



WHAT EVERY PARENT SHOULD KNOW ABOUT ADD: Part II

(Note: Viewers interested in this topic should also view the two videos WHAT EVERY PARENT SHOULD KNOW ABOUT ADD, Part 1 and WHAT EVERY TEACHER SHOULD KNOW ABOUT ADD)



PROGRAM SUMMARY

This program presents a number of important points parents should consider if their child has been diagnosed with ADD (or ADHD), or exhibits behaviors associated with ADD/ADHD. The suggestions presented in the program will help the child control behaviors that block his progress in learning and living.

MAJOR MESSAGE

Parents of children with various unusual behavioral problems are often unaware that **they themselves** are their child's best hope for survival. Parents **can** help children who have ADD/ADHD (or children who simply exhibit many symptoms associated with ADD/ADHD, even though such behaviors have other causes or relate chiefly to a high-gear temperament).

The first step is to provide such children the best possible environment at home, for everyday living as well as for learning. A main feature of such an environment is to set up and follow through on a set of **simple rules and expectations**.

It is important that

- (1) the parents and child develop the rules together,
- (2) that all understand the rules clearly, and
- (3) that all follow the rules with great regularity. Establishing and keeping up with the agreed-upon "system" for guiding behavior demand **tons** of p-a-t-i-e-n-c-e from the parents, as well as much patient interaction. Every interaction must be conducted in a calm manner. With all the pressures and responsibilities of family life, this is **far from easy** (!) but will pay off in the long run.

KEY POINTS

Here are some points that parents need to know if their child has ADD/ADHD or many behavior problems:

- Diagnosis has two good effects:
 - (1) a name can be attached to the problem, and
 - (2) parents and teachers can start to help the child in important ways.
- Parents should know that
 - (1) they didn't cause the disorder, and that
 - (2) specialists can suggest ways to lessen the problem.
- It's possible that genetics is sometimes a factor that helps produce the symptoms. Frequently, a relative exhibits similar behaviors.
- The behaviors tend to be associated with a certain type of temperament.
- Some believe that special diets can help, but this has not been absolutely proven. It's been suggested that the extra attention to a child who's provided a special diet is what helps. One approach: "If it works, use it!"
- Researchers have shown that children diagnosed with ADD/ADHD have less activity in the brain cortex (the front part of the brain), resulting in a lack of internal stimulation to the cortex which prompts "hyperactivity" (lots of movement, sometimes with no real purpose).

Certain medications have been used for hyperactivity, including the drug "Ritalin" which is commonly termed "speed". The way "speed" seems to work is to "speed up" the child's **attention span**, thus helping the child to **focus** more closely.

A problem raised about the use of medication for children is that it might affect some children badly. Some recommend other means of helping, especially the use of "behavior modification" techniques by both parents and teachers. Whether or not a child is medicated, behavior modification is needed.

A practical way that parents can offer behavior modification strategies at home follows:

TURN OVER →

BEFORE VIEWING

In the program, parents are advised to consider re-shaping the "environment" at home for an ADD/ADHD child. Several steps for doing this are provided. Select one or two of these steps that you think would be helpful to **any** family that includes children. You may wish to jot the steps down.

REFLECTIONS

Describe two or three things you've seen some child frequently do that could make you think the child might have ADD/ADHD. Talk about these things with a friend or a discussion group. How would you control these behaviors? Try to agree on some key suggestions.



First, parents must decide to make a unified effort to adjust life at home to best serve the needs of the child whose behavior seems “out-of-control.” Since ways to do this could help any child or family group, behavior modification **could work for everyone** in the home:

- Step 1 is to set up a time for the spouses to meet to agree on ways they can adjust their home life.
- Step 2 is to decide on a simple set of basic rules that includes things like regular-scheduled playtime, TV time, study time, bedtime. (This step sets up a “general household schedule.”)
- Once the parents decide on the general schedule, the child and other family members should meet to continue planning for orderly behavior at home.
- The family group can brainstorm and set up a system of rewards and results.
- Keep a written record of what’s been agreed upon.
- Post these “rules” in a good spot.
- Some people like to make a “chart” or “check list” of the rules and how they are followed day by day or week by week.
- Be clear and “up front” about the purpose for change in the home life (“to make home life smoother”; and/or “to make everybody more peaceful and comfortable”).
- Make it **clear** that the agree-on rules are for **everyone’s** benefit.

Now comes the hardest task: enforcing the rules calmly, until their use becomes routine.

Such an effort to “systematize” children’s behavior should not be viewed chiefly as changing the **child** but as changing the **environment** to promote more family cooperation all around.

How parents “run” the plan they set up is critically important. “Family meetings” might help. Each parent must keep the plan in mind, and must be aware of the following advisories:

- (1) Realize you have a child with behavior problems, so you may have to adjust your expectations.
- (2) Practice using praise - but wisely and reasonably.
- (3) Weed out put-downs, highly emotional or angry comments, and name calling.
- (4) ADD/ADHD (or **suspected** ADD/ADHD) is an “**invisible disability**”, but **very** real, one requiring **extreme** patience on the part of parents and caregivers.
- (5) Learn all you can: network with others in your situation.
- (6) “Childproof” your home and yard (ADD/ADHD children are prone to have accidents).
- (7) Don’t haggle over minor concerns (avoid argument; try to temporize; try for joint decisions, calmly decided).
- (8) Be clear: talk slowly, maintain eye contact, have child repeat directives, assist child to start each task.
- (9) Since long-term rewards don’t work with ADD, use **immediate** rewards, **frequently**.
- (10) Give **short** directions. Avoid giving several directions at one time. Break down instructions. Always have child repeat a direction.
- (11) For older children, **write down** short lists of “to do’s.”
- (12) Even ADD children should have chores, but **not many**.
- (13) Reward the **specific** act you’re trying to work on.
- (14) Remember that ADD children are vague about listening.
- (15) Establish a daily routine for homework, **with a checklist for completion**.
- (16) Taking an ADD child to a public place is a problem: **clearly** state
 - (a) an expectation and
 - (b) a consequence in regard to behavior (assure understanding through child’s repetition).
- (17) Punishment is sometimes necessary: avoid physical punishment unless danger is involved; “time out” might work for some; be sure the child is clear about **what** the punishment is **for**; avoid “over-punishing”; don’t nag or threaten punishment too often.
- (18) Love your “butterfly”!! (for, as butterflies flit and flutter in the air, now here, now there, but always moving...**delightfully** and **beautifully**...thus do ADD/ADHD children!).

