



ADHD: PRACTICAL TIPS FOR PARENTS

Jason M. Fogler & David S. Stein



**Boston
Children's
Hospital**

Until every child is wellSM



the Developmental
Medicine Center
at Boston Children's Hospital

LEND Boston



Institute for
Community
Inclusion

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood developmental and behavioral challenges. ADHD can affect all areas of a child's life, including school, family, and community.

Many people assume that the only "treatment" available for ADHD involves the use of medications. However, behavioral approaches have been found to be an important part of an overall treatment plan to improve the daily life and long-term outcomes for children with ADHD.

In this guide, Drs. Fogler and Stein provide an overview of the reasons that children with ADHD experience behavioral challenges, and then review the most effective strategies that parents can use to address these challenges. Behavior strategies are described in an easy-to-read format that you can refer to as you incorporate these approaches into your daily routine with your child.

I encourage you to take advantage of these important tools as you work with your child and the staff in the Developmental Medicine Center at Boston Children's Hospital to ensure the best possible outcome for your child with ADHD.

William J. Barbaresi, MD
Director, Developmental Medicine Center
Boston Children's Hospital



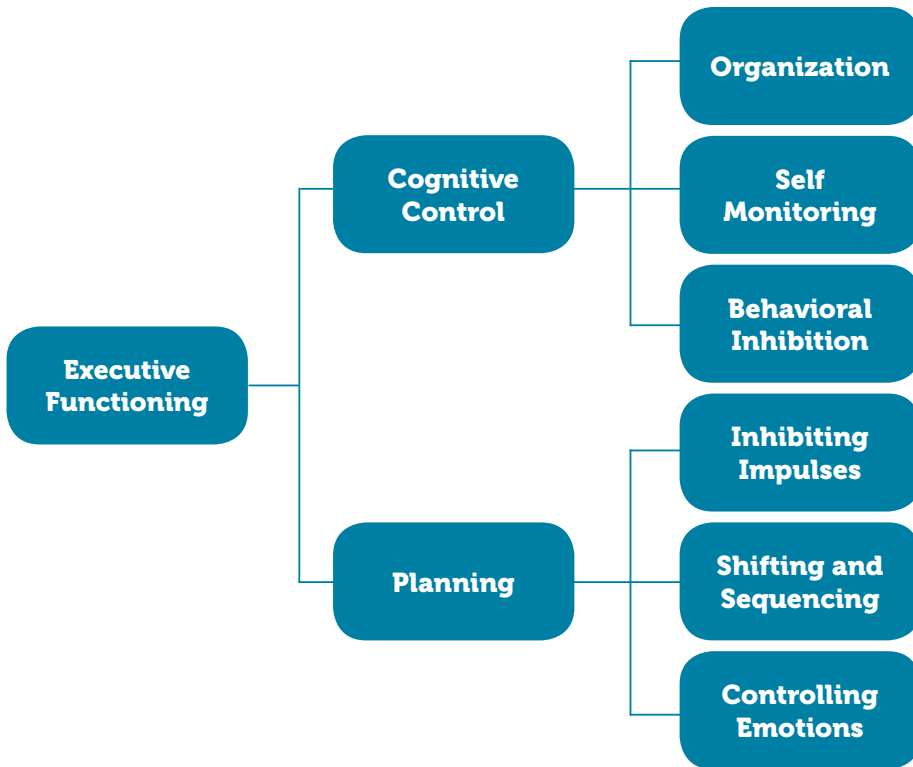
© 2016 Boston Children's Hospital.

Any use of information in this brochure should acknowledge Boston Children's Hospital as the source, citing the name of the brochure and the authors. Reproduction or translation of this brochure requires explicit, prior authorization in writing.

ADHD:

PRACTICAL TIPS FOR PARENTS

ADHD (Attention-Deficit/Hyperactivity Disorder) is a disorder of attention and *executive functioning (EF)*. EF refers to the skills we use every day to accomplish goals (see Sidebar). EF starts to develop in the preschool years and develops steadily into young adulthood. This is why the ages of 18-21 are usually defined as the age when people can start making “adult” decisions about voting and military service, have a driver’s license, and so on. EF is often not working properly in children with ADHD. EF is often compared to the CEO of a company or the conductor of an orchestra. If those people are not working properly, the company or orchestra will not work or play well. Children with ADHD look like they are “not following directions”, “scattered” or “forgetful.” These are NOT willful behaviors. They are the direct result of EF problems.



Gioia, GA et al., 2000





Glossary of terms

Executive Functioning (EF)

Brain-based skills that allow us to “multi-task” and work toward goals.

