

# ADHD

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**IN ELEMENTARY SCHOOLERS**



Where the world comes for answers

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## **The Boston Children's Hospital Guide for ADHD in Elementary Schoolers**

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# Welcome!

You're probably reading this booklet because you're a parent/caregiver of an elementary school-aged child with Attention-Deficit/Hyperactivity Disorder (ADHD). Many children receive their ADHD diagnosis during school-age. This means that you may be learning about ADHD because of a recent or new diagnosis. This booklet is written for you.

We hope that you will find the information helpful, whether your child was diagnosed recently or several years ago. Our goal is to give you the knowledge you need to best support your child's development and well-being.

We've included Frequently Asked Questions (FAQs) throughout the guide. Look for the FAQ symbol to read up on common caregiver questions!



FAQ

## Section 1

# ADHD: the basics

ADHD is a neurodevelopmental disorder that causes people to have trouble regulating their attention and behavior. ADHD is the most common neurodevelopmental disorder in childhood. It affects 6-12% of school-aged children.

The 3 core symptoms of ADHD are **inattention**, **hyperactivity** and **impulsivity**. Here are specific examples of what ADHD symptoms may look like in elementary-age children:

**1 Inattention:**  
Has trouble paying attention, following through on tasks or instructions, can be disorganized and/or forgetful and make careless mistakes.

**2 Hyperactivity:**  
Has difficulty sitting still, is often “on the go,” is very talkative and fidgets with hands or things in the environment.

**3 Impulsivity:**  
Often acts without thinking (grabbing things, running away, etc.), interrupts others, and blurts out answers.

## What are the types of ADHD?

How your child's ADHD looks will likely change as they grow and develop. Here are the main types of ADHD that are seen in children:

- **Predominantly (mostly) inattentive:** Children with this type of ADHD have at least 6 out of 9 *inattentive* symptoms and fewer *hyperactive-impulsive* ones. These can include symptoms like having difficulty starting tasks and trouble paying attention, especially when they're asked to focus on a less preferred activity for a longer time (like reading or completing a math worksheet). Or, they may focus too much on rewarding activities, like video games and have trouble shifting their attention away from these preferred activities.
- **Predominantly (mostly) hyperactive/impulsive:** Children with this type of ADHD have at least 6 out of 9 *hyperactive/impulsive* symptoms. They may be impulsive, very active, often fidget, talk a lot (or over people), grab things out of other people's hands and interrupt conversations. They're often impatient and have difficulty waiting. They may also speak out of turn or say things without thinking about the consequences.
- **Combined:** Children with this type of ADHD have both clinically significant *inattention* and *hyperactive/impulsive* symptoms. This is the most common subtype of ADHD.

ADHD symptoms can change as your child grows and develops. We recommend getting an updated assessment of their symptoms as needed.

**Q:** I can't get my child to do their homework and chores. Is my child just being lazy?

**FAQ**

**A:** Many children need some prompts and reminders from their caregivers to start and/or finish academic tasks, chores and/or other routine activities (like getting ready for bed or tidying up). Children with ADHD may face some additional challenges compared to neurotypical peers because their ADHD symptoms can get in the way of starting and completing tasks. Children with ADHD often struggle to shift their attention *away* from a highly rewarding activity (like building with Legos, playing outside or watching a video) and *toward* activities that are less exciting and make more demands on their thought processes. **This does not mean that these children are lazy!** We believe that most children want to be their best selves and do well in the classroom, at home and during extracurricular activities.

*For strategies to support your child's independence and success, please refer to the section on Behavior and ADHD (Section 3).*

## Strengths of ADHD

People with ADHD have many strengths and talents!  
Do any of these sound like your child?



### Hyperfocus:

The ability to focus on a task for hours without distractions



### Resilience:

The ability to overcome setbacks and adversity



### Creativity:

The ability to think of unusual solutions to problems



### Conversational skills:

The ability to spark interesting conversations



### Spontaneity:

The ability to enjoy unplanned moments and adventures



### Humor:

The ability to make people laugh



### Optimism:

Finding the bright side of things



### Kindness:

Being willing to help others



### High energy:

Love to be active and doing something



**Well-known individuals who have publicly shared their experiences with ADHD:**

- **Michael Phelps:** Olympic swimmer and the most decorated Olympian of all time
- **Simone Biles:** Olympic gymnast and multiple gold medalist
- **Justin Timberlake:** Singer, songwriter and actor
- **Will.i.am:** Musician and member of the Black Eyed Peas
- **Emma Watson:** Actress known for her role as Hermione Granger in the Harry Potter series

**How is ADHD diagnosed?**

- For a diagnosis of ADHD, symptoms are present before age 12 and happen in 2 or more settings.
- All people can have hyperactive, impulsive and inattentive behaviors at times. But people with ADHD tend to show these symptoms more often and to a greater degree than other children their age. It affects their day-to-day abilities to do what they need to do at work, in school and socially.
- We often use rating scales and behavioral observations to assess ADHD symptoms.
- We also use reports from parents and other adults involved in your child's care (like teachers and counselors).
- ADHD isn't diagnosed using blood tests, brain imaging, or by tracking eye movements.

**An ADHD diagnosis is made when:**

- Multiple symptoms are seen before the age of 12
- They occur in 2 or more settings (like at home and in school)
- The symptoms aren't explained by other conditions (like lack of attention due to hearing loss)

**How is ADHD treated?**

Treatment is a partnership between caregivers, teachers, clinicians and your child. Professionals will make recommendations, but children and their caregivers are the "team captains." This team approach is what will help your child succeed. As children grow and develop, we want them to take on more responsibility or take on the "captain" role of their team. It's their life and healthcare, after all!

In this section, we will talk about how treatment starts to shift from family-focused to adult-focused. We'll also go over what you can expect at each developmental phase.

**Evidence-based treatments** are interventions and therapies that the best available research has shown to be effective. If an ADHD treatment has shown positive results in multiple, high-quality research studies, then it's reasonable to think about it as an evidenced-based treatment or an intervention for your child.

At Boston Children's Hospital, we only recommend treatments that are well-established and have a published track record of being successful. Please feel free to call your provider at Boston Children's for guidance if you have questions about an intervention you've heard about. Below, we share information about common ADHD treatments.

### Behavioral interventions

Behavioral interventions are often used with children diagnosed with ADHD. They include positive behavior management and skills training.

One specific evidence-based treatment for ADHD at home is "Caregiver/Parent Behavior Management Training." This is a treatment in which caregivers learn strategies to build up desired or appropriate behaviors and to cut down on less-desired or problem behaviors.

Children with ADHD benefit at school from positive classroom behavior management strategies like clear schedules and routines. Educational supports like prompts and reminders are also very helpful. These strategies can be included in a 504 Plan or an Individualized Education Program (IEP) at your child's school.



### Medications

There are 2 groups of medications used to treat ADHD: stimulants and non-stimulants. The decision to try medication is based on your child's age and their symptoms. Your child's doctor will talk to you and your child about the goals of treatment, side effects and strategies for managing any side effects. You, your child and their doctor or prescriber will be in regular communication about how the medications are working.

