

ADHD Fast Facts

Attention Deficit Hyperactivity Disorder

Dopamine/Adrenaline Deficiency Disorder

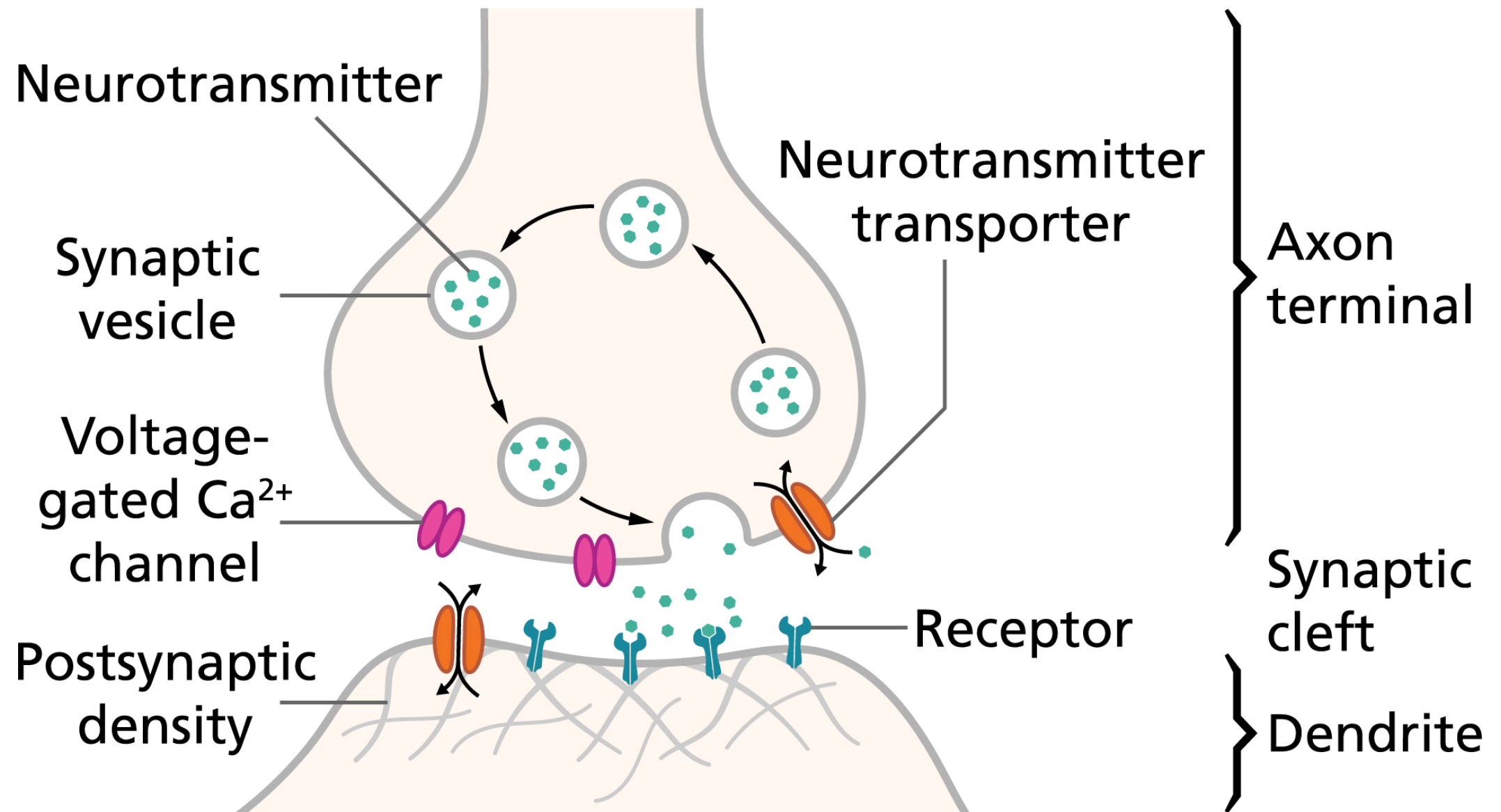
Attention Inconsistency Disorder

The Gateway Disorder

ADHD is a neurological disorder that

- Is caused by dopamine deficits and fewer dopamine receptors and transporters that
- Results in an UNDERactive Prefrontal Cortex
- Is in charge of the executive functioning of the brain
- Causes underactive Cerebellums (this area atrophies without consistent stimulation).
- Results in a 3-5 year delay in maturation.
- Lasts for a lifetime. Shows up before age 8 and lasts . . . A lifetime.