Prefrontal Cortex

The part of the brain that helps us to regulate attention and behavior.

Reinforcement

How we respond to a child’s behavior. Reinforcement can be positive or negative. They can be actual things, like a reward or punishment, or something more subtle, like your tone of voice or behavior.

Token Economy

A structured way of rewarding “good” behavior. A caregiver gives rewards (e.g., stickers on a chart, poker chips in a jar) for specific behaviors.

Intermittent Reinforcement Schedule

This is what we want to avoid as parents. It means responding inconsistently to problem behaviors, and it actually keeps those behaviors going. For example, you might punish your child when he jumps on his bed one day, but laugh or plead with him to stop the next day.

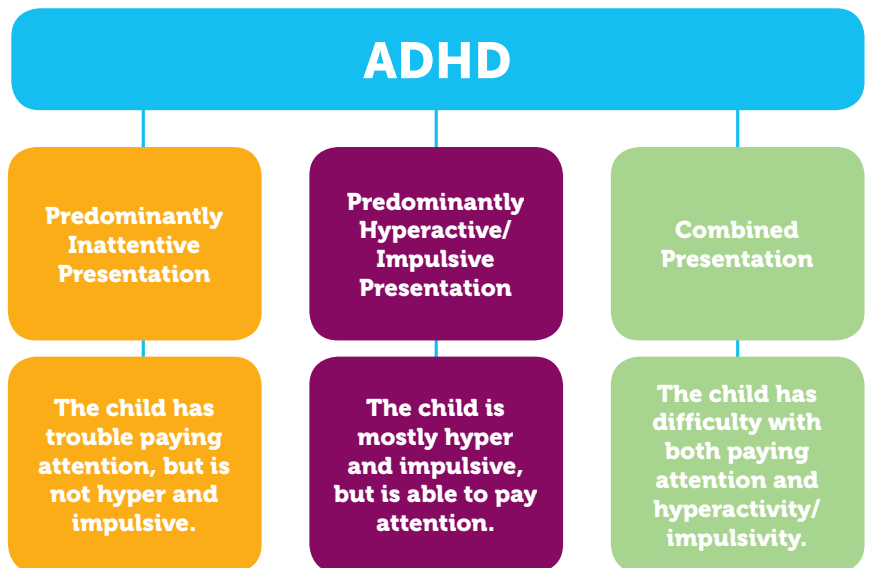
The Extinction Burst

When you start ignoring a problem behavior, a child will respond by “raising the volume,” or ramping the behavior up, to get that old response back.

Time Out

The removal of reinforcement—positive or negative. For example, having your child sit in a quiet space with no toys to settle down.

There are a few different types of ADHD, depending on the child’s symptoms. These are outlined in the graphic below:








What can you as a parent do about ADHD? Behavioral strategies can help manage ADHD symptoms in your home. You may want to try these on your own, or you may want to get some additional help from a professional, like a psychologist or developmental-behavioral pediatrician.

FIRST STEPS: GETTING ORGANIZED

Behavior change is best done in an orderly and calm home. Structure in the home is a “magic ingredient” for behavior management.

- All kids need structure and this is especially true for children with ADHD.
- Keeping a basic routine in the house can improve your child’s behavior.
 - » Think about your OWN morning routine. Do you change it every day, or do you do the same things in the same order? You probably keep a routine, because it makes life easier. This is even more true for children with ADHD.
- Here are some basic tools:
 - » House rules
 - » Bed times
 - » Rituals: put shoes away, wash hands, feed pet, etc. These routines keep the day moving and let your child know what is expected in a predictable way.
 - » Chore charts, visual schedules, bulletin boards, etc. can help even more (see figure below).

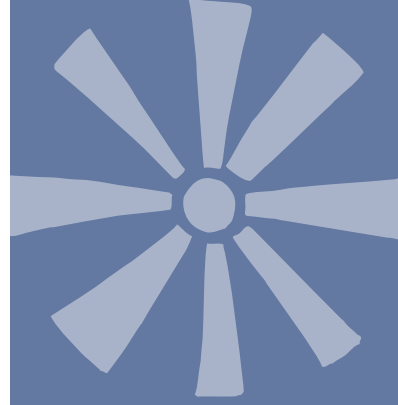
Hang up coat	Have a snack	Play	Read a book	Eat dinner
				

STAY COOL FOR BETTER RESULTS

Do you make your best decisions when you are upset, or when you are in a good mood?

Are you a better behavior “coach” when you are upset or when you are calm?

