

## AD/HD: WHAT IS IT?

Attention-Deficit / Hyperactivity Disorder (AD/HD) is characterized by an impaired ability to pay attention hyperactive behavior and impulsivity. In some children the attentional difficulties are the biggest problem while in others the impulsivity and hyperactivity present the biggest challenges. And in still others all three behaviors may be present to varying degrees. AD/HD is believed to be a neurobiologically-based disorder that is characterized by four general criteria:

1. Inattention or hyperactivity/impulsivity more severe than is seen in most children at the same developmental level.
2. The inattentive or hyperactive symptoms are present before the age of seven.
3. There is clear evidence of interference with developmentally appropriate social and academic skills.
4. The difficulties show up in at least two settings (e.g. at home and at school).

These criteria are listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) published by the American Psychiatric Association and are the parameters by which a behavioral health professional is permitted to make a diagnosis.

Other characteristics that may accompany AD/HD include poor organizational skills poor peer and/or sibling relationships aggressive behavior poor self-esteem sensation-seeking (i.e. high-risk) behavior excessive daydreaming poor coordination memory problems persistent obsessive thinking and inconsistency.

The average child who is diagnosed with AD/HD is 7 years old and is a first grader. AD/HD affects roughly 3% to 5% of all school-age children or about 3.5 million kids. It is seen about nine times more often in boys than in girls. It is not uncommon for AD/HD to be accompanied by other disorders or disruptive behaviors that may include Depression & Mood Swings Anxiety & Panic Learning Concerns Child Abuse Oppositional & Defiant Behavior and Substance Abuse (click for links to other topic areas on this Web site). AD/HD is treatable using behavioral techniques medication or both.

## SIGNS AND SYMPTOMS

Below are listed some very specific signs and symptoms of AD/HD. Please note that not all AD/HD children have all of the symptoms listed. Also some of your child's symptoms might be so mild that they are not a real problem.

When reviewing the symptom check lists look for the presence of several symptoms that consistently apply to your child in more than one setting. Do you see these symptoms as interfering significantly with his or her academic performance social adjustment or his/ her interaction with family members? Keep in mind that all kids display some of these behaviors

some of the time but the AD/HD kid displays some of these behaviors most or all of the time.

## **Signs And Symptoms - Attention Deficit With Hyperactivity**

The Following are some specific symptoms and/or behaviors that a child with AD/HD may display:

- Often fidgets with hands or feet or squirms in seat.
- Will not stay seated in classroom (or other places where staying seated is important).
  - Often runs or climbs in situations where this is inappropriate.
  - Has difficulty playing quietly or engaging in leisure activities.
    - Often appears to be “on the go” or “driven by a motor.”
      - Talks excessively.
    - Blurts out answers before questions have been completed.
      - Has difficulty taking turns.
  - Often interrupts games or activities where this is inappropriate.
  - Adolescents may be limited to internal feelings of "restlessness."

## **Signs And Symptoms - Attention Deficit Without Hyperactivity**

The Following are some symptoms and/or behaviors commonly displayed by the child with ADD (Attention Deficit Disorder without the hyperactivity):

- Fails to give close attention to details or makes careless mistakes on schoolwork or other activities.
  - Has difficulty sustaining attention in tasks or play activities.
    - Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork chores or duties (not due to oppositional behavior or failure to understand instructions).
  - Often has difficulty organizing tasks and activities.
- 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 (toys school assignments pencils books or tools).
  - Is easily distracted by extraneous stimuli.
  - Is often forgetful in daily activities.

Inattention is a problem with both AD/HD and ADD. The primary difference between them is defined in the hyperactive or impulsive behaviors. If the child is consistently unable to maintain appropriate levels of attention is unable to sustain socially appropriate behaviors when necessary and is consistently physically active chances are you are dealing with AD/HD. If the child is unable to maintain appropriate levels of attention and is unable to sustain socially appropriate

behaviors when necessary but is not fidgeting or physically active chances are you are dealing with ADD (without hyperactivity).

Another hallmark of both AD/HD and ADD is that the child is developmentally immature for his or her age and is lagging behind their peer group in developing appropriate social behaviors. As a result the child may get into conflicts with other children easily have few friends or have friends that are significantly younger than they are who will tolerate the immature behaviors. Some developmental issues that you may want to watch for as a parent include the following:

Is the natural self-centeredness of early childhood giving way to the development of age-appropriate less selfish values?