Not enough "Boats"



It is a Medical Diagnosis

- It is inherited. If 1 parent has it . . . 50% of the children will have it. If 2 parents have it, 90% of the children will have it.
- 2 mild genes don't equal a mild gene – they equal a severe gene.
- It is covered by most insurance
- Can be diagnosed and treated by a pediatrician (severe and complicated cases should still be treated by a psychiatrist).



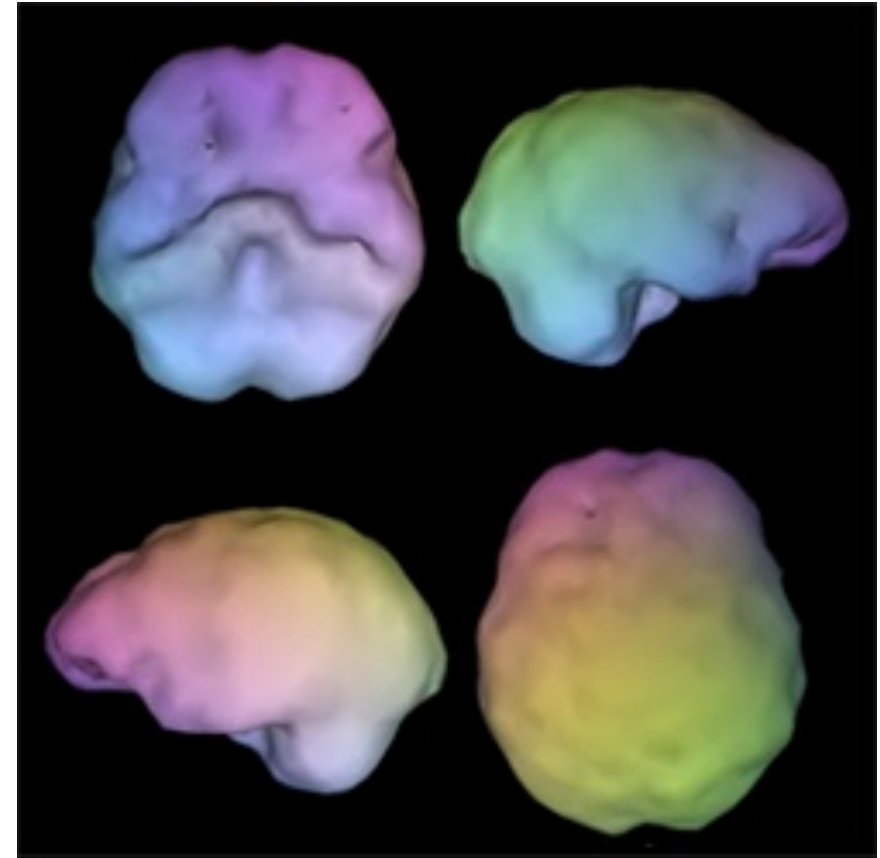
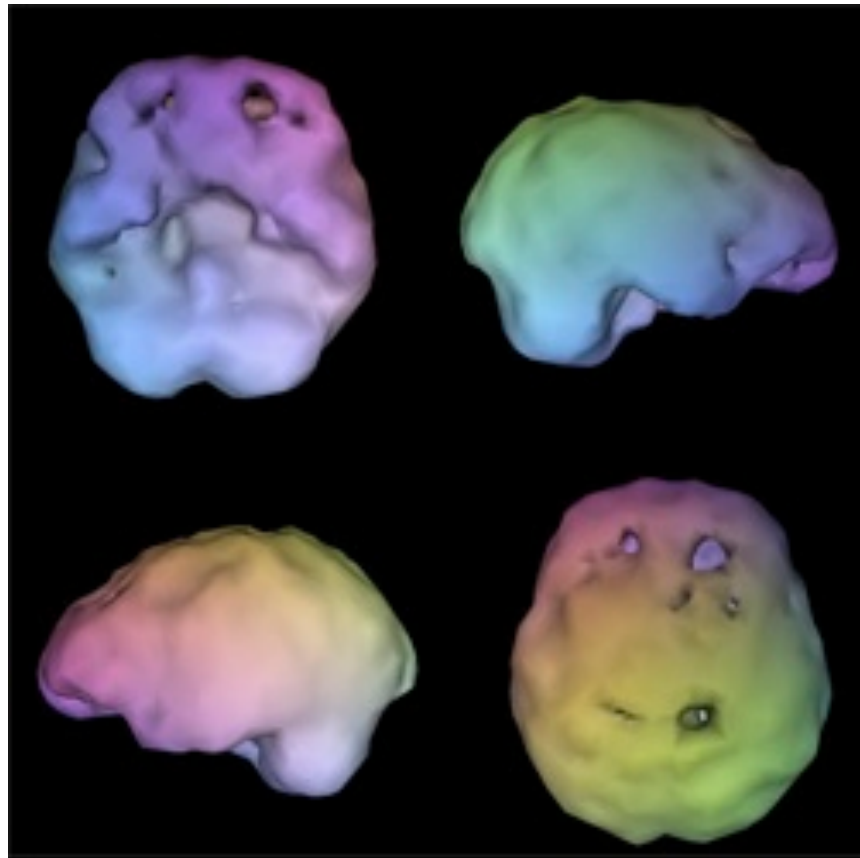
1 + 1 = 2 ?