- » If we try to manage behavior when we are upset, children miss the message. They just want to know, “Why is mom or dad so upset?”
- » You want your child to listen to your message and learn from it and not be distracted by your emotions. When dad or mom is upset, it does not matter what they say, a child will be focused on how upset they are and will miss the message.



BEHAVIOR 101, "ACCENTUATE THE POSITIVE"

(It gets a little worse before it gets better).






Paying attention to a behavior makes it change. A behavior that gets praised and rewarded is more likely to happen again. A behavior that does not get praised or rewarded tends to happen less, but may get worse, briefly, before it gets better. This is called the "Extinction Burst" (see sidebar). Negative attention, like yelling, bargaining, negotiating, or even showing strong emotions on your face, can unintentionally make the behavior worse.

Pay attention to the good stuff and ignore the bad stuff as long as everyone is safe. Unsafe behaviors are physically dangerous to the child or the people around him. We NEED to intervene as parents when these behaviors are happening.

A **Token Economy** is a structured method of noticing and rewarding good behavior. With a token economy, a caregiver gives rewards (e.g., stickers on a chart, poker chips in a jar) for specific, desired behaviors. For example, you might give your child a few jobs to complete after school. When all the jobs are done, she may earn special time with a parent.

The Extinction Burst

When you start ignoring a behavior, a child will respond by "raising the volume," or ramping the behavior up, to get that old, familiar response back. For example, Johnny stalls at bedtime, even though this is against the rules. He gets mixed messages: Sometimes mom and dad get upset and yell, and sometimes they lift him into bed and tickle him. Either way, Johnny's getting attention, and sometimes it's even positive! If you begin to ignore this behavior, his first response will likely be to "up the ante" with his stalling to **try to get one of those old responses back (and hopefully the laughing, not the yelling!)**. This is when we have to remain calm, ignore the behavior, and not give in. Usually, children learn very quickly that stalling at bedtime won't get any reaction at all. Then the behavior will go away.

	Change	Wash hands	Draw picture	Use bathroom	Prize
					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

It's important to be consistent about the behaviors you choose to reward and the behaviors you choose to ignore. This is easy to say but hard to do. Problems arise when behaviors are inconsistently reinforced. For example, you sometimes respond to a negative behavior by becoming upset or by offering a "bribe" to make it stop. Even if you're ignoring it some of the time, your child is likely to continue the negative behavior thinking "this might be the time I get that [bribe/attention/etc.]." We call this inconsistent response style "intermittent reinforcement."



Another thing to keep in mind is that kids with ADHD get a lot more negative than positive attention: “Stop doing that,” “Sit still,” “Pay attention.” Imagine if you heard that from your boss all day at work. How would you feel? What would be the effect on your self-esteem? What would be your mindset about coming in to work? Would you expect to succeed or fail?

It’s hard work to change a behavior, and we all do our best when we get positive feedback. When parenting kids with ADHD, it’s important that we help our kids feel successful, but we appreciate that this might be very hard to do. What tends to help is “catching them doing something good.” This means pointing out good behaviors that you want to see increase (e.g., “I like how you put your shoes away”) and “choosing your battles” over the problem behaviors that you want to address.

EFFECTIVE DISCIPLINE (THE POWER OF “SELECTIVE ATTENTION”)

Behavior is a form of communication. Your response to your child’s behavior is a form of teaching. What values do you want to impart to your kids through how you discipline? Remember that any attention is good attention. In the child’s mind, yelling is preferable to no attention at all. If you respond to problem behaviors by yelling or hitting, you are teaching that, “this is how grown-ups deal with frustration,” and your child might repeat these behaviors in other settings. So how can we discipline our children and teach them self-control? The secret is selective attention.

Time Out means to take away attention. The beauty of Time Out is that you’re providing discipline while also teaching self-control. Your child’s ability to rejoin the group—whether it’s your TV room or the classroom—depends on her ability to control her behavior.

Many parenting books suggest giving “one minute of time out per year of age of the child” – so a three year old should sit in Time Out for three minutes. Every kid is different. Some kids can sit a long time, but kids with ADHD often can’t. Being too rigid about this rule can cause Time Out to fail. Instead, we like to think of Time Out as an opportunity for skill building. We suggest praising your child for being able to sit in Time Out for however long they can do it. For example, if your three year old cannot sit for more than one minute, praise her for that one minute and then build up to three minutes over time. Time Out is a way to calm things down quickly, not a time to process what has happened.

