

# Talking to Your Children About Their AD/HD

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Parents who raise children with attention and learning problems, and teachers who teach them, often benefit from a wealth of information about these subjects. They have become active consumers: reading current research, seeking out new books and articles, attending lectures given by experts in the field. However, a significant omission is often made. They sometimes neglect to pass on what they know to those who need it most: the children.

Children with AD/HD deserve far more information than they are usually given. They may work regularly in a resource room, visit a psychologist, or receive help from a tutor without any explanation why. Children, being the creative, spontaneous people they are, tend to fill in the missing information with their own thoughts. They suppose they may be bad, lazy, or stupid. How else might a nine-year-old explain why he reads haltingly, while all of his classmates read fluently in front of the rest of the class? What better way to explain why your younger brother knows all of his addition facts and you still do not?

We do children a disservice when we fail to “fill them in.” Positive, straightforward information provides a child with the tools she needs to understand and cope with a disability. Once a child receives reassurance that she has at least average intelligence, she is then better able to listen to a more detailed explanation of what her learning strengths and weaknesses are. She will more willingly become a part of the team that includes her teachers, parents, and counselor, who work together each school year to design an appropriate program with reasonable accommodations. An informed, empowered student of any age is often able to come up with suggestions that even the most informed adults did not consider. Students who have a realistic sense of who they are will be much more likely to cooperate and participate than those who have only a vague sense of their problems and challenges.

Familiarizing a child with the definition and nature of his own type of AD/HD greatly helps to maintain self-esteem. When we give a problem a name and offer a multitude of coping strategies, we can often restore a sense of well-being to a child who is beginning to experience a world of mistakes and failure. In addition, an open, honest description of specific difficulties experienced by the child and how they are related to AD/HD will lead the way to a discussion of practical coping strategies. Providing a child with a sense of perspective and control will then enable him to gather the necessary strength to overcome obstacles.

Parents, teachers, and counselors have abundant opportunities to convey important messages to children with AD/HD. Some degree of pre-planning will ensure that the most important information is conveyed: the definition of an attention disorder, the specific nature of the child’s own disability, reassurance of an existing support system, and a sense that there are many ways to learn and manage the challenges that life presents. Children should be encouraged to view their

own strengths, so that they have a sense of balance of their own positive and negative characteristics. Books and videos make a useful adjunct, since they add a visual “reality” to what a child is hearing.

The goal of these conversations is to inform and reassure a child. Frequent, short discussions are always preferable to long lectures. Children should be encouraged to contribute their own ideas, concerns, and questions. Vocabulary and concepts presented should be kept at a level that is cognitively appropriate to the child. Adults should be careful to avoid words that sound judgmental or negative, such as “slow,” “lazy,” “unmotivated,” or “careless.” Children should be encouraged to ask their own questions in order to clear up fears and misperceptions. A short summary following each discussion will help provide the child with a sense of closure.

It is not a shame to have AD/HD. This is a message that must be clearly conveyed to children. When we discuss the subject freely and openly with children, provide adequate reassurance, and offer a variety of helpful suggestions and accommodations, we let them know that we believe in the potential that they surely possess.

## **Tips for Discussing the Symptoms of AD/HD with Children**

### ***For Younger Children (ages 5-7)***

Children of this age are concrete in their thinking. Therefore, discuss specific, observable problems that the child is experiencing.

Examples:

- Trouble raising hand and waiting for a turn in class
- Problems completing class work

### ***For Older Elementary School Students (ages 8-12)***

Children of this age understand cause and effect and can generalize from verbal explanations. Begin to introduce concepts that define AD/HD, along with simple definitions.

Examples:

- Distractibility: “trouble staying focused on your work”
- Disorganization: “difficulty keeping track of your belongings; problems handing in your work on time”

### ***For Middle School Students***

At this age, a strong emotional component enters the picture, as many children with AD/HD believe themselves to be inferior to their peer group. Discuss symptoms along with some suggested coping techniques. This helps fight that debilitating sense of helplessness.