Treatment for ADHD mainly involves:

- Stimulating the production of dopamine (Ritalin, Adderall, Vyvanse, Concerta, etc.)
- Reactivating the pre-frontal cortex and
- Restoring executive functioning

Before and After



Medication Spect Scans

OR

By preventing the reuptake of norepinephrine (the body's natural stimulant) and dopamine
(Strattera)

By lowering blood pressure in more aggressive kids with
ADHD
(Guanfacine)

These are mainly used for complicated cases with comorbid disorders. 60% have comorbid conditions: anxiety, depression, ODD, Dyslexia, Tourettes, sleep disorders, etc.

Executive Functioning

- Organizes / Manages

- Inhibits



- Provides Foresight and Hindsight

- Self Regulates

- Self Evaluates



ADHD is characterized by an inability to inhibit

- Distractions
- Impulses
- Movement
- Or any combination
- But also . . . thoughts, appetites, and even physiological things like, sleep and wake hormones, restless leg syndrome, fibromyalgia, etc.



Different Types of Stimulants:

- Medication (CHADD's stance is that there is a right medication and a right dose for every child) = 80% reduction in symptoms
- Behavioral Interventions (reward systems) = up to 20% reduction in symptoms.
- Everything else is lower than 20%: Cognitive Interventions CogMed and Neuro-feedback are showing promise with long term studies.
- New computer and physical exercise treatment called "ACTIVATE" by c8 sciences (Bruce Wexler at Yale) Reactivates both the prefrontal cortex (computer) and the cerebellum (physical exercises). Claims 30% or more reduction in symptoms.

- 75 - 85% of adults with untreated ADHD will struggle with some type of addiction: substance or behavioral
- Some experts believe that when the percentages are that high . . . you have simply missed something in the other 15%



They are going to get their
stimulants one way or
another!



What behaviors you will see:

In the classroom

- Won't stop talking
- Can't sit still
- Can't pay attention
- Poor Working Memory
- Trouble getting started
- Trouble finishing
- Problems with anything with complex steps
- Impaired Sense of Time
- Attention Seeking
- Doesn't turn in work

With peers

- Drama Seeking
- Impulsivity
(for better or worse)
- Social problems – can't attend long enough to connect
- Immaturity compared to peers
- Attention Seeking

Things NOT to do

- Try to make them sit still. You'll be fighting brain chemistry
- Tell them to try harder.
- Tell them they are old enough. Or be upset with parents who are too involved. (would you be angry with a 3rd grader for not being as mature as a 6th grader?)