Is the child beginning to show social judgment and sensitivity by knowing when enough is enough knowing when to share the spotlight and knowing how and when to admit to error?

## DIAGNOSIS

Because the behaviors exhibited by a child with AD/HD may also be symptoms of other childhood disorders (like depression anxiety and oppositional behavior problems) a diagnosis of AD/HD or ADD should be made cautiously. A pediatrician school psychologist or child psychologist is best trained and equipped to make an appropriate diagnosis.

The diagnosing professional should observe the child in several different settings. Information should be gathered from several different people who interact with the child (including teachers) and a complete developmental history should be obtained from the parents or guardians. From this process the professional will be able to confirm whether or not symptoms of AD/HD were present before the age of seven have been persistent throughout the intervening years and have been apparent across situations.

## TREATMENT

Treatment for AD/HD or ADD can include behavioral therapy medication and/or a combination of both. The overall results of treatment for AD/HD are most successful when treatment is applied in several settings together. For example greater behavioral improvement will be experienced when parents and the school work together to support a child with AD/HD.

Parents should become informed about how to best help a child with AD/HD. Attending seminars or lectures in the community or at school will enable parents to gain knowledge about what AD/HD is and how best to cope with it in their family. Also participating in a support group with other parents of AD/HD kids is important. It is important for parents to know that they are not alone in dealing with this issue.

The school psychologist can be an important resource for gathering information and reading materials. Family therapy may also be helpful in providing parents with needed support and

opportunities to learn effective parenting techniques for children with AD/HD. It may also be important that the AD/HD child have some individual or group counseling as well. Counseling will include information about AD/HD or ADD social skills training (best done in a group setting) and a variety of new coping skills to learn how to slow down be more focused react less impulsively and maintain control of their own behavior.

- Behavioral Techniques

These are strategies employed by parents and teachers to establish the necessary social structure for AD/HD kids to perform at their best -- both at home and at school. These environments must provide predictable and consistent application of rewards and punishments. Expectations as well as consequences must be communicated ahead of time and be frequently repeated. AD/HD kids respond best to short-term rather than long-term rewards. Reinforcement should occur every few minutes for preschool children several times a day for elementary school children and generally at least once a day for adolescents. AD/HD kids also respond well to one-on-one direction and support especially for organizing and attending to the demands of completing multiple tasks.

Some other specific behavioral techniques that are especially useful include:

- Breaking school assignments down into small steps that are each checked by an adult.
  - When multiple steps are necessary to complete a task give only one or two steps or directions at a time.
    - Support the child in maintaining a daily schedule/calendar.
      - Call special attention to any schedule changes.
    - Support the child in organizing his/her homework into a notebook.
      - Designate a quiet work space.
  - Set a timer for a short period of time and encourage the child to complete as much of the task as possible before the timer goes off.
    - Have regularly scheduled and frequent breaks.
      - Use computerized learning activities.
    - Supplement verbal with visual instructions.
- Medication

There are several medications that have been used successfully with AD/HD and ADD over the years although not without controversy. Most are stimulants such as Ritalin Dexadrine Cylert and Adderal. These seem to work by providing the internal stimulation that the AD/HD child appears to need and otherwise tries to get from the environment. Most behavioral health professionals believe that stimulant medication is appropriate and safe for children although it is generally not prescribed for children under the age of seven. Antidepressants are also sometimes prescribed for some AD/HD children; these are believed to work by affecting neurotransmitters in the brain chemicals which control such functions as attention concentration and mood.

When a medication works well it allows the child to maintain his/her focus of attention

for longer periods of time without constantly being distracted by sights and sounds or random thoughts. It also quells the hyperactivity and impulsivity enabling the child to behave more calmly and to think before speaking or acting. These improvements help the child maintain social relationships and enable him/her to benefit from instructional or behavioral support. They also allow the child to work on becoming more organized to make short-term plans and follow them and to set long-term goals and achieve them. As a result of this new level of competence the child may experience improved self-confidence and a higher level of self-esteem.

If you decide with your child's pediatrician to try medication be prepared for a period of "trial and error." Some medications work better than others depending on the child; of the several medications available it is not possible to know in advance which one will obtain the best results for your child because each child's brain chemistry is unique.

By itself though medication can be very disappointing. Even with medication there may remain a serious deficit in social skills organizational skills self-esteem ability to prioritize tasks and self-observation skills. Among behavioral health professionals the general consensus at this time is that the most beneficial course of action for severe AD/HD may be a combination of both medication and behavior therapy. The medication allows the child to regain focus and concentration. The behavior therapy allows the child (and the parents!) to learn new coping skills to be able to socialize organize prioritize and lead a less frustrating life.