Examples:

- Forgetfulness: “Before leaving school in the afternoon, you can check the list in your locker for materials you need to bring home.”
- Over-reacting to peers: Discuss and rehearse different non-inflammatory responses to another child’s teasing.

### ***For High School Students***

At this age, the child begins to question conventional ideas about medication and deny any differences with peers. Help the child deal with peer pressure regarding specific adolescent issues. Attempt to engage in a mature conversation about these concerns. Involve professionals, such as your child's pediatrician, as appropriate.

Example:

- If your child insists on stopping medication, you, your child, and your child's pediatrician may wish to discuss the possibility of a time limited trial without medication followed by a discussion of the outcome, using feedback from teachers and close friends.

Aim to incorporate the idea of having AD/HD as part of the child's self-concept.

Examples:

- Discuss the importance of coming to terms with one's own temperament and personality traits as part of becoming an independent adult.
- Discuss the coping skills the child has developed to date and the coping skills that may need to be improved and added.
- Examine specific strengths that can be employed by the child to improve coping skills.
- Explore how overcoming difficulties created by AD/HD may contribute to stronger character and to dealing with future challenges.

### **Suggested Coping Skills for Children with AD/HD at Different Stages of Development**

When talking to children, it is important to keep in mind a child's current intellectual skills and developmental stage. As they mature, children and adolescents can be guided through the exploration of increasingly more complex concepts concerning AD/HD. While certain required skills, such as self-advocacy, will be too advanced for some young children, adults can help to build toward their eventual mastery by leading discussions geared toward the child's maturity level and ability to understand abstractions. Here are some suggestions, categorized by symptom and age:

#### ***Hyperactivity***

##### **Ages 5-8:**

Become aware of and learn what physical outlets for excessive energy are legitimate in different settings.

##### **Ages 9-13:**

Learn to advocate appropriately in order to obtain outlets for excessive energy.

##### **Ages 14-17:**

Learn to identify cues for the onset of over-activity. Learn to seek and use adult help by planning outlets.

##### **Ages 18 and above:**

Find life activities (such as specific sports) that provide sufficient activity.

#### ***Impulsivity***

##### **Ages 5-8:**

Learn the concept of Stop/Think/Act. Learn, through modeling, how to put this concept into action.

#### **Ages 9-13:**

Learn to self-report incidents of socially impulsive behavior. Check over own work for mistakes.

#### **Ages 14 and above:**

Discuss social and personal consequences of impulsive social behavior (e.g., drinking, early sexual activity). Learn how to channel impulsive energy through use of meditation and sports as means of learning self-control and self-discipline.

#### ***Forgetfulness***

##### **Ages 5-8:**

Learn to write key words to create a reminder list.

##### **Ages 9-13:**

Learn to use calendars and create reminder lists.

##### **Ages 14-17:**

Independently prepare lists and schedules.

##### **Ages 18 and above:**

Use daytimers and other planning tools.

#### ***Inattention/Distractibility***

##### **Ages 5-8:**

Learn to respond appropriately to teacher's cues.

##### **Ages 9-13:**

Learn to identify factors that contribute to child's distractibility.

##### **Ages 14-17:**

Identify features of the social environment that are conducive to attention. Conversely, identify features that promote distractibility.

##### **Ages 18 and above:**

Proactively create conditions conducive to attention. Learn to advocate for the introduction of these conditions.

#### ***Disorganization***

##### **Ages 5-8:**

Be responsible for daily unloading and loading of bookbag. Learn to use a checklist for doing simple activities or chores.

##### **Ages 9-13:**

Keep daily record of homework assignments.

##### **Ages 14-17:**

Organize locker on a weekly basis.

##### **Ages 18 and above:**

Organize living quarters.

#### ***Time Management***

##### **Ages 5-8:**

Checking off completed tasks from a list.

##### **Ages 9-13:**

Learning to prioritize tasks. Estimating the time needed for assignments and short projects.

##### **Ages 14-17:**

Learning to pace long-term projects.

##### **Ages 18 and above:**

Practicing punctuality. Independently structuring tasks.

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