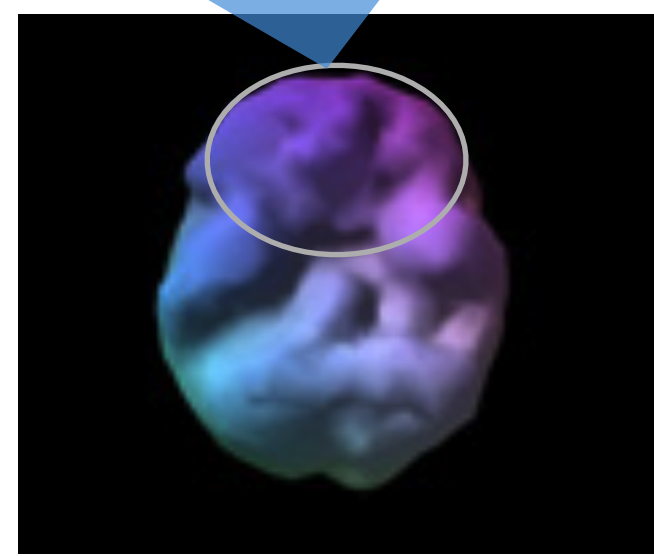
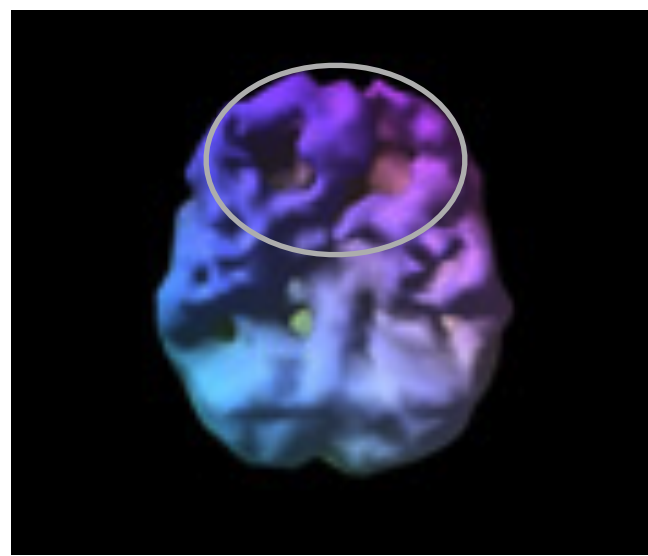
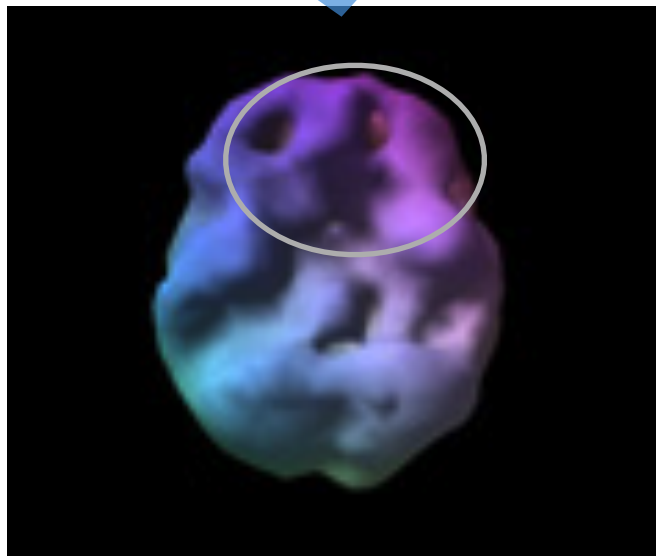
Don't tell them to Focus

It gets worse when you do.

It punishes them for their disability

Yes, it's a "won't do" sometimes but that is because
it is a "can't do consistently" all of the time!

Rest, Concentration, Concentration with Meds



Interventions for schools:

- CAN you do it? Will it be worth it?
- Alternate rapidly between teaching and testing.
- Praise even small improvements
- Change it up - not a lot will work for long.
- Monitor negative feedback (The average ADHD child receives 60-75% negative feedback in any given day even with the best teacher and the best parent).
- Practice SELF CARE

Intervention Procedure

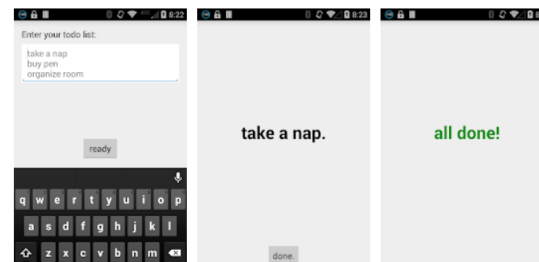
- Take a baseline (small time increments added together will work)
- Use Frequency or Percent
- Begin the intervention
- Progress monitor 3 - 5 times over 2 - 3 weeks
- Enter Data Points. (Measure # of interruptions, Percentage off task, # of assignments turned in, Whole class disruptions, etc.)
- Evaluate. Continue or try something new.