## Other Problems With Signs And Symptoms

There are some other childhood issues or disorders that may look a lot like AD/HD and have similar symptoms. It is important for a trained behavioral health professional to distinguish diagnostically between AD/HD and these other problems because the treatments prescribed for the latter may not be appropriate for treating a child with AD/HD.

- Mood Disorders

It doesn't seem to make sense that depression could resemble AD/HD but in children it can. Depressed children can appear jittery irritable and angry rather than appearing "down in the dumps" or slow to react like a depressed adult may look. Also kids with a mood disorder known as bipolar disorder (aka "manic-depression") may sometimes exhibit AD/HD-like symptoms especially those symptoms associated with hyperactivity. However stimulant medications that may be appropriate for children with AD/HD are inappropriate for children with a mood disorder; in fact these medications may make some of the symptoms of bipolar disorder worse. (Click to go to the Depression & Mood Swings area of this Web site.)

- Anxiety

Anxiety may be either biologically based or caused by stress in the environment. Either

way the symptoms may resemble those of AD/HD. However the treatments for these two problems are very different. Medications and treatments that may be appropriate to reduce anxiety may actually make AD/HD symptoms worse and vice versa. (Click to go to the Anxiety & Panic area of this Web site.)

- Learning Concerns

Children with AD/HD often come to the attention of teachers due to their disruptive classroom behaviors and academic difficulties. While children with AD/HD do not necessarily have memory and learning problems per se their problems with attention and concentration may create the appearance of a learning disability. A school psychologist or private child psychologist or psychiatrist will be able to make a differential diagnosis. (Click to go to the Learning Concerns area of this Web site.)

- Child Abuse

Sometimes children who have suffered physical emotional or sexual abuse may exhibit agitated behavior that resembles hyperactivity or impulsivity. However this agitation is probably more reflective of stress and anxiety and therefore the treatments for the two problems will be very different. (Click to go to the Post-Traumatic Stress Disorder area of this Web site.)

- Oppositional Defiant Disorder

Children with this disorder often exhibit annoying behavior such as the fidgeting and restlessness common in AD/HD kids and may also have a short attention span and limited ability to concentrate. They frequently have difficulties maintaining positive peer relationships and may also have self-esteem difficulties. If your child is exhibiting any of these behaviors consistently it will be important for a behavioral health professional to make a differential diagnosis. (Click to go to the Oppositional & Defiant Behavior area of this Web site.)

- Substance Abuse

Depending on the substance or drug used symptoms of substance use/abuse may include reduced concentration restlessness irritability anxiety and excessive talkativeness. Even if you think your child is too young to be using drugs seeking out more information about this problem can't be a bad idea. (Click to go to the Substance Abuse area of this Web site.)

## Social Adjustment

A common symptom of most AD/HD kids is poor self-observation. In fact your child may be incredibly unaware of the effect he or she has on other people including you. Be aware that your child will be unable to accurately self-report AD/HD symptoms. In addition he or she has been

growing up with these symptoms and they probably feel quite natural and normal. Your child may envy other kids who seem to function better but does not necessarily make the connection between their own poor functioning and their AD/HD symptoms. S/he may perceive better functioning peers as just "lucky." The idea that their social and academic functioning might be improved simply may not seem realistic to your AD/HD son or daughter.

If your child has AD/HD s/he will need to be educated about this disorder about their own particular symptoms and about where and how they interfere with normal functioning. Otherwise s/he will remain blind to the problem and will continue to be deficient in social and problem-solving skills. Your child may continue to suffer from low self-esteem and to engage in inappropriate methods to try to feel better. For example some AD/HD kids rely on humor to mask their weak social skills and low self-esteem. They may try to inject humor into many situations often in inappropriate ways. Occasionally they may be "the life of the party " but very often their constant attempts to be funny become tiresome and annoying to others especially family members and teachers. The use of humor as a defense mechanism to mask embarrassment and hurt tends to be the norm among young people up through the teenage years. This is unfortunate for AD/HD kids because they tend to lock into the assumption that humor even inappropriate humor really is the most reliable social skill.