Some side effects can be mild, like a headache or having less of an appetite. "Mild" means that the side effects can often be managed in simple ways. For example: If your child has a lower appetite during the day because of the medication, they can have high-calorie breakfasts and dinners. Other side effects may not be mild or easy to manage. These can include emotional changes, not being able to fall asleep and/or explosive mood swings when the medicine wears off. Your child's medication plan will need to change if they're having side effects that have a bad impact on their quality of life.





**Developmental Phase**

Preschool - Elementary

Upper Elementary / Middle School

**Behavioral Interventions**

- Mostly implemented by parents and teachers, with coach/professional support.
  - Strategies focus on attending to and rewarding desired behavior and selectively ignoring problem behaviors (as long as nobody is getting hurt).
  - 2 commonly used evidence-based strategies for this age include token economies ("sticker charts") and visual schedules.
  - Commonly referred to as: Caregiver/Parent Training in Behavior Management, Behavioral Caregiver/Parent Training, Caregiver/Parent Management Training or Contingency Management.
  - School-based supports are frequently called Positive Behavior Plans or Positive Behavioral Intervention Plans.
  - Regular exercise and staying active can help maintain focus and "burn off" extra energy at all ages.
- Behavior management and positive behavior plans continue, but target behaviors will start to include executive functioning skills (organization, time management, planning).
  - Token economies, sticker charts and visual schedules can still be effective, with modifications based upon developmental age and target behaviors.

**Medication**

- The first-line medication is often a stimulant, like methylphenidate (Ritalin and Concerta) and amphetamines (Adderall). These can help children with ADHD to be more focused and less active. These medications come in short-acting (covering 2-4 hours) and long-acting (covering the full school day) formulations.
- Common side effects include reduced appetite, trouble falling asleep and sometimes headaches and an upset stomach. Talk to your child's doctor or prescribing provider about these effects and how to best manage them.
- Non-stimulant medications include alpha agonists (guanfacine and clonidine). These are good for managing explosive behavior. Medicines like atomoxetine (Strattera) and viloxazine (Qelbree) can also be helpful as an alternative to stimulants.



High School



Young Adult

- At this age, responsibilities of treatment management shift from parents to teens.
  - Parents continue to provide oversight and support.
  - Executive function coaching can be particularly helpful at this age. It's often done by direct instruction at school or individual therapy.
  - Cognitive behavioral therapy, motivational interviewing and other third-wave CBT treatments may help to address any co-occurring conditions that may be getting in the way of progress towards independence.
  - At this age, interventions emphasize "fading support" to give teens the opportunity to practice new skills independently.
- By this age, people become more independent.
  - Start to allow your young adult to manage their time and schedules.
  - Reward systems shift towards "self-reinforcement," with the young adult rewarding themselves after completing demanding activities (like term papers) by scheduling preferred activities.
  - Young adults are more responsible for their choices and actions, but some may need continued guidance to navigate new challenges, such as job skills.
- By this age, we want our teens to be involved in the process of communicating to their prescribers how the medicines affect their functioning. We want them to start to take ownership over taking their medicine on a schedule.
  - We want our young adults to know the different medication classes that affect their symptoms. We want them to know which ones give them the best balance of benefits with few or no side effects.

## How does ADHD impact my child?

The impact of ADHD on your child can vary. Below, we list some of the most common problems that come with having ADHD during the elementary years so that you can be proactive in addressing them. A major goal of treatment is to support healthy development in emotional, behavioral, social and academic areas.



### Learning disorders

30-45% of children with ADHD have learning challenges. These include learning disorders in reading (dyslexia), learning disorders in math (dyscalculia) and learning disorders in written expression (dysgraphia) (DuPaul et al., 2013). You should meet with your child's teacher regularly to get updates on how your child is learning compared to their peers. While it's true that some children learn more slowly than others, consistent difficulty or "slow learning" should not be ignored. It's your legal right to request an evaluation by the school system to address any learning concerns, especially because starting early can greatly improve learning outcomes for children.



### Physical injuries

Children with ADHD are more likely to get injured than their typically developing peers. Getting bumps and bruises is part of being a child. Talk to your child's doctor if your child is getting noticeably more bumps and bruises than others their age, especially from things like climbing too high on a play structure or not looking where they're going when running. Treating your child's ADHD symptoms can help them be more in control of their body and help them "stop and think" before they act.



### Social interactions

Sometimes children with ADHD can have trouble making and/or maintaining friendships. This is because impulsivity or hyperactivity can cause difficulties in social skills, such as waiting and turn-taking. Inattention symptoms can make it hard to pick up on social cues or to follow along in conversations. Children with ADHD often benefit from real-time coaching/feedback for social skills. This is because social difficulties are often related to a **performance** deficit, not a **skill** deficit.

*Please see the section on Social Skills (Part 5) in this guide to learn ways to support your child.*



### Mood and anxiety symptoms

Children with ADHD have elevated risk for anxiety and/or depression. 25-50% of children with ADHD also meet diagnostic criteria for an anxiety disorder (Bowen et al., 2008). Cognitive behavioral therapy (CBT) has demonstrated the strongest effectiveness for children to manage emotional/behavioral challenges like mood and anxiety symptoms.

## Section 2

# Executive functioning

Executive functioning (EF) is the collection of skills that allows us to organize our thoughts, set priorities, stay motivated, regulate our emotions and much more. EF is like the “boss” of the brain and helps to manage other brain (cognitive) functions. EF occurs primarily within the prefrontal cortex (part of the brain’s frontal lobe) with connections to other brain regions to provide support. The prefrontal cortex often continues to develop through young adulthood. This is why many EF skills (especially more complex ones) don’t emerge until the early teens through the mid-20s. Behavioral inhibition and working memory are among the first executive functions to develop in preschool. Cognitive flexibility develops later (school age to adolescence) and builds on the EF skills learned in earlier years.

Many ADHD symptoms are related to EF skill deficits. Differences often found in ADHD brains are suspected to be connected to the behavioral challenges and EF associated with ADHD.

The table on the next page summarizes core EF skills and associated challenges. Does your child have difficulties with any of them?



## Core Executive Functioning Skills

| EF Skill   | Definition  | Associated Challenges  |
|--|---|--|
| <b>Inhibition (cognitive/mental and behavioral inhibition)</b> | Ability to stop automatic responses and to control one's behaviors, emotions and thinking | <ul style="list-style-type: none"> <li>• Blurting out answers in class</li> <li>• Overreacting to criticism and feedback</li> <li>• Difficulty focusing on 1 project (often starts multiple projects, but does not complete them)</li> <li>• Difficulty with re-learning or learning to complete tasks in a new way</li> </ul>   |
| <b>Working memory (visual and verbal working memory)</b>       | Ability to remember/hold information in the mind to "work" with it                        | <ul style="list-style-type: none"> <li>• Easily forget multi-step directions</li> <li>• Quickly forget what has just been said (verbal) or read (visual)</li> <li>• Difficulty keeping track of things</li> </ul>  |
| <b>Cognitive flexibility</b>                                   | Ability to shift thinking between different concepts or ideas                             | <ul style="list-style-type: none"> <li>• May get frustrated or overwhelmed by "too many things at once"</li> <li>• Difficulty changing their thinking to new situations</li> <li>• Difficulty shifting between tasks (may get hyper-focused on something they like to do)</li> <li>• Difficulty understanding and identifying multiple solutions to a problem (may think there is only "one way")</li> <li>• Difficulty with perspective taking or understanding that another person may have different feelings and thoughts, which can lead to arguments or misunderstandings with peers and adults</li> </ul> |

