ADHD PARENTING GUIDE
MEET ADRIAN

Adrian is 8 years old this year. He enjoys drawing, playing catch with his friends and is particularly good with Lego. He may seem like your typical playful schoolboy who is full of energy.
Be clear on ADHD

Diagnosis of ADHD

The impact and consequences of ADHD at different stages

Are you ready?

What can you do?

The full active day

Basic parenting revisited

Rewards and discipline

Effective communication

How to help academically

Organisation and establishing routine

Contacts of professional help
ADHD stands for **Attention Deficit Hyperactivity Disorder**

The causes have not been established but **it is commonly thought to have a genetic link**.

ADHD is a neurobiological disorder. Research shows strong evidence that the malfunction of Dopamine and Norepinephrine (neurotransmitters) play a large role in ADHD-type behaviours.

Close to **one in twenty** children are diagnosed with ADHD.

Affects **more boys than girls**.

**References:**
3 CORE SYMPTOMS

**INATTENTION**
- 3 aspects of inattention include:
  1) Sustaining attention
  2) Resisting distractions
  3) Not paying sufficient attention

**HYPERACTIVITY**
- Symptoms include:
  1) Fidgetting with hands or feet
  2) Inability to remain seated
  3) Runs about or climbs excessively
  4) Difficulty keeping quiet
  5) Often “on the go”
  6) Talks excessively

**IMPULSIVITY**
- 1) Act/Speak without fully considering consequences, often engaging in risky behaviour.
- 2) Difficulty with delayed gratification.

**ADD**

**Hyperactivity**

**Impulsive**

**Combine**

**COMMONLY CO–OCCUR WITH ADHD**

- **ODD (Oppositional Defiant Disorder)**: Pattern of negative, hostile, and defiant behaviour including frequent loss of temper, arguing, refusal to obey rules, intentionally annoying others, blaming others.

- **Learning disability**: Children with ADHD frequently have problems with reading fluency and mathematical calculations. Problems are associated with attention, memory and executive function difficulties.

- **Conduct disorder**: Persistently violates rights of others or societal rules. Aggression towards others and animals, destruction of property, deceitfulness, theft, rule violation.

- **Anxiety**: Excessive worry that occurs frequently and is difficult to control. Symptoms include feeling restless, edgy, easily fatigued, irritability, and sleep disturbances.

- **Depression**: Commonly low mood for days, over/under eating or sleeping, low energy and self-esteem, poor concentration, feeling hopeless.
ADHD cannot be detected from any laboratory tests. No urinalysis, blood test, CAT scan, MRI, EEG, PET or SPECT scan can help to diagnose the disorder. The diagnosis is made on the basis of observable behavioural symptoms, in more than one setting.

**EARLY WARNING SIGNS**

Frequently exhibits ADHD symptoms - inattentive, impulsivity, hyperactivity or any similar hyperactivity problems.

**GATHER MORE INFORMATION**

1. Your child’s withdrawn behaviours or frequent disciplinary problems seem to be more than the usual difficulties of childhood.

2. Schedule a meeting as soon as possible with the school counsellor and teachers. They are able to:
   - observe your child’s behaviour in group settings.
   - compare your child’s behaviour against children of the same age groups.

**EVALUATION**

A doctor is able to give a careful evaluation of your child’s behavioural problems using The American Academy of Pediatrics’ (AAP) recommended guidelines.
AAP (2000) recommends that clinicians collect the following information:

1. A thorough medical and family history.
2. A medical examination for general health and neurologic status.
3. A comprehensive interview with the parents, teachers and child.
4. Standardized behaviour rating scales, including ADHD specific ones completed by parents, teachers, and the child when appropriate.
5. Observation of the child behaviour.
6. A variety of psychological tests to measure IQ and social and emotional adjustment. These tests also help to determine the presence of specific learning disabilities, which can co-occur with ADHD.

By considering the child’s current level of functioning and the extent in which a child’s behaviour interfere with his/her ability to function in social settings, the doctor or other health professionals can begin to arrive at a better idea of whether ADHD is the best explanation for the problems.