During a Time Out, parents and children are often emotional. This is not a good time to talk about what happened or to teach. Children need to be calm in order to learn.



TIME OUT 101

STEP 1: Identify the space(s) in your home where Time Out will happen. These should be in areas that are safe, free of toys or attention from others, and boring.

STEP 2: Stay calm – your voice, your body, everything.

STEP 3: Tell your child in simple words what the problem behavior is (e.g., “No hitting”), and that s/he needs to pick one of these choices:

- Take a time out
- Take a break
- Go to your room and rest
- Any other words you choose that are neutral

STEP 4: Do not worry about how long your child sits/rests/etc.

- You are trying to teach your child to calm down.
- Avoid the “Warden Mentality”: The goal is to make the behavior boring so that it happens less often, not that your child needs to follow your orders!
- Try not to focus too much on how long s/he sits, whether s/he stays in the exact same spot, etc.
- The book, “1-2-3 Magic” by Thomas Phelan is helpful in talking about how to do a Time Out without negotiations and power struggles. He recommends that when your child argues you count, “1-2-3” before giving a Time Out. Typically, children learn very quickly to stop a behavior before the Time Out.

STEP 5: After your child has calmed down, praise him for doing a good job, remind him why he was put in the Time Out (“Remember, no hitting”), and bring him back into the family/group activity.

- Let the child come back into the group/activity normally. Remember that the Time Out was the punishment, and now it’s over. There is no need or benefit to using “the silent treatment,” shame, guilt, or other means of continuing to show your child that you are upset. Rather, let the Time Out be the punishment. Then, move on and HAVE FUN with your kids!
- **A word of caution...**Many parents want to “process” or talk about the behavior that led to the time out, but children want to understand the cause and effect of their behavior. (We would say that they NEED to understand the cause and effect of their behavior: This is how children learn.) The Time Out itself is more important than the talking and processing that we, as adults, often want to do. Therefore, keep it simple when you talk with your child.
 - » For young children or those with developmental delays, use a very simple statement such as “No hitting,” said in a calm manner.
 - » For older children who are typically developing, you can say more, but we still recommend keeping it simple. For example, you could say, “The rule is no hitting. If you hit, you will get a Time Out.”



Now that we've learned about time out, here are some other tools that can prevent behavior problems:

Redirection

You see a negative behavior coming, and you offer something else for your child to do instead.

Example: You see your child arguing with a sibling over the TV. Instead of giving a "time out for arguing," you could ask your child to help you with a chore like cooking or cleaning up. This serves two purposes: it distracts the child from the argument, and your child also feels good about being a helper.

Disarm & Distract

You notice your child becoming upset or about to engage in a "bad behavior," instead of giving a time out, you can change the mood or the "direction" of the behavior.

Example: Your child is upset about a toy that broke and is beginning to have a tantrum. You make a joke that the broken toy needs a doctor to fix her, and your child is the only one who knows how to do it! This changes your child's mood and may avoid the tantrum.

Replacement Behaviors

Maybe you've tried time out, etc., and it hasn't worked. Replacement behaviors are behaviors that your child CAN do instead but are incompatible with the behavior you are worried about.

Example: Your child is pushing other kids on the stairs at school. Rather than give time outs, etc, make a new game or rule that your child must hold a peer's hand and the railing when walking down the stairs. Now, both hands are occupied, and there is no chance to push the other children. You've eliminated the problem behavior without using discipline!

Shaping

Shaping means catching kids doing something good so that they do it more of the time. Instead of targeting a specific problem behavior, you are noticing ALL of the good behaviors that they do every day and pointing them out, encouraging them to do them more.

Example: Your child frequently speaks in a loud voice. But there are times when s/he is able to speak quietly, such as when a baby sibling is sleeping. At those times, you might comment, "Wow, I like that quiet voice you're using."

Example 2: Your child does not like to share with her/his siblings and friends. When she does this on her own, you might comment, "That is great sharing, nice work!"





Picking Your Battles (“Don’t Sweat the Small Stuff”)

Ross Greene, PhD (The Explosive Child; 2005, 2010) talks about dividing kids’ behaviors into baskets that determine whether or not you need to react or address them. The baskets are:

1) Safety issue: You need to react, and quickly.

Example: Your child is running into the street. You need to react to prevent them from getting hurt.

2) High-priority: Not a safety risk, but something that you are concerned about and working on.

Example: You are trying to shorten the length of your child’s tantrums by using replacement behaviors, shaping, and the other “tricks” we learned before.

A word of caution...You need to use these tools consistently, otherwise you will create an intermittent reinforcement schedule, and that can make the problem even worse. In other words, stay consistent!