## Skills closely associated with executive functioning

| EF Skill               | Definition   | Associated Challenges  |
|------------------------|--|--|
| <b>Metacognition</b>   | "Thinking <i>about</i> your thinking," or awareness of your thoughts   | Difficulty with self-awareness of thoughts, strengths and challenges   |
| <b>Self-monitoring</b> | Awareness of behaviors/actions and whether the behaviors are appropriate or the best choice for the current situation or activity ("reading the room" and changing behavior as needed) | Not understanding the effect of behavior in a situation or on other people (and therefore not able to change behaviors to match the situation) |
| <b>Problem-solving</b> | The ability to find solutions to new, difficult or complex dilemmas or situations  | Trouble coming up with new solutions or strategies when old ones fail  |
| <b>Organization</b>    | Keeping order, structure and neatness in one's surrounding and belongings  | Messy bedroom/backpack, often misplaces/loses things   |
| <b>Initiation</b>      | Starting tasks independently with enough time to get them done (not delay or procrastinate)  | Procrastinating on tasks, especially those that are non-preferred (homework; chores); often needing reminders to start tasks                   |
| <b>Planning</b>        | Preparing for future tasks and activities  | Missing necessary materials for a task (forgets to do laundry before a trip; forgets homework binder)  |
| <b>Prioritization</b>  | Focusing on important tasks first  | Doing preferred activities (spending time with friends) at the expense of non-preferred (but important) tasks or responsibilities              |
| <b>Time Management</b> | Accurately estimating the time needed to complete tasks  | Being late, losing track of time, handing assignments in late, staying up too late   |

## Other Related Skills

| EF Skill                        | Definition   | Associated Challenges  |
|---------------------------------|--|--|
| <b>Self-regulation</b>          | Ability to control emotions and behaviors to achieve goals and to complete tasks | "Emotional impulsivity": quick to anger; "big reactions to small problems"; saying hurtful things without meaning them |
| <b>Attention/ Concentration</b> | Focusing on and paying attention to the activity to be completed                 | Easily distracted and has difficulties with focus  |

## Tips for parents

People with ADHD often benefit from executive functioning skills training to strengthen planning, organization, time management and other executive functioning skills. These strategies can be taught by parents, teachers or trained professionals (like therapists or ADHD coaches).

We encourage you to try some of the following:

- Children with ADHD often need more support in learning structures, routines and rules. Clearly explain rules, routines and expectations to your child. Model or show them what they should do and practice, practice, practice!
- Use a **calendar** that also includes whole-family events. Calendars can be a great way to visualize schedules and activities.
- Keep a **to-do list** on a centrally placed whiteboard to help your child remember tasks (like putting specific things into their backpack). Check items off the list once you complete them!
- Create a **daily visual schedule** that includes both work time and short "brain breaks" to help maintain attention.
- **Timers** can give clear cues regarding the length of work and break periods. They can also be helpful if your child has a hard time shifting their focus away from something fun to something less exciting (turning off a game to brush teeth for bed).
- Help your child **break down larger tasks** into small and more realistic ones.
- Encourage your child to use **organizational systems**, like using colored bins for their belongings (toys, shoes).
- Create a homework **space that's free of distractions** (no electronics or clutter).
- Use **reading supports**, such as reading windows, to help your child maintain focus.
- Help your child create an **organizational system** for their work.
- Include **rewards** in your child's schedule. For example: "When child completes homework, they can earn play time with toys or coloring pages."
- To encourage emotional control, teach your child **coping strategies** (deep breaths, counting to 10) during neutral times and apply these relaxation strategies during times of stress. Verbal prompts or using a visual list/pictures of strategies can be helpful until your child becomes more independent with using coping skills.



## Section 3

# Behavior and ADHD

Self-regulation challenges, sometimes called emotional/behavioral dysregulation, are commonly reported by people with ADHD. Children with ADHD may experience mood swings, emotional outbursts, low frustration tolerance, difficulty sticking with challenging/effortful tasks and difficulty calming down following an outburst. Transitions between activities, especially from preferred activities (like playing a game on an iPad) to non-preferred activities (like finishing homework or brushing teeth), can be especially hard for children with ADHD. Behavioral problems can range from mild noncompliance (refusing to cooperate) to temper outbursts and aggression.

While dysregulation may be related to a child's neurobiological differences, we know that positive behavior management practices can help in managing challenging behaviors and supporting the social and emotional wellbeing of children. These strategies can be used in different places (home, school, extracurricular activities) and can be learned with support from a therapist, teacher or healthcare provider.

### Caregiver tools to support child behavior

#### "Catch" your child being good

Receiving attention from adults is very rewarding for children and can shape child behavior. Paying attention to behaviors that you want to see more of will motivate a child to do the same behavior again. This is particularly important for children with ADHD because they often get negative responses to their behavior. When you see your child engage

in a positive behavior (quietly waiting for their turn; being gentle with a younger sibling; working on their homework), then you can label their behavior ("I notice that you're waiting for your turn"; "You're being so gentle with your baby sister!") and praise them for it.

#### Encouragement

Kids with ADHD often struggle to start or finish tasks, such as chores. Giving simple prompts and words of encouragement lets them know that their efforts are being noticed. Prompts can help your child start and follow through with tasks. Encouragement can boost their sense of accomplishment, especially for hard tasks or ones they don't like. We recommend a ratio of **4 positive or encouraging statements to 1 redirection or criticism**.

#### Rewards

Rewards are a great way to incentivize your child. They can be used for one-time situations, like getting a lollipop at the doctor's office for getting a vaccine shot. Tokens and behavior charts are reward systems that acknowledge, track and reinforce behaviors.

Every time your child shows a desired behavior (like doing a chore), reward them immediately by praising them and placing a sticker on a chart or placing a token in a jar. Your child will earn a reward when the chart or the jar is full. Rewards can be something tangible (a small toy) or a special privilege (choosing what's for dinner) or special time with a parent (playing a favorite game together). It doesn't have to be long or expensive to be effective! Make sure you involve your child when you're setting up behavioral reward plans and choose rewards that will be valuable to them.

At school, behavioral charts are often called Daily Report Cards (DRCs) or Positive Behavior Plans. Teachers and educational staff reward target behaviors (like work completion) and provide daily reports for caregivers at home. These plans improve communication between the school and home. Goals written on the DRC should be "just right," so that they're challenging, but doable. For more information, look up the Center for Children and Families at Florida International University website:

[ccf.fiu.edu/research/\\_assets/how\\_to\\_establish\\_a\\_school\\_drc.pdf](http://ccf.fiu.edu/research/_assets/how_to_establish_a_school_drc.pdf)

**Redirection**

Redirection involves gently shifting your child's focus from an undesirable behavior to an OK/desirable behavior. Instead of just saying "no," redirection gives children an appropriate other choice. It also cuts down on power struggles and helps keep things positive. For example, if 2 siblings are arguing over the same toy, redirect them to an activity that they both find desirable. Or when a child is whining, you can redirect by asking them to help you make dinner (instead of just telling them to stop whining).