Two thirds of children with ADHD have one or more co-existing conditions - e.g. depression, anxiety, learning disabilities, and language disorders. It is important to consider that such accompanying disorders can have a profound effect on how well your child functions behaviourally, emotionally, socially, and academically.

Healthcare professionals working with your child will carefully consider whether such disorders may be your child’s central challenge. To determine this, further evaluation, including referrals to other specialists, may be necessary.

The effect of ADHD on the life of an individual, their family, and community from preschool to adult life.


FAMILY RELATIONSHIP

3x more parental divorce/separation

2 to 4x more sibling fights

SCHOOL AND OCCUPATION

46% suspended

35% drop out

HEALTHCARE SYSTEM

10% more hospital and ER visits

4x more car accidents

EMPLOYER

absenteeism and low productivity

50% earlier onset

more risk

less likely to quit in adulthood

3x more speeding tickets

SOCIETY

Substance Use Disorders

50%

lower occupational status

3x

POSITIVE ATTITUDE

Have a sense of humor - there are many challenges so you need a double dose of this.

COMMON SENSE

Keep things in perspective and refrain from being a perfectionist.

ORGANISE

Organise your life in ways that will allow you to manage your family’s challenges.

BELIEVE IN THEM

Most of the unacceptable behaviours are unintentional so believe that they can learn, change, mature and succeed.

SUCCESSFUL PEOPLE WITH ADHD

Whoopi Goldberg  Michael Phelps  Sir Richard Branson
**Belief System**

Changing the way you view your child will help them change their self-concept.

**Take Care of Yourself**

Eat right, keep fit, beat stress, remember to seek support when you need help, take a break when you are feeling a little exhausted.

**Knowledge**

Be scientific, question everything, remain open to new information, seek knowledge and be voracious about it.

**Acceptance**

Accept what your child is and may become, and, equally important, what your child is not and may never be.

**References:**
ADHD Parenting Guide

**WHAT CAN YOU DO**

**MEDICATION**

Management of ADHD symptoms with the use of medication. eg. Methylphenidate

**BEHAVIOUR THERAPY**

Manage and shape a child’s behaviour using behavioural management techniques.

**COMBINATION OF TREATMENTS**

By helping the child to focus, stimulants lay the groundwork for him to respond better to behaviour management techniques, academic instruction and other demands on his attention.

“...The largest study of long-term treatment for ADHD (Multimodal Treatment Study) found that stimulants used as the sole form of treatment lead to significantly better results for the core symptoms of ADHD than behaviour therapy used alone. A combination of the 2 approaches lead to the best overall improvement, especially in the areas of oppositional and aggressive behaviour, social skills, parent-child relations and in some areas of academic achievement.”

**References:**

**THE LARGEST STUDY**

Research on medication use has shown that healthcare professionals prescribe long acting medication 78% of the time for patients age 0 to 17.  

**Stimulants**  
- Most prescribed  
- Proven effectiveness  
- Strong clinical evidence  

**Non-Stimulants**  
- Prescribed as an alternative treatment  
- Benefit generally observed after 2–8 weeks  
- Less but sufficient clinical evidence  

**Short-Acting** (e.g. Methylphenidate Hydrochloride IR)  
4 hours  

**Medium-Acting** (e.g. Methylphenidate Hydrochloride SR or LA)  
8 hours  

**Long-Acting** (e.g. Methylphenidate HCl ER Tablets)  
12 hours  

Research on medication use has shown that healthcare professionals prescribe long acting medication 78% of the time for patients age 0 to 17.  

**Stimulants** work by stimulating the brain to make slightly more of the brain chemicals (neurotransmitters) that help us focus, control our impulses, organize, plan, and stick to routines. The use of stimulants can be compared to wearing glasses for a person with poor vision, because stimulants help “put things into focus” for a child. Far from making a child someone he is not, stimulants act as medication that can help many children with ADHD be who they are.  

**Stimulants** are considered effective and safe medications. Despite controversies of potential abuse, there is no evidence that stimulants produce “euphoric” effects in children when restricted to normal treatment. Furthermore, research has shown that stimulant therapy in childhood is associated with a reduced risk for subsequent drug and alcohol use disorders.  