Interventions Worth Trying

- Get 'Em On Task
- Contracts / Home Notes
- Work for Dots (work to get out of work)
- Guided Notes
- Games
- Gadgets: Motivaider - Time-Timer - Alpha-Desk - Fidget toys - Books on tape - White Noise - Study Carrels - Velcro - Pacing Lane – Gum
- Accommodate
- Now Do This app



now do this. Now Do This
makeramen Productivity ★★★★★ 82
Everyone
This app is compatible with all of your devices.
You can share this with your family. [Learn more about Family Library](#)
Add to Wishlist [Install](#)



Interventions Worth Trying

- Teacher Prompts
- Allow movement
- Give Choices: “Would you like me to set the timer? Or you on your phone?”
- Reduce demands on working memory. Post it notes. Reminders. Written instructions.
- Say, Put this in your backpack now. Instead of don't forget to put this in your backpack.
- Time Timers
- Bingo, CrossWord Puzzles, etc.
- Alternative Seating or Standing



For Teachers when talking with Parents

Allow over-involvement.

Find Strengths.

Don't Diagnose.

Describe Behaviors.

Record Frequency and intensity.

Suggest it might be worth learning about or

It might be worth talking to a doctor about.

A Teacher's job to a Parent and a Parent's job to a Doctor is to Accurately Describe Behaviors

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Quest For What's Best Behavioral Communication Form - TEACHER/TEAM to Parent

Name of Child: _____ Date _____
Teacher: _____
Other school team members _____

Positive Behaviors Observed (circle): Helpful, attentive, compassionate, empathetic, persistent, patient, kind, confident, happy, honest, polite, thoughtful, considerate, assertive, creative, obedient, prioritizes well, socially inclusive, accommodating, easy going, energetic, fun, good sense of humor, peacebuilder, shares, optimistic, resilient, good self esteem, uses time wisely, other:

Further descriptions of behaviors: _____

On a typical day the student exhibits these behaviors:
(Not at all) 0 1 2 3 4 5 6 7 8 9 10 (Most of the day)

Over the last two weeks these behaviors have been helpful on about how many days?

1 2 3 4 5 6 7 8 9 10

This behavior/these behaviors have been a constant/intermittent/occasional strength:

For the past _____ week/s For the past _____ month/s

Other teachers (past or present) you may want to ask about these behaviors/strengths:

These behaviors most often occur . . .
in _____ (place/s)
during _____ (activity/ies)
in the _____ (time/s of day)

Noticeable situations that trigger these positive emotions/strengths:

Quest For What's Best
Behavioral Communication Form - TEACHER/TEAM to Parent

The following negative behaviors seem to be interfering with the student's ability to function at school approximately (frequency and degree of impairment):

0 10 20 30 40 50 60 70 80 90 100 Percent of the time
0 10 20 30 40 50 60 70 80 90 100 Percent of impairment

Negative Behaviors Observed (circle those that apply): Off task, out of seat, talking out, talking to neighbor, daydreaming, not listening, non-compliance, filling in answers just to be done, avoiding tasks that require mental effort, psycho-somatic complaints (stomache ache, naseau, headache, bodyaches, etc.), tired, angry, irritable, worried, fearful, frustrated, upset if things aren't perfect, unable to shift or change tasks, pessimistic, lying, stealing, chronic late or missing assignments, truant, tardy, excessive excused absences, frequent meltdowns, frequent escaping to bathroom for longer than necessary, verbally aggressive, physically aggressive, bullying, office referrals, Other:

Further descriptions of behaviors: _____

On a typical day the student exhibits these behaviors (Please mark the frequency on the following scale: 0=not at all and 10=Most of the day)

(Not at all) 0 1 2 3 4 5 6 7 8 9 10 (Most of the day)

Over the last two weeks this has been a problem on about how many days?

1 2 3 4 5 6 7 8 9 10

This behavior/these behaviors have been a constant/intermittent/occasional problem:

For the past _____ week/s For the past _____ month/s

Other teachers (past or present) you may want to ask about these behaviors:

These behaviors most often occur . . .

in _____ (place/s)
during _____ (activity/ies)

Quest For What's Best

Behavioral Communication Form - TEACHER/TEAM to Parent

in the _____ (time/s of day)

Noticeable situational triggers are: _____

Interventions/accommodations I/we have tried (i.e. moving desk, proximity to teacher, sitting next to a helpful peer, lightening assignment load, etc.):

These interventions were/were not helpful for _____ (length of time.)

These interventions brought about an approximate _____ percent improvement.

10 20 30 40 50 60 70 80 90 100

Recorded Interventions I/we **have tried**:

Attached are:

Baseline Data/Scores

Explanation of Intervention and Starting Date

Ending Date and Ending Data/Scores

Further Interventions I/we **would like to try**:

Your help is needed with:

Frequent and accurate communication with you is needed. My/Our contact information is:

Phone Number/s: .

Email address:

Presentation and Forms by

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