**Provide a forced choice**

Provide 2 or 3 options for your child to choose from. This gives them a sense of control. For example, if a child is crying because they want a candy bar for a snack, offer them 2 other choices: "No candy bar. Do you want crackers or an apple?"

**Positive phrasing**

Children benefit from knowing what's expected of them. We recommend that parents and teachers tell children exactly what they *want* them to do, not what they *don't* want them to do. This means trying to avoid using the word "no." For example, say something like, "Walk in the hallway, please," instead of "Don't run," or "Quiet voices, please," instead of "Stop yelling!"

**Labeled praise**

When a behavior is noticed and praised, your child is more likely to do it again. Labeled praise is a positive response using words. To be most effective, labeled praise should:



**Happen immediately** after the desired behavior (this strengthens the connection between the behavior and the praise).

**Be specific** (pinpoint exactly why they are being praised): "Great job picking up your toys."

**Be genuine** — make sure they know you mean it.

**Be consistent** (the more you provide labeled praise, the more likely the behavior will continue to happen).

## Time outs

A time out is a chance for a reset when your child loses control or misbehaves. It can be helpful to think of this as a “time out from attention or positive reinforcement.” The experience of getting a time out can cut down on misbehavior. Your child will be more likely to follow rules/commands more as a result.

### Time out steps

|               | Caregiver Action   | Example  |
|---------------|--|--|
| <b>Step 1</b> | Caregiver gives a command.   | <i>“Please pick up your toys”</i>  |
| <b>Step 2</b> | Caregiver counts silently to 5.<br>(Give your child an opportunity to follow the direction.)                                       |  |
| <b>Step 3</b> | If they follow the direction: Praise immediately (this is labelled praise).<br>If they don’t follow the direction: Give a warning. | <i>“Thank you for picking up your toys!”</i><br><i>“If you don’t pick up your toys, you are going to time out.”</i>  |
| <b>Step 4</b> | Caregiver counts silently to 5.<br>(Give your child another opportunity to follow the direction.)                                  |  |
| <b>Step 5</b> | If they follow the direction: Praise immediately (labelled praise).<br>If they don’t comply: Give a time out.                      | <i>“Thank you for picking up your toys!”</i><br><i>“You didn’t do what I told you, so you have to go to time out.”</i>   |
| <b>Step 6</b> | Caregiver takes child to time out.   | <i>“Stay on this chair until I tell you that you can get off.”</i>   |
| <b>Step 7</b> | Child stays in time-out area for 3-5 minutes <b>and</b> until they are calm.   |  |
| <b>Step 8</b> | Caregiver asks child if they are ready to return to and follow the original direction.   | <i>If they were noncompliant: “You are sitting quietly in your chair. Are you ready to come back and pick up your toys?”</i><br><i>If they broke a house rule: “You are sitting quietly. Are you ready to come back and follow the house rule of kind hands/no hitting?”</i> |
| <b>Step 9</b> | Caregiver gives labeled praise for child compliance.<br>Parent reissues the time out if the child does not comply.                 | <i>“GREAT job picking up your toys!”</i><br><i>“You didn’t do what I told you, so you have to go to time out.”</i>   |

## Time out tips

### Before using time out in your home

- Identify the time out space(s). This area should be safe, free of toys or attention from others, and boring. Time out can be in a chair, on the stairs, or other quiet space. If your child has difficulty sitting, consider using a time out where they stand in a designated area.

### During time-out

- Stay calm-your voice, body, everything!
- Keep the explanation simple and clear, and only say it once ("if you hit, you will get a time out. If you use safe hands, you keep playing!")
- Keep time outs immediate and consistent, which helps your child understand exactly what and why it happens. This helps them stop doing the misbehavior
- The length of the time out depends on your child's developmental level AND if they are calm and ready to follow rules/commands
- Actively ignore child misbehavior during time-out (whining, arguing). If your child moves away, calmly and quietly return them to the time out spot

### After time-out

- Time out ends when your child agrees to follow the rules and/or agrees to follow the command (such as pick up their toys)
- Always follow with praise for all positive, desired behaviors afterwards!



## Structure and routines

Structure and routines help create environments that are predictable, which creates a sense of security and reduces behavioral issues as children know what to expect (and what's expected of them). All children benefit from structure and routines, especially children with ADHD. You can't control every situation, but here are some ways you can increase structure:

- **Visual schedules:** A visual schedule breaks down tasks (like getting ready for school in the morning) or routines (like doing homework after school) using words and visuals together. Your child can check off activities as they complete them.
- **Timers** help set limits on how long an activity will last. They can help your child transition between tasks.
- **Previewing changes:** Note specific events or changes in a routine on a calendar and preview the change with your child. This can help your child anticipate what changes will happen and prepare for them (family vacation; end of the school year).

## Active ignoring

Unlike "catching your child being good" or "praising" (as described above), ignoring a behavior can help erase it over time. This is because "negative" attention is still attention. Yelling or negotiating can actually encourage unwanted behavior. Pick and choose your battles. If no one is getting hurt and your attention may reinforce the behavior, the behavior can likely be ignored.

**Note:** You can expect an "**extinction burst**" when you first start actively ignoring misbehavior. This is where a behavior gets worse before it eventually stops. Don't give up. Stick with it!

### What if my child's behaviors are unsafe?

Unsafe behaviors are physically dangerous to your child or others. Examples include your child hitting a sibling, running into the street or climbing on furniture. These behaviors cannot be ignored and they do need an adult's response.

If you need urgent behavioral support, call emergency services or the MA Behavioral Helpline: (833) 773-2445.

## Caregiver self-care

Raising children with ADHD can be challenging, as they depend on your executive functions to help plan, organize and manage their lives and behaviors. Taking time for yourself is very important. Giving yourself a break and pursuing your own interests and relationships will help you be an even better caregiver!



### Logical consequences

In addition to time out, your child may also lose privileges or experience another consequence for a problem behavior. Consequences are best when they are: *mild, age appropriate, respectful, reasonable* and *related to the behavior* (like having a child clean their room after throwing toys around). Harsh and/or prolonged/lengthy discipline does not work (like corporal punishment or losing tablet time for a month). It instead negatively affects the parent-child relationship.

### How to respond to misbehavior

**Stay calm.** Model the self-regulation (staying in control of your emotions) that you want your child to use. Remember that yelling is a form of attention and can actually encourage (reinforce) unwanted behavior. Acknowledge feelings after the moment has passed. Let your child know that you understand why they feel the way they do (“I understand that you’re frustrated, you were playing with that toy”). This helps them expand their feelings vocabulary.

A general rule to keep in mind is that **we want to use more positive behavioral strategies (like labeled praise) than punishment (loss of privileges)**. This is because positive reinforcement calls attention to the behaviors you want to see in your child, while punishment and “negative attention” (scolding, criticism) only highlight what the child is doing wrong.