## **Famous People With AD/HD**

A surprising number of people with AD/HD have an unusual gift or talent. Some "class clowns" have become gifted comedians like Whoopi Goldberg Robin Williams Tom Smothers and Jackie Stewart. Other people are talented scholars artists and writers such as Albert Einstein Galileo Stephen Hawking Alexander Graham Bell Thomas Edison Louis Pasteur Leonardo da Vinci Rodin Mozart Beethoven John Lennon Jules Verne F. Scott Fitzgerald Thomas Thoreau Agatha Christie or George Bernard Shaw. Actors athletes and statesmen are also in this group: Tom Cruise Danny Glover Dustin Hoffman Walt Disney Bruce Jenner Jason Kidd Winston Churchill John F. Kennedy General George Patton and Dwight D. Eisenhower. (Information from Attention Deficit Disorder One ADD Place Copyright 1995 Great Connecticut Ô All Rights Reserved.)

## **DEALING WITH AD/HD AT HOME**

Setting forth consequences for inappropriate behavior at home is important. However focusing on the positive skills and assets that your child has already is essential. This will aid your child in developing skills that will help him/her to adjust to or compensate for the troublesome AD/HD behaviors. Below is a list of things you can do to help make life at home more pleasant by creating consistent structural boundaries:

- Always provide praise for good behavior.
- Set up specific negotiable and non-negotiable rules at home with clear consequences for violations (stated in positive terms).
- Make sure your rules are consistent with regard to place and time. Have daily routines in

place at home to engender predictability.

- Behavioral penalties are effective when the loss of a privilege comes after a pre-arranged number of violations or a point accumulation.
- Allow your teen to participate in decisions about consequences; they have more meaning when the teen participates.
  - Time-out may be better viewed if reframed as a “cool-down period.”
  - Work on improving no more than one to three behaviors at a time.
- Provide a consistent time and location in the house to do homework every day. Mornings are usually best for learning; however if the evening is the only option for doing homework help your child get it done before fatigue sets in.
- Check your kid’s homework and communicate frequently with the school about progress and trouble spots.
- Have a predictable routine in place before bedtime; it will help your child to calm down from the day's activities and prepare for relaxation and sleep.
- Help your child to prioritize tasks and chores by using a daily schedule book. Using a notebook or bulletin board to organizing long-term projects will also be helpful.
- Request a special education assessment from the school if academic functioning is a problem.
- Don’t ridicule or use sarcasm or anger when responding to inappropriate behavior; try to use pre-determined cues or mild reprimands to redirect behavior. Also focus on the positive (i.e. good or improved behavior).
- Model how to prioritize and structure your own time. Kids follow good examples and will begin to assume responsibility in due time for taking care of their own needs.
  - Implement changes one at a time -- have patience!
  - Model goal-setting and other positive behaviors like self-control.
  - Encourage your kid when they exhibit “on-task” (focused) behavior.
- Create external structure for hyperactivity which may include chances for regular exercise time for ample sleep a balanced diet and medication.
  - Prepare your child adequately for schedule changes at home or at school.
  - Give simple positive directions and give visual clues whenever possible.
    - Limit extra-curricular activities.
- Teach game-playing and friendship skills like taking turns giving compliments making choices and making requests.
- Individual sports like gymnastics karate swimming and skiing encourage self-esteem and self-confidence.

## Other Helpful Strategies For Parents

Get an accurate diagnosis. Find out for sure if AD/HD or ADD is the problem. Have an evaluation done by a behavioral health professional who is experienced with the disorder. If it is diagnosed have a consultation with your pediatrician or child psychiatrist to discuss medication.

Meanwhile start educating yourself. Your local library will have a variety of excellent books videos and tapes that describe and explain all aspects of the disorder. Your school psychologist as well as the local library are also good resources for finding out about AD/HD newsletters

parent support groups and other important information.

Join a parent support group. It is difficult trying to raise an AD/HD child without some support. Check out several parent support groups in your area then pick one and stay with it. Get to know other parents who are or have been facing the same challenges as you are. Exchange ideas and stories and learn to "be there" for each other. Give yourself permission to not go it alone.

Know your child's medication. Know the purpose and general guidelines for use of any medication prescribed for your child. Know the intended results of any medication and approximately how long it will take to see these results. Be knowledgeable about potential side effects complications and interactions with other medications. Monitor your child's behavior after beginning the medication and document any changes or problems you observe. This may be very useful to your pediatrician in adjusting the medication especially in the beginning of a course of new medication.