3) OK to ignore: Nobody is getting hurt.

Example: Your child is not sitting at the dinner table while eating. When you see this behavior, think to yourself, is anyone getting hurt? Is this one of the two or three behaviors I am most concerned about? If not, then it may be best to let it go.

Start slow. Only work on the things that you can do 100%, no matter how tired, what time of day, etc. Rome wasn’t built in a day. Work on one behavior at a time and only those that you can give 100% attention and effort too.

A fancy behavior plan is not necessarily a good behavior plan. You cannot see and reward behavior in every family member, in every room, at all hours of the day, etc. But if you pick something very specific that your child does or does not do, it makes it much easier to follow through on your reward. For example, it would be hard to reward for “sharing” as that is something that may or may not happen, all day long. But something like cleaning a bedroom or bringing dishes to the sink is very specific, is likely to happen several times per week, and it is very clear that it either happened or did not.

AVOID making the absence of a negative behavior (e.g., “Don’t hit your brother”; “Keeping your hands to yourself”) a goal. You’re actually calling attention to a negative behavior even when it’s not happening.

Staying Consistent

By this point, you're probably starting to understand the basic principles and to feel comfortable with the tools we are describing. You may find that you are becoming creative about applying these tools to new situations. As you are looking toward the future, you will want to consider these helpful tips...

- Rewards get shifted away from stickers and small toys to relational things, like time with a family member or playing a board game. Positive time with family will be the most rewarding to your child.
- Keep things simple, but also keep them fresh. Be careful not to get too fancy--complicated behavior plans are hard to use. Be sure to change things such as chores and rewards to keep things interesting without adding complexity.
- When things start to get better or worse, that does NOT mean you should stop using the behavior plan. Too many changes in your response to your child's behavior can create that pesky "intermittent reinforcement schedule" that we have learned about, and that can be so hard to undo. If you remember nothing else, remember to be consistent!



The ADHD Program at Boston Children's Hospital's Developmental Medicine Center offers assessment and ongoing medical management by a developmental-behavioral pediatrician; and psychological and neuropsychological assessment, short-term individual and family-focused cognitive-behavioral therapy, and behavioral parent guidance with a pediatric psychologist.

For general inquiries about our services, please call 617-355-7025 and for more information about "ADHD Boot Camp," please call 617-355-7249.



**Boston
Children's
Hospital**

Until every child is well™



Jason Fogler, M.A., Ph.D.

Dr. Jason Fogler is a Staff Psychologist and Co-Director of the ADHD Program in the Division of Developmental Medicine at Boston Children's Hospital and an Instructor in Psychiatry at Harvard Medical School. Since 2008, he has provided psychological assessment, psychotherapy, and behavioral parent guidance for the families of children and teens with Attention Deficit-Hyperactivity Disorder and other neurodevelopmental conditions. He currently co-leads the Division's ADHD Clinical Outcomes Workgroup, focusing on the development of an evidence-based guideline for subspecialty management of ADHD and co-occurring conditions, and facilitates a psychoeducational support group for parents, "ADHD Boot Camp."



Dr. Fogler received his doctorate in Clinical Psychology from Boston University and a master's in Applied Psychology in Educational Settings from Teacher's College, Columbia University. He received additional postdoctoral training through the Boston Consortium in Clinical Psychology and the Brookline Community Mental Health Center. Dr. Fogler's work is informed by a wealth of experience in a variety of settings prior to joining the faculty of Boston Children's Hospital, including private practice, community mental health, schools, inpatient and residential treatment programs, and academic medical centers.

David Stein, Psy.D.

Dr. David Stein is a pediatric psychologist within the Division of Developmental Medicine at Boston Children's Hospital, and an instructor at Harvard Medical School. Dr. Stein is also a faculty member of the Leadership Education in Neurodevelopmental and Related Disorders (LEND) fellowship at Boston Children's. He has extensive experience in working with children and adolescents with ADHD. Dr. Stein's clinical work is focused on neuropsychological testing and behavior therapy with children who have neurodevelopmental disorders. His research is focused on accurate phenotyping of complex and comorbid neurodevelopmental conditions, factors affecting long-term outcomes, and quality improvement. Dr. Stein completed his bachelor's degree with high honors at Tufts University, majoring in Clinical Psychology with a Child Development concentration. He completed his doctorate in psychology at William James College, his internship at Harvard Medical School/The Cambridge Hospital, and his post-doctoral fellowship at Boston Children's Hospital.