### Some free online resources that teach parents behavior management can be found at:

Seattle Children’s First Approach Skills Training (on-demand class for parents/ caregivers of children ages 5-12):

- [seattlechildrens.org/health-safety/classes-events/behavior-basics-class](https://seattlechildrens.org/health-safety/classes-events/behavior-basics-class)

Everyday Parenting: The ABCs of Child Rearing (Dr. Alan Kazdin):

- [classcentral.com/course/everyday-parenting-8875](https://classcentral.com/course/everyday-parenting-8875)
- [alankazdin.com/everyday-parenting-the-abcs-of-child-rearing](https://alankazdin.com/everyday-parenting-the-abcs-of-child-rearing)

Lurie Children’s Little Ones App:

- [luriechildrens.org/en/specialties-conditions/little-ones/little-ones-mobile-app](https://luriechildrens.org/en/specialties-conditions/little-ones/little-ones-mobile-app)

CDC Parenting Essentials:

- [cdc.gov/parents/essentials/index.html](https://cdc.gov/parents/essentials/index.html)

**Q:** What can I do to support my child’s emotion regulation skills?

**FAQ**

**A:** Caregivers play a critical role in helping their child develop emotion regulation skills, such as recognizing how they are feeling (angry, excited), labeling the emotion (“I’m feeling really angry right now”) and then regulating the emotion(s) (taking deep breaths, taking a break). Caregivers can also model emotion regulation skills by labeling their own emotions (“I felt frustrated when I burnt the toast this morning”) and sharing their strategies of regulating difficult feelings (taking a few deep breaths, saying “oh, well”).

## Section 4

# Educational supports

### Elementary school

Expectations for your child's academic progress will grow as they move through elementary school. Because of this, children with ADHD often benefit from school supports to help them succeed at school. Caregivers/teachers play an important role in helping children become independent learners. We encourage you to work closely with your child's school team to pinpoint areas where your child will need support.

### Accommodations

There are federal laws to protect the rights of children with disabilities. These laws require schools to provide adequate assistance for those students. These laws include the Individuals with Disabilities Education Act (IDEA) and the Section 504 of the Rehabilitation Act of 1973. These laws are enacted in Individualized Education Programs (IEPs) and 504 plans. Contact your school to find out if your child is eligible for a 504 plan or IEP.

The details of what these plans offer each child vary. They're based on each child's needs, as well as the school district your child is enrolled in. Whether a child with ADHD qualifies for 504 plan accommodations or an IEP depends on the degree of your child's needs. The goal of accommodations in the classroom is to create an equal learning environment between your child and their peers. The type, frequency and intensity of supports can change throughout your child's time in school.

**Q:** Are fidget spinners recommended?

**FAQ**

**A:** While fidget spinners can be used as a self-regulation tool at times, research is mixed as to whether they provide benefits. Fidget spinners may actually be distracting to the child and those around them. Monitor their usage and check in with your child to see if they find the fidget spinner helpful.

## Here are some commonly used school supports and services for children with ADHD:

- **Strategic seating to cut down on distractions.**

Seating children with ADHD near the teacher can help them pay attention and keep potential distractions low. This can mean being seated in the front of the classroom, away from windows and the doorway.

- **Clear, step-by-step directions.**

Making sure that assignments are clear, presented 1 step at a time, and that instructions are given verbally and visually (in diagrams and/or writing) can help children do their work faster and better.

- **Verbal check-ins and reminders.**

Talk to your child's teacher or teacher assistant so that instructions are reviewed with your child before they complete an assignment to make sure that they understand what is expected of them is a helpful strategy. It's also good to check in with them while they are working on the assignment and provide reminders as needed.

- **Note-taking.**

Some people with ADHD struggle to take good notes. They may benefit from support or specific instructions in note-taking strategies. They may also benefit from having note outlines, with the goal of getting better at taking notes on their own.

- **Organization tools.**

Your child may benefit from using planners, color-coded folders, a dedicated homework/assignment book or binder, and other organizational tools. It's also helpful to use a planner/calendar to note important dates and deadlines posted on the school's website and in classes.

- **Test-taking.**

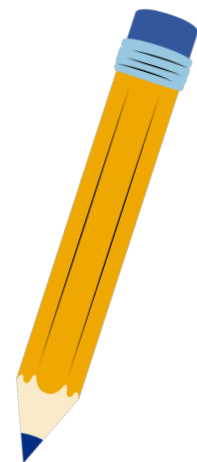
It can be helpful for children with ADHD to take tests in a room with minimal distractions.

- **Structured study time.**

Children with ADHD often benefit from being assigned a structured study hall period, where they have access to organizational support for tracking and completing assignments.

- **Daily Behavior Report Card.**

A behavior strategy that tracks specific child behaviors at school with a point card (for example "raise your hand before speaking"), sends feedback home for parent-led rewards, boosts school-home communication and provides your child with immediate praise and rewards for meeting behavioral goals throughout the school day.



## At home: homework and study tips

Pick a special space with few distractions where your child can do homework and study. By using this area for work consistently, they'll learn how to organize their space and their thoughts. The space should be comfortable and stocked with the supplies they'll need to finish their homework. An extra set of textbooks at home and a homework assignment book or planner may also help.

### Tips:

- **Routine:** Set a regular time to review schoolwork with your child every day.
- **Clear instructions:** Break down large assignments into a series of smaller steps. Then systematically complete each step.
- **Repetition:** People tend to learn best by reviewing information repeatedly over time. It can help to divide the material to be covered into small chunks and review those over several days instead of a few hours. This is far more effective than cramming!
- **Breaks:** Make sure to take breaks during which your child eats and moves their body! Schedule breaks into designated study time.

Mnemonics, movement, writing or audiobooks may also help in reviewing and retaining schoolwork. Be flexible and find which approach works best.

### Resources

Federation for Children with Special Needs: [fcsn.org](https://www.fcsn.org)

Mass Advocates: [massadvocates.org](https://www.massadvocates.org)

**Q:** How do I get my child a 504 plan or IEP?

**FAQ**

**A:** You can request an evaluation of your child if you have concerns about their functioning at school. You can write a message (letter or email) to your child's school team requesting an evaluation in order to determine special education services. Below is an example of what this letter could look like. Parents have the legal right to appeal a school's decision (whether or not an IEP was granted; which services are included in an IEP). Parents also have the right to have an interpreter, family member, teacher or other supporting person attend any school reviews of their child's 504 plan or IEP.

For more information on how to do that, take a look at this link: [chadd.org/for-parents/appeals](https://www.chadd.org/for-parents/appeals).

## Request for an academic evaluation example

New Message — ↗ ✕

To: \_\_\_\_\_

Subject: \_\_\_\_\_

**[FULL NAME OF CHILD'S SCHOOL] [SCHOOL'S FULL ADDRESS] [DATE]**

Dear **[INSERT PRINCIPAL'S NAME]**:

I am requesting that my child, **[INSERT CHILD'S FULL NAME AND DATE OF BIRTH]**, be evaluated for special education services and/or accommodations granted under Section 504 or the Individuals with Disabilities Education Act (IDEA). I am concerned that **[INSERT CHILD'S NAME]** is having difficulty and may need special help in order to learn.

For the last **[NUMBER]** years **[his/her]** classroom teachers have noted that my child has difficulty completing assignments, is experiencing problems with excessive impulsivity and/or is unable to sit still and stay focused. Please note that **[INSERT NAME AND CREDENTIALS OF HEALTH CARE PROFESSIONAL]** has diagnosed my child as having Attention-Deficit/Hyperactivity Disorder (ADHD). **[INSERT NAME OF HEALTH CARE PROFESSIONAL]** is concerned that **[INSERT CHILD'S NAME]'s** ADHD is resulting in decreased alertness in the classroom and may be significantly impacting **[his/her]** school performance, learning and behavior.