**Non-stimulants** may also be prescribed as an alternative treatment for ADHD, especially when there is comorbid ADHD and tic disorder. Because non-stimulants are newer, the evidence base that supports them is considerably smaller than that for stimulants. Nonetheless, research has shown that non-stimulants are generally effective in the treatment of ADHD in the longer term but with a smaller effect size than stimulants.
ISSUES CONFRONTING

A child’s day encompasses a full active day. As a consequence,

- **Academic achievement**[^4,^5,^6,^7,^8,^9,^10,^11]^,^12
- **Time management, planning**[^5]^,^13
- **Social relationships and cooperation**[^5,^7,^8]^,^14
- **Self-esteem**[^7]^,^15
- **Accident/injury rate**[^2,^7,^10]^,^16
- **Delay tolerance**[^5]^,^17
- **Family/household functioning**[^7,^8,^11]^,^18
- **Parental emotional health and quality of life**[^7,^8,^11]^,^19

References:
1. CONCERTA™ Approved Product Information, September 2012.
ADHD also impacts children and their families throughout the day. 

**01 EDUCATE**

Your child needs to understand and take ownership of his challenges and thus, education is a critical element of treatment at every stage of development.¹

**02 DEMYSTIFY**

Children often see their diagnosis as a stigma and their treatment plan as something imposed on them instead of seeing themselves as active participants.²

**03 ADVOCACY**

Be your child’s best advocate. As you discover new ways to facilitate positive behaviours, learning and self-esteem, pass it on to others in his life.³

**04 FOCUS ON “CAN”**

Do not let him use ADHD as an excuse. Focus on what he can do rather than what he cannot. This helps him build optimism and confidence.⁴

References: ¹ "ADHD A Complete and Authoritative Guide" Michael I. Reiff, MD, FAAP with Sherill Tippins, published by The American Academy of Pediatrics 2004, Pg104. ² Pg107 ³ Pg115 ⁴ Pg57
PROTECT
Your child is NOT doomed to a life of failure if you don’t protect him from every danger and solve every problem for him.5

PRIVACY
Monitoring your child’s behaviour is a basic parenting responsibility but do not overdo it. Don’t “snoop” on your child.5

CHOICES
Use “Structured Choices”. For example, “Do you want to do your math or your science assignment next?”6

RULES
Make rules and enforce them. Expect rule-breaking, respond like a police officer, be respectful, consistent, and matter-of-fact.6

BE REALISTIC
Even with the ideal intervention in place, most children will likely still struggle at times. Don’t expect too much from your child or yourself.5

TALENTS AND STRENGTHS
Discover and nurture their strengths and talents. Celebrate their success, praise them as they overcome trials.4

REWARDS AND DISCIPLINE

EFFECTIVE BEHAVIOUR TECHNIQUES

**POSITIVE REINFORCEMENT**
- Provide rewards/privileges
- Dependent on the child’s performance

Child: Completes an assignment
Reward: Earns play-time on the computer

- Remove access to positive reinforcement
- Contingent upon the performance of unwanted/problem behaviour

Child: Hits sibling impulsively
Deterrent: Sits in the corner for 5 minutes

- Withdraw rewards/privileges
- Contingent upon the performance of unwanted/problem behaviour

Child: Not completing homework
Deterrent: Loses free-time privileges

- The child earns rewards/privileges
- Contingent upon the performance of desired behaviours
- This type of positive reinforcement can be combined with response cost (where a child loses rewards/privileges for undesirable behaviour)

Child: Completes tasks and assignments - Earns stars
Child: Gets out of the seat - Losses stars
Cashes in the sum of stars at the end of the week for a prize

**TIME-OUT**

**RESPONSE COST**

**TOKEN ECONOMY**

Many studies have shown that spanking is a less effective strategy than time-out or removal of privileges. In addition, spanking can lead to agitated or aggressive behaviour, physical injury, or resentment toward parents. Time-out involves sending the child to a specified room for a preset time—usually 1 minute per year of the child’s age.