Focus on the positive. Try to find one or two things that your child is exceptionally talented at and give them much-needed encouragement and praise for displaying this talent. At such a young age their "special thing" might be hard to spot but don't give up! Maybe your son or daughter is drawing pictures instead of studying trying to play the guitar instead of reading a good book or leisurely enjoying nature instead of doing the yard work. Keep an eye toward the possibilities....

## **Therapeutic Support For Your Child**

It is essential that your AD/HD child learn to recognize his or her symptoms and how they interfere with their performance academically and socially. Your child needs to become more aware of the negative ways in which he or she impacts others inside and outside the family. As s/he learns to anticipate the interference of their AD/HD-related symptoms they will develop skills in circumventing them or compensating for them. It is a good idea that your child attends an AD/HD group with other kids/teens where he or she can learn to recognize self-defeating behaviors and attitudes by listening to other kids with similar problems. The best way to learn social skills is in a group where social interaction can take place. A psychologist or therapist who has a good understanding of AD/HD kids and a lot of experience working with them usually leads these groups.

Individual therapy is also a good idea for some kids to learn new coping skills step-by-step. They may need extra support learning how to prioritize and organize their schoolwork learning mental and physical relaxation techniques or help dealing with feelings of low self-esteem or depression. Ask your child's school psychologist or counselor if these are issues that they can address at the school and ask them for a recommendation of a professional in the community who is skilled in AD/HD issues.

## **Authors in order of contribution:**

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## Related Articles - ADHD

### [Advocating for your child.](#)

When parents or teachers suspect that a child may have an emotional problem, they should seek a comprehensive evaluation by a mental health professional specifically trained to work with children and adolescents.

### [ADHD](#)

Even though the child with ADHD often wants to be a good student, the impulsive behavior and difficulty paying attention in class frequently interferes and causes problems. Teachers, parents, and friends know that the child is "misbehaving" or "different" but they may not be able to tell exactly what is wrong.

### [Children who can't pay attention: ADHD](#)

Parents are distressed when they receive a note from school saying that their child "won't listen to the teacher" or "causes trouble in class." One possible reason for this kind of behavior is Attention-Deficit Hyperactivity Disorder (ADHD).

### [Being Prepared: Knowing where to find help for your child](#)

Parents are often concerned about their child's emotional health or behavior but they don't know where to start to get help. The mental health system can sometimes be complicated and difficult for parents to understand. A child's emotional distress often causes disruption to both the parent's and the child's world. Parents may have difficulty being objective. They may blame themselves or worry that others such as teachers or family members will blame them.

### [Being Prepared: Know When to Seek Help for Your Child](#)

Parents are usually the first to recognize that their child has a problem with emotions or behavior. Still, the decision to seek professional help can be difficult and painful for a parent. The first step is to gently try to talk to the child. An honest open talk about feelings can often help. Parents may choose to consult with the child's physicians, teachers, members of the clergy, or other adults who know the child well. These steps may resolve the problems for the child and

family.

## Support Organizations - ADHD

These organizations offer a wide range of information and services related to children, adolescents and adults with attention deficit disorder also known as attention deficit hyperactivity disorder.

### Center for Mental Health Services

Office of Consumer, Family, and Public Information  
5600 Fishers Lane, Room 15-105  
Rockville, MD 20857  
Phone Number: (301) 443-2792  
<http://www.mentalhealth.org>

This national center, a component of the U.S. Public Health Service, provides a range of information on mental health, treatment, and support services.

### Children and Adults with Attention Deficit Disorders (CH.A.D.D.)

499 NW 70th Avenue, Suite 109  
Plantation, FL 33317  
Phone Number: (305) 587-3700 or (800) 233-4050  
<http://www.chadd.org>

A major advocate and key information source for people dealing with attention disorders. Sponsors support groups and publishes two newsletters concerning attention disorders for parents and professionals.

### Learning Disabilities Association of America

4156 Library Road  
Pittsburgh, PA 15234  
Phone Number: (412) 341-8077  
<http://www.ldanatl.org>

Provides information and referral to state chapters, parent resources, and local support groups. Publishes news briefs and a professional journal.

### National Center for Learning Disabilities

99 Park Avenue, 6th Floor  
New York, NY 10016

Phone Number: (212) 687-7211

Provides referrals and resources. Publishes Their World magazine describing true stories on ways children and adults cope with LD.