I would like to meet with all those who will be doing the evaluation before my child is tested so that I may share information about **[INSERT CHILD'S NAME]** with them. I understand that the evaluation is provided at no cost to me. I also understand that I must provide written permission for these tests to be administered and I will be happy to do so once I have received all the appropriate forms and an explanation of the process. I will also expect a copy of the written report generated by each evaluator so that I may review them before the IEP or 504 planning meeting.

I look forward to hearing from you at your earliest convenience so that we may begin preparations for the evaluation.

Sincerely,

**[INSERT YOUR NAME] [YOUR ADDRESS] [YOUR PHONE NUMBER]**

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**Send** ✱ A 📎 😊 🗑️

## Section 5

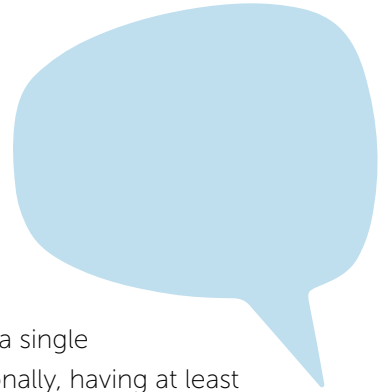
# Social skills

ADHD symptoms, like difficulty waiting for a turn, interrupting others and not paying attention to what others are saying, can make it hard for children with ADHD to make and keep friends. ADHD symptoms can also make your child seem bossy and disruptive. As a result, they may be quickly judged and rejected by peers, and they are less likely than their typically developing peers to have close friendships.

We encourage caregivers and providers to support their child in developing social skills that can support healthy social interactions. **As the caregiver, you play a critically important role.** Through modeling, providing structure, talking through expectations and problem-solving with your child, you help them learn social behaviors. Children with ADHD often benefit from having multiple opportunities to recover from mistakes and try new skills. Treating ADHD symptoms can help with impulsive interrupting or failing to listen to others before speaking, but kids really need the practice! Our goal is to build confidence and competence — not guarantee instant success.



## Here are some tips to help children with ADHD make their way in social situations:



- **Get to know your child's friends:** Encourage your child to spend time with peers who are kind and responsible. Talk to your child about their friends and relationships.
- **Best friends:** Research shows that focusing on the development of a single close friendship may show greater gains than a larger group. Additionally, having at least 1 close friend helps protect children with ADHD who may be at risk for social rejection. Try to support any positive peer relationship that your child has.
- **Extracurricular activities:** Enroll your child in team sports and extracurricular activities. This will provide your child with opportunities to practice their social skills in a structured environment. Your child may need some coaching from you, and you will want to carefully choose team coaches/instructors who have the patience and skills to manage ADHD-related behaviors.
- **Prepare for social interactions:** Preview expectations and any anticipated difficulties for playdates, birthday parties and other social events. If you know an event will be hard for your child, problem-solve and strategize together in advance.
- **Structure and strategy for playdates:** Get-togethers usually go better with at least some structure. Come up with fun activities with your child ahead of time. Activities may include baking cookies, creating an obstacle course, playing a yard game or doing an art project. Physical activity (sports, tag, ice skating) can be good as well!
- **Give feedback immediately and often:** To help your child observe (and monitor) their own behavior that may be causing social difficulties (like interrupting, getting too close to others, grabbing), give your child immediate feedback privately (away from peers) and in a tone that is supportive instead of being critical.
- **Targets, goals and rewards:** Pinpoint 1 or 2 areas where your child is struggling socially. Create goals to improve a specific behavior or skill (greeting others, sharing, keeping hands to self). Because this isn't easy for your child, you can come up with creative ways to remind them of their goals. For example, if your child is working on "personal space," tell them to imagine everyone around them is standing in their own hula-hoop. Reward your child when they reach a goal or demonstrate a targeted behavior. Remember, this is not easy for your child and we want to celebrate their hard work and accomplishments (big or small)!
- **Lead by example and explain:** You want to model prosocial behavior and problem-solving, but it's also important to point out what you're doing or noticing by saying it clearly to your child. For example, tell them about why you're choosing to reach out to a friend of yours, or what you're noticing about someone's facial expression and how you may respond.

## Additional supports

### Extracurricular activities

Encourage your child to participate in activities that are fun and engaging so they feel successful, and to increase their self-esteem. These activities can help build good social behaviors and can allow children to be creative.

### Therapy

Youth with ADHD may also have additional challenges, such as anxiety or depression. Keeping a close relationship with their physician, therapist and/or school can be helpful to manage challenges as they come up and provide expert support on your child's development and needs. Individual and group therapy may be helpful to manage emotional and behavioral challenges. Cognitive behavioral therapy (CBT), along with dialectical behavior therapy (DBT), motivational interviewing (MI) and acceptance and commitment therapy (ACT) have all shown effectiveness for children and teens with ADHD and other emotional/behavioral challenges.

People with ADHD often benefit from executive functioning skills training that focuses on improving planning, organization, time management and other executive functioning skills. Collaborative problem-solving strategies for youth and their caregivers are also effective ways to manage conflict.



## Section 6

# Healthy habits: sleep, nutrition and exercise

Having a regular bedtime routine, eating a healthy diet and exercising regularly are good for executive functioning, brain development and overall health.

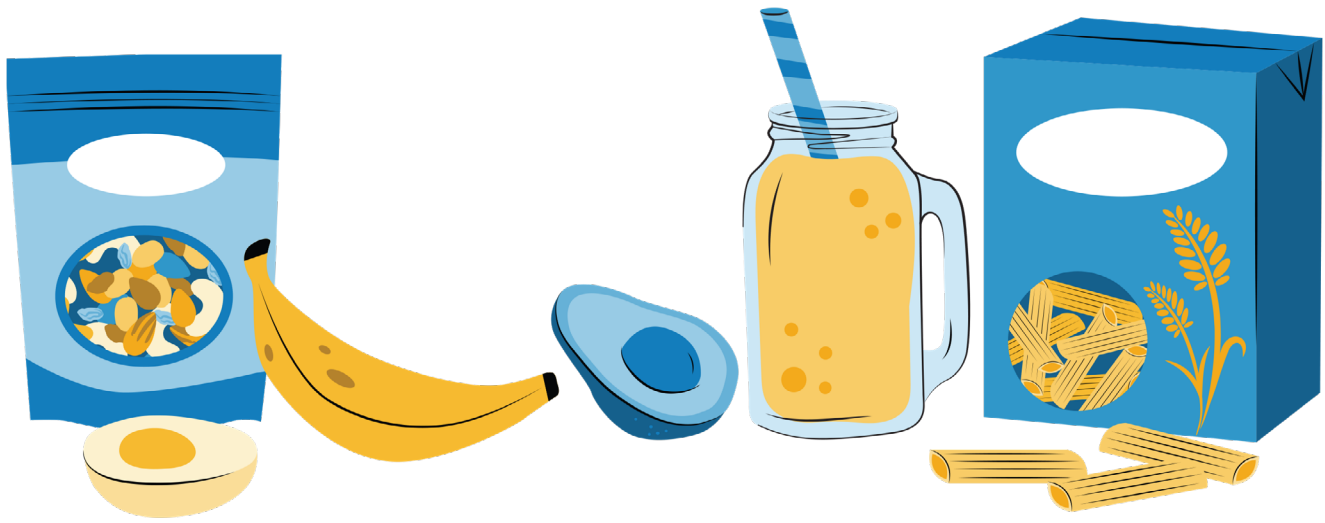
## Sleep

Sleep plays an important role for children in their development, learning, behavior and health. The National Sleep Foundation recommends that 6-13-year-old children get between 9-11 hours of sleep per night. Many children with ADHD struggle with getting enough sleep. Disrupted sleep can exacerbate symptoms of inattention. Poor sleep can also negatively affect school performance and emotion regulation.

