

# ATTENTION Deficit Disorder: AFTER THE DIAGNOSIS IS MADE.

DR. TIM TELLER, M.D. -- HILLIARD PEDIATRICS, INC. -- 5/13

## SCHOOL.

It is highly recommended that the school and teacher be notified if your child has been diagnosed with attention deficit disorder. This serves many purposes. First, both you as a family and we as pediatricians need the **teacher's feedback** about how the medicine is working. Strangely enough, many parents will tell us in follow-up that the school could not be happier with the turn around in school work and behavior but that they as a family do not notice any difference at all. Why? Because the medicine is working as needed in the school setting but has worn-off by the time the child is at home. In most instances, this is our goal (in children with many impulse and hyperactive problems, it is not). Secondly, if there continue to be difficulties with school work despite controlling the ADD/ADHD symptoms, the school will need to further investigate the possibility of a **learning disability** interfering with school work. More than 1 in 4 children with ADD/ADHD also have a learning disability. If one is identified and helped, school work will be helped. Thirdly, in some children with ADD/ADHD, the school will need to **dispense the medicine** for doses given after the child leaves home in the morning. Note that the school will **not** dispense this without a properly doctor-signed and filled-out special form. We have forms in our office for the Hilliard School District. If your child does not attend a Hilliard Public School, you will need to bring us the form from their particular school (ask the school nurse, the office at the school, or check the school's website).

The following information is helpful from the school when it comes to follow-up visits or need for medication adjustments:

Has the attention span improved: Is the child better able to stay focused? Can they listen longer? Is their work more accurate? Has handwriting improved?

Has any impulse problem improved: Is the child better at following the rules? Do they think before they act? Are they better at waiting for their turn?

Has any hyperactivity improved: Is there less getting out of their chair? Are there fewer distractions for the other child? Is there less running and climbing? Are they sitting still longer?

Has any aggression improved?

Does the medicine seem to wear-off at a certain time? Is this before the end of the school day?

Does the school notice any side effects: Headaches, stomachaches, low appetite, irritable, sleepy, or dazed?

Some children with less obvious symptoms (especially children with milder attention deficit problems *without* problems with impulse control or hyperactivity) will require some further input about their progress at school from the **school psychologist**. We will further discuss it further if it is necessary, but having their trained observations can help us best decide how to help your child.

Whole books have been written about how to improve a child's experience at school and maximize their potential if they have ADD. Probably most helpful is a teacher with experience with children with ADD. Because 1 in 20-30 children have ADD, it is very likely that a teacher will have this experience. In the classroom, children with ADD will benefit from a number of interventions. Discussing these with your child's teacher will be helpful. These include:

1. Having a desk **near the teacher** will help keep the child more focused and let the teacher re-focus them more easily.
2. Try to keep the child from facing windows, open doors, brightly colored projects, or sitting near other children with ADD. This will keep them from being so easily distracted.
3. Defined or set **rules and schedules** that are reviewed frequently work well.
4. **Hands-on** projects are more likely than board work or workbooks to keep a child occupied.
5. **Directions** written on the board are more likely to be followed than are spoken directions.
6. **Smaller groups and classes** help the child with ADD.
7. **Reward positive behavior**. If they are doing well, say so. Many children with ADD receive so much negative criticism that they seem to stop listening to it. If the negative is balanced by positive praise, it will be more effective.
8. Completing and turning in assignments can be a huge problem. Discuss with your child's teacher whether a special **assignment notebook** can be kept by your child. A list of all assignments, the due dates, and whether something was completed properly and turned in can be kept by the child with the help of teacher and family. Organizing assignments in this way can take some of the stress out of this issue.
9. Some children with ADD greatly improve with the help of a **tutor**. If a child does not qualify for an in-school tutor, a tutor from outside the school can be found.

