of soft drinks, coffee, and tea. The key is not to over do it, too much of anything is not a good thing. Boys with ADHD usually are not able to impose reasonable limits on themselves, you need to help with external control.

ADHD Scouts do not have a good perception of time. Your positive feedback and interventions needs to be as immediate as practical for maximum impact. They don't deal well with delayed gratification. They need almost immediate gratification and rewards. Break down large items into smaller tasks. For rank advancements give them recognition along the way. Use the Cub Scout Immediate Recognition Kit. As soon as the boy completes any three achievements, he should receive a bead. There is a similar Boy Scout Immediate Recognition Kit; Each Scout receives a leather totem to be worn on his Scout belt. A leather thong is suspended from each hole in the totem. When the boy completes a requirement for rank advancement, he receives a colored bead to wear on the thong. The Tenderfoot beads are white, the Second Class beads are green, and the First Class beads are red. In Boy Scouts when a Scout earns a rank or merit badge recognize it as soon as possible, don't wait for the next Court of Honor. Some Troops give the badge right away and then provide the card at a formal Court of Honor.

Not everyone learns the same way. Scouts with ADHD tend to be visual learners, but not all of them. Often they have learning disabilities. A learning disability doesn't mean they are less smart, rather it means certain methods of learning aren't as effective, or there are types of things they have more difficulty with. A Scout may be able to read a history book and remember all the details, but memorizing the multiplication tables or the Scout Law may be very difficult. Teach things in multiple ways, and keep repeating the important messages. If you are trying to teach City Government, in one meeting you may want to use lecture and dialog, and in next meeting go through the same thing in a scripted role-play. For key points you may want to give them a 30 second verbal quiz on them at the next 2 or 3 meetings.

Some kids with ADHD will be very anxious, and remember their social immaturity. **Do not take their fears lightly.** Scary campfire stories, or exaggerated stories of bears and wolfs in the woods could be disastrous to some of these kids.

Be familiar with medication side effects. Understand what medications your Scouts are on and how they are effected. Some kids with ADHD that are on stimulants (Ritalin, Adderal, etc.) may experience 'rebound' as the medication wears off, which makes their acting out behaviors worse temporarily. If you are trying to hold a Den meeting at the same time, it is going to make it almost impossible for those Scouts to behave appropriately.

Work with the parents and encourage parental involvement. You may have to even demand parental involvement. Usually the greatest success is where the parents are involved and there is good collaborative efforts between the Scout leaders and the parents. Keep in mind a lot of time these parents are struggling with guilt, wondering if they are to blame for their children's behavior, they may be embarrassed by it, or they may not understand any of it yet. You can almost be guaranteed that they will be physically and emotionally tired.