Talk with your child's doctor if your child is having difficulty sleeping, particularly if you suspect it's related to their medication. Other conditions, like periodic limb movement disorder, can be connected with ADHD and can affect your child's sleep. Treating both conditions can improve your child's overall sleep quality and their ability to focus and self-regulate.

### Sleep hygiene: Tips to promote good sleep

- Have a set bedtime for your child. It's best to go to bed and wake up at the same time on school nights and on weekends. Encourage your child not to sleep late on the weekends. Keeping a **consistent bedtime** will help them fall asleep each night and feel rested each day.
- Encourage your child to use their bed **only for sleeping or quiet activities** before bed, like reading. We recommend that people stop using electronic devices (TVs, laptops, smartphones) for at least 1 hour before bedtime. Keep these devices out of the bedroom. Children can easily develop the bad habit of using social media after bedtime or "needing" the TV to fall asleep. The blue light from these devices affects the body's natural ability to wind down and fall asleep. It's also much harder to control your child's media use if the devices are in the bedroom.
- **Caffeine can disrupt your child's sleep.** This includes caffeinated sodas, energy drinks, coffee, tea and chocolate.



## Nutrition

All children, with or without ADHD, benefit from a healthful diet focused on whole grains, fruits and vegetables, with few processed foods. Lowering the amount of food additives, like food colorings and preservatives, is a good idea for all children because of health concerns about these products.

A common side effect of stimulant medications to treat ADHD is decreased (less strong) appetite. Some children may also have some stomach pains. These side effects happen when the medication is active. For these reasons, your child may not be as hungry when their medication is at its peak effectiveness, which is usually around lunchtime. Their appetite will probably return as the medication wears off in the afternoon/evening.

Most children will continue to take in the same number of calories even if they're eaten at different times during the day. Your child's doctor will monitor their growth and weight, which you can review together at your child's visits.

### The following tips can help:

- Have your child eat a calorie-dense breakfast in the morning before they take their medication. Even if they may be less hungry or perhaps in a hurry to get out the door, they may enjoy something fast. Trail mix, a breakfast burrito or a smoothie with yogurt are some good options.
- If your child isn't hungry at lunch, you can give them nutritious, calorie-dense foods like nut butters, avocado, hard boiled eggs, dried fruit or cheese. Eating even a small amount of these foods can give them healthy energy to get through their day.
- If your child eats less at lunch but then gets hungry in the evening, consider giving an extra serving of dinner or a healthy evening snack.

### Elimination diets

While some children may have true allergies or sensitivities to foods and food dyes, most children (with or without ADHD) don't. Elimination diets are designed to address food intolerances and sensitivities and include gluten-free, casein-free, dye-free and other restrictive dietary plans. Elimination diets are unlikely to improve ADHD symptoms in the majority of children. Clinical guidelines from the American Academy of Pediatrics don't routinely advise elimination diets for ADHD treatment, because there's not clear evidence showing that they're effective.

If the decision to try an elimination diet is being considered, your child's doctor would collect detailed information about their symptoms. The diet should be supervised by your child's health care provider and a dietitian.

### Dietary supplements

Omega-3 fatty acid or fish oil pills are commonly used supplements in the United States that may reduce inflammation and improve health outcomes for certain conditions. While they seem to be helpful for overall health and wellness, there's currently no clear evidence that shows clinical benefits from omega-3 supplements in improving outcomes for children with ADHD. Because of this, we don't generally recommend omega-3 or essential fatty acid supplements to help with ADHD.

There's no evidence that megavitamins are beneficial in treating core symptoms of ADHD. They can actually raise the risk of serious adverse side effects.

### Exercise

Research suggests that **sustained aerobic exercise (20 minutes or more each day) helps manage ADHD symptoms in kids**. Finding opportunities for your child to be active can help with inattention and hyperactivity. Enrolling your child in organized sports (like swimming, soccer, gymnastics) can help them in regularly doing moderate to heavy physical activity while also building their social skills and confidence. Physical activity can also help your child get a good night's sleep.



## Section 7

# Screen time and social media

Digital technology use has skyrocketed over the course of the past few decades. Children are regularly exposed to several types of screens (tablets, television, smartphones, laptops). Many children enjoy digital technology use and can find it difficult to self-regulate their use of screens. Caregivers often express concerns about their child's screen time and seek advice from medical experts on how to manage and limit their child's screen time.

Excessive (too much) screen time may worsen ADHD symptoms, like inattention or difficulty focusing. Children with ADHD may also find challenges when using digital media. Impulsivity may place children with ADHD at risk of clicking on an inappropriate link or posting something without thinking about the consequences. Many digital media formats provide immediate rewards (like points in games) which can be particularly appealing for children with ADHD, who often prefer immediate gratification over delayed rewards.

### Things to consider about social media

- **Digital etiquette:** There are many unspoken rules related to cell phone and social media use. The timing, frequency and content of texts and online posts can all impact the way that someone understands that information.
- **Privacy:** Content posted on social media can be easily shared, regardless of privacy settings, through reposts, and screenshots. Poor decisions and social mishaps are common among adolescents as they develop their identities and learn to navigate relationships. The lack of privacy online creates greater opportunities for highly visible mistakes.
- **Digital footprint:** Information, pictures and opinions shared on social media make up a lasting "digital footprint" that can affect your child's reputation with peers, future colleges and potential employers.
- **Safety:** Social media poses safety concerns, including the possibility of cyberbullying, identity theft, stalking, exposure to sexual predators and accessing/sending/receiving inappropriate content.

**When it comes to social media, children and tweens with ADHD are more likely than their peers to:**

- Act impulsively and take risks
- Experience low self-esteem
- Seek approval or acceptance from peers
- Seek attention
- Misread social cues



## Resources

The **Digital Wellness Lab** at Boston Children's Hospital specializes in all things related to digital media and can be a good resource for caregivers and families.

You can read more about the Digital Wellness Lab through this link: [digitalwellnesslab.org](https://digitalwellnesslab.org)

The **American Academy of Pediatrics** provides recommendations to caregivers and families on screen time use. The Family Media Plan is an interactive website that helps families set up guidelines around screen time for their children of different ages.