## HOME.

Children with ADD can be a BIG challenge at home for the rest of the family. Although the following things are true with all children, those with ADD can greatly benefit from these tips:

1. Be very specific about **rules, consequences, and rewards**. Written down, reviewed, consistent rules are much more likely to be followed. Consistency (making the rule stick every time, all the time) is not easy. But you will be happier yourself as well as allow much less room for arguments with your child if you are consistent. Do not let your child "win" an argument to do or not do something with whining, crying, hitting, or other bad behaviors. If you do let this happen, the child just learned that whatever they just did is the way to get you to change your mind. "Well, just this once" may sound okay, but your child does not understand it that way.
2. **Make lists of chores** or other expectations. The short attention span of a child with ADD will keep them from completing a list of things to do that they have heard but cannot read. Put a written list in an obvious place (the bathroom mirror, the bedroom door, the door that the child leaves the house from).
3. **Keep a consistent schedule**. Being able to predict what happens when for a child with ADD will help. Warn your child in advance if there

will be a change of schedule.

4. **Have a place for everything.** If having all the things your child needs in the morning for school or in the afternoon for soccer practice never seem to be where they need to be, organize them. Make a special box, drawer, hanger, or shelf for them and (verbally) reward the child for keeping them there.

5. Use lots of **timers or alarms.** If your child seems to have no concept of what "we're leaving in 10 minutes" means, use a kitchen timer so they can watch the time approach zero.

6. Find something to **say something good** about. Children with ADD are so likely to hear criticism of their behavior that they often respond well to even small amounts of praise. Finding one thing that your child does well and supporting it with your time, energy, and praise will go a long way towards helping your child's self esteem.

7. **Homework** is often a major challenge and frustration. Providing a quiet place with few distractions (no TV, no radio, etc.) will help. So will sticking to a schedule of when the homework is to be done on school days or weekends. Make it mandatory to finish homework before special privileges, like watching TV or using the computer, are earned. Assignment notebooks are helpful for keeping track of assignments and due dates. Breaking bigger homework assignments into smaller parts often helps (the child's attention span is more likely to last).

#### **FOLLOW-UP AT OUR OFFICE.**

Many times, a child is diagnosed with ADD, we have discussed treatments, and a specific medicine is prescribed all in one office visit. The next steps are filling the prescription, following the instructions above, helping your child take their medicine as prescribed, watching for changes at home, and periodically checking with the teacher and school to see how things are working there. After starting the medicine, we like to hear from you by phone in **2 weeks** for an update on how things are going. Then we like to see children back once they have been on the medication for **4 weeks** (realize that for the child that only takes the medicine at school that the time to come back for follow-up may be longer if a break or holiday is involved). Each follow-up visit we will:

1. Check weight, check blood pressures, and check height (if it has been more than a month between visits).
2. Review improvements seen while taking the medicine.
3. Review any side effects.
4. Make a plan for further treatment: continue the medicine, change dosing or medicine, etc.
5. Agree on a time for follow-up in future months.

Visits may need to be **every month or so initially** until a medicine and medicine dosage is found that is helpful while making any needed adjustments for side effects. Often, as a child is consistently found to have improvements without significant side effects on a certain medicine and a certain dosage, the follow-up visits will be scheduled **every 3-6 months**. If in between follow-up visits, an issue should come up about the medicine, its dose, or side effects, the ideal time to review this with us is at the time of prescription refills each month. A message can be left with the nurse and then discussed with the doctor, or the doctor can call you back directly to discuss any concern that needs to be addressed.

#### **REFERRALS.**

Many children with ADHD benefit from the help of other professionals. If you would like help learning techniques for dealing with your child's behavior, we can help refer you to psychologists, behavioral pediatricians, or counselors. Family therapy can be helpful. If concerns about depression or anxiety arise, we will recommend a referral to a child psychiatrist or psychologist. As it is discussed in the medication handout, children who do not respond well to the stimulants or Strattera for ADD will benefit from visits with a psychiatrist to discuss other options. Please recognize that we know that getting help for these issues is very important to you and your child. Often an appointment with a counselor or psychologist can be made in just a few weeks, but an appointment with a child psychiatrist or a developmental and behavioral specialist can take months.

--Dr. Tim Teller, M.D. -- Hilliard Pediatrics, Inc. -- 05/13