AD-IN: Attention Deficit Information Network

475 Hillside Avenue  
Needham, Massachusetts 02194  
Phone Number: (781) 455-9895  
FAX: (781) 444-5466  
[adin@gis.net](mailto:adin@gis.net) ( Email )  
<http://www.addinfoonetwork.com/>

The Attention Deficit Information Network, Inc. is a non profit volunteer organization. We offer support and information to families of children with ADD, adults with ADD and professionals through a network of AD-IN chapters.

National Attention Deficit Disorder Association

PO Box 972  
Mentor, Ohio 44061  
Phone Number: (216) 350-0023  
FAX: (216) 350-0023  
[NatlADDA@aol.com](mailto:NatlADDA@aol.com) ( Email )  
<http://www.add.org/>

The National Attention Deficit Disorder Association is an organization built around the needs of adults and young adults with ADD and ADHD.

## ADHD Related Web Links

The ADHD e-BOOK

<http://www.pediatricneurology.com/adhd.htm>

An informative free booklet provided by the Pediatric Neurological Associates (NY and NJ).

National Attention Deficit Disorder Association (NADDA)

[www.add.org](http://www.add.org)

ADDA is a young and vibrant organization, dedicated to its members, and dedicated to the idea that AD/HD is much more than a neurobiological "disorder." We know that people with AD/HD

are some of the most talented, energetic, and loving people on the planet.

Children and Adults with Attention-Deficit /Hyperactivity Disorder (CHADD)

[www.chadd.org](http://www.chadd.org)

With over 22,000 members in over 200 affiliates nationwide, CHADD is the nation's leading non-profit organization serving individuals with Attention-Deficit/Hyperactivity Disorder (AD/HD). Through collaborative leadership, advocacy, research, education and support, CHADD provides science-based, evidence-based information about AD/HD to parents, educators, professionals, the media and the general public.

American Academy of Child and Adolescent Psychiatry (AACAP)

[www.aacap.org](http://www.aacap.org)

Between 7 and 12 Million American youth suffer from mental, behavioral, or developmental disorders at any given time. The AACAP (American Academy of Child and Adolescent Psychiatry) is the leading national professional medical association dedicated to treating and improving the quality of life for children, adolescents, and families affected by these disorders.

National Mental Health Association (NMHA)

[www.nmha.org](http://www.nmha.org)

The National Mental Health Association is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million people with mental disorders, through advocacy, education, research and service.

## **ADHD Related Books and References**

[The Adhd Parenting Handbook : Practical...](#)

by Alexander-Roberts, C.

This book is full of good, practical advice for parents. Some of the topics covered are: school mornings, bedtime, bath time, eating out, and tantrums.

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by Elliott, P.T.

This manual offers practical advice to help both parents and educators deal with problems associated with ADHD.

[Adhd in the Young Child : Driven to...](#)

by Reimers, C.L., & Brunger, B.

This book is written in easy-to-understand language for parents and teachers.

[Hyperactive Children Grown Up, Second...](#)

by Weiss, G., & Hectman, L. T.

This is a book written for the professional and contains research in summary form.

[Putting on the Brakes : Young People's...](#)

by Ingersoll, B.

This book offers young readers the opportunity to see themselves in a positive way and provides a hopeful approach to coping with ADHD.

[Jumpin' Johnny Get Back to Work : A...](#)

by Gordon, M.

This book was written for children to help them understand ADHD. It addresses many of the concerns that a child may have about ADHD that may not be apparent to an adult. Also available in video format.

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[Learning to Slow Down and Pay Attention...](#)

by Nadean, Dixon and Rose

Written for children ages 9-12, this book provides tips about how to slow down, pay attention, and learn.

[The Defiant Child : A Parent's Guide to...](#)

By Douglas Riley

The American Psychiatric Association estimates that sixteen percent of children in the United States may have oppositional defiant disorder. These kids relentlessly push the boundaries set for them by authority figures. By exploring the mindset of O.D.D. children and explaining the way

they operate, Dr. Douglas Riley teaches parents how to recognize the signs and modify the behavior of their O.D.D.

[The Explosive Child : A New Approach for...](#)

by Greene, R. W.

"A tremendous resource and a must-read for adults involved with easily frustrated children who are hard to manage."

[If My Kid's So Nice... Why's He Driving...](#)

by Neil Bernstein, Aronson, 1997

Recognize and understand the roots of fifteen defiant behavior patterns, avoid 'lose-lose' situations fostered by inappropriate adult reactions, and stimulate a child's inclination to obey through a title written by an educator and psychologist who has studied oppositional behavior since the mid-1970s. Solutions to specific problems are presented as easily-applied formulas backed with case history scenarios.

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