This site can be accessed through this link: [healthychildren.org/English/fmp/Pages/MediaPlan.aspx](https://healthychildren.org/English/fmp/Pages/MediaPlan.aspx)

## Tips for Caregivers

- **Set boundaries.** Establish clear rules around media use as a family. For example, review the times of day and frequency that you can all text friends or post online. Create rules around when devices should be turned off before bed. The American Academy of Pediatrics recommends that families design a Family Media Plan to address these areas (please see link above.)
- **Encourage digital detox.** Plan media-free times as a family – read books, take classes or explore a new park. These experiences will encourage creativity and growth and will also help with stress. Early research suggests that the more social networks a child uses, the more likely they are to report symptoms of anxiety and depression. For some, social media can become an addiction, with brain imaging showing that Facebook (and other social media) activates the same “impulsive” pathways associated with cocaine use.
- **Familiarize yourself with your child's social media use and learn to use their social media platforms.** Ask your child to teach you about the apps they use. This gives them the opportunity to share their knowledge and provides you the opportunity to discuss potential benefits and risks to use.
- **Talk with your child.** Talk about the permanence and public nature of posts. Review what they should do if they feel threatened or victimized. Cyberbullying rates range from 20-40%. These rates may be underestimates because of people's reluctance to tell others they are being bullied.
- **Respect your child's right to privacy.** This includes monitoring what you share about your children on your own social media accounts. Although you may think the picture of your child in an embarrassing situation is endearing, they may feel uncomfortable or ashamed.



Parenting children with ADHD can have ups and downs. By building supportive environments and using effective strategies (like the ones discussed in this booklet), we can promote their growth and happiness, and together, create a future where they can thrive and achieve their goals.

## Section 8

# Additional resources

### For further reading

- “Smart but Scattered: The revolutionary executive skills approach to helping kids reach their potential” by Peg Dawson & Richard Guare
- “Taking Charge of ADHD, Third Edition: The Complete Authoritative Guide for Parents” by Russell Barkley
- The website Children and Adults with Attention Deficit/Hyperactivity Disorder ([chadd.org](http://chadd.org))
- Duke Center for Women and Girls with ADHD ([adhdgirlsandwomen.org](http://adhdgirlsandwomen.org))

### Check out our other ADHD guides!

- ADHD and Your Preschooler
- ADHD in Middle Schoolers
- ADHD in High School Students and Beyond
- Your Guide to Adulting with ADHD: A Roadmap and Toolkit



## References

- American Psychiatric Association (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Barkley, R. A. (2020). Taking charge of ADHD: The complete, authoritative guide for parents (4th ed.). Guilford Press
- Blair, C. (2016). Educating Executive Function. In M.S. Blumberg, J.P. Spencer, & D. Shenk (Eds.), *How We Develop—Developmental Systems and the Emergence of Complex Behaviors*. Wiley Interdisciplinary Reviews: Cognitive Science. <https://doi.org/10.1002/wcs.1403>
- Bowen, R., Chavira, D. A., Bailey, K., Stein, M. T., & Stein, M. B. (2008). Nature of anxiety comorbid with attention deficit hyperactivity disorder in children from a pediatric primary care setting. *Psychiatry research*, 157(1-3), 201-209.
- CHADD "ADHD and School: A Toolkit for Parents" <https://chadd.org/for-parents/adhd-and-school-a-toolkit-for-parents/>
- CHADD "Fish oil and supplements" <https://chadd.org/about-adhd/fish-oil-supplements-and-adhd>.
- Daley, D., van der Oord, S., Ferrin, M., Danckaerts, M., Doepfner, M., Cortese, S., Sonuga-Barke, E. J. S., & European ADHD Guidelines Group. (2014). Behavioral interventions in attention-deficit/hyperactivity disorder: A meta-analysis of randomized controlled trials across multiple outcome domains. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(8), 835–847. <https://doi.org/10.1016/j.jaac.2014.05.013>
- Danielson, M. L., Claussen, A. H., Bitsko, R. H., Katz, S. M., Newsome, K., Blumberg, S. J., Kogan, M. D., & Ghandour, R. (2024). ADHD prevalence among US children and adolescents in 2022: diagnosis, severity, co-occurring disorders, and treatment. *Journal of Clinical Child & Adolescent Psychology*, 53(3), 343-360.
- Dawson, P., & Guare, R. (2008). *Smart but scattered*. Guilford Publications
- Diamond A. (2013). Executive functions. *Annual Review of Psychology*. 64:135-68.
- Diamond, A. (2012). Activities and Programs That Improve Children's Executive Functions. *Current Directions in Psychological Science*, 21(5), 335-341.
- DuPaul, G. J., & Stoner, G. (2014). *ADHD in the schools: Assessment and intervention strategies*. Guilford Publications
- DuPaul, G. J., Gormley, M. J., and Laracy, S. D. (2013). Comorbidity of LD and ADHD: implications of DSM-5 for assessment and treatment. *J. Learn. Disabil.* 46, 43–51. doi: 10.1177/0022219412464351
- Dryer, J., & Nicolet, G. (2022). Executive functioning support for kids with ADHD. *Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)*
- Evans SW, Owens JS, Wymbs BT, Ray AR. Evidence-Based Psychosocial Treatments for Children and Adolescents With Attention Deficit/Hyperactivity Disorder. *J Clin Child Adolesc Psychol.* 2018 Mar-Apr;47(2):157-198. doi: 10.1080/15374416.2017.1390757.
- Fabiano, G. A., Lupas, K., Merrill, B. M., Schatz, N. K., Piscitello, J., Robertson, E. L., & Pelham Jr, W. E. (2024). Reconceptualizing the approach to supporting students with attention-deficit/hyperactivity disorder in school settings. *Journal of School Psychology*, 104, 101309
- Gardner, D. M., & Gerdes, A. C. (2013). A Review of Peer Relationships and Friendships in Youth With ADHD. *Journal of Attention Disorders*, 19(10), 844-855.
- Hoza B. (2007). Peer functioning in children with ADHD. *Journal of Pediatric Psychology*, 32(6), 655-663.
- Lee, Y., Mikami, A.Y. & Owens, J.S. (2021). Children's ADHD Symptoms and Friendship Patterns across a School Year. *Research on Child and Adolescent Psychopathology*, 49, 643–656.
- Li, J., Wang, Y., & Zhao, H. (2023). Effect of physical activity on attention in school-age children with ADHD: A meta-analysis. *Frontiers in Physiology*, 14, 112345. <https://doi.org/10.3389/fphys.2023.112345>
- MTA Cooperative Group; National Institute of Mental Health Multimodal Treatment Study of ADHD Follow-up: 24-Month Outcomes of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder. *Pediatrics* April 2004; 113 (4): 754–761. 10.1542/peds.113.4.754
- Nivins, S., Mooney, M. A., Nigg, J., & Klingberg, T. (2025). Digital media, genetics and risk for ADHD symptoms in children – a longitudinal study. *Pediatrics Open Science*. <https://doi.org/10.1542/pedsos.2025-000922>
- Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management; ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics* November 2011; 128 (5): 1007–1022.
- Volpe, R. J., & Fabiano, G. A. (2013). *Daily behavior report cards: An evidence-based system of assessment and intervention*. The Guilford Press
- Woodfield MJ, Brodd I, Hetrick SE. Time-Out with Young Children: A Parent-Child Interaction Therapy (PCIT) Practitioner Review. *Int J Environ Res Public Health.* 2021 Dec 23;19(1):145. doi: 10.3390/ijerph19010145. PMID: 35010403; PMCID: PMC8750921

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**Boston Children's Hospital**

Where the world comes for answers

## *Family Education Guide*