1. Before instituting, explain purpose of time-out
2. Warning with a specific time for compliance
3. Non-Compliance, firmly and calmly send him to time-out
4. Tell him how many minutes and set a timer. Do not negotiate
5. Some experts suggest adding another minute each time he leaves the time-out space
6. After time-out, make a point to help your child reflect on what he did wrong and how he can choose differently next time.

References:
2) Pg 142-144
3) Pg 131-133
Children with ADHD need to be told what to do in a clear, straightforward and nonemotional way if they are to learn to control their actions. You can give effective commands and instructions by:

**MINIMIZING DISTRACTIONS**

- Turn off or ask the child to turn off the television or computer. If you are in a noisy setting, move to somewhere quieter.

**ESTABLISHING GOOD EYE CONTACT**

- Fully engage by making good eye contact. It helps to touch a younger child’s arm or hold his hand before addressing him.

**CLEARLY STATING THE COMMAND**

- State your command in a simple, nonemotional statement and not as a question. Eg. “You need to stop pushing your brother now.” instead of “Would you please stop pushing your brother?”.
- If behaviour does not stop, follow with a warning. Always keep a firm and neutral tone, refrain from shouting or looking angry.

**REPEAT COMMAND**

- If you are unsure of whether or not the child has heard the command, get him to repeat it back to you.

**PRAISE CHILD**

- If the child has complied with the command, make sure to praise the child.

**TIME-OUT**

- If the child does not cooperate according to the time limit that you set, invoke the consequences (eg. Time-out)

**CONSISTENCY AND REPETITION**

- Make it a point to follow through every time
- You will soon find that you no longer need to continually repeat instructions as you did before
- Do not be tempted to “let it slide” as it will reduce the effectiveness of this method in future
- Consider the importance of every command
- Limit the number of commands to make it easier for you to follow up on every one
At the start of each academic year, meet with your child’s teachers to inform them of your child’s condition. Keep the communication lines open all year.

Routines and Systems:
Setup after-school routines that include sports, and homework and stick to it. Use charts and checklists to help your child track his progress with chores and homework. Keep instructions brief.

Planning & Organisation:
- Have daily and weekly organization and clean-up routines
- Check frequently on work and system of organization
- Teach your child to use a daily planner and a task organizer.
- Limit number of folders used

Starting and Finishing Tasks:
- Allow the child choice in tasks
- Divide larger tasks into easily completed segments.

Improving Their Memory:
- Focus on one concept at a time
- Teach them memory strategies (grouping, chunking, mnemonic devices)
- Provide summaries, study guides and outlines

References:
3) Pg 99, 100, 190
4) Teaching Children with Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices By Office of Special Education Programs (EDOERL9), US Department of Education. 2008 40 pp. (ED502960)
State and post the classroom rules clearly.¹

Establish a system to track success and failure and adjust appropriately.⁴

Creating a treatment plan to address these obstacles

Pair student with a study buddy or learning partner who is an exemplary student.³

Seating the child near the teacher.⁵

Educational Performance Problems

- Producing work at consistently normal levels
- Starting task
- Staying on task
- Completing task
- Following through on Directions
- Making transitions
- Organizing Multi-step task

Managing School Life

Identifying the greatest obstacles to the child’s academic performance
ORGANISATION AND ESTABLISHING ROUTINE

PROVIDE STRUCTURE

Picture your growing child as a building in progress, the limits, lists, routines and other measures you put in place are like scaffolding that will provide necessary support as he grows.¹

Tips for structuring your child’s home environment

1. Keep your child on a daily schedule - try to keep the time for various activities about the same each day.
2. Cut down on distractions - distractions for each child is different, as you identify them, eliminate them one by one.
3. Organize Your Home - have specific logical places for your child to keep his toys, schoolwork and clothes and he is less likely to lose them.
4. Use charts and checklists - keep instructions brief, offer frequent, friendly reminders and make sure each task has been completed.
5. Limit Choices - Help your child learn to make good decisions by giving 2 or 3 options at a time.
6. Set small, reachable goals - This is to help the child understand that he can succeed by taking small steps and building on those successes.

CONTACTS

PROFESSIONAL HELP

THE CHILD GUIDANCE CLINIC
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In collaboration with:

With the support of:

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