

ADHD

Ages 13-17



Proactive in your child's care.
Empowering families for over 50 years.

Please take the time to read through this material. We provide this information because we see value in educating our patients.

Westwood Office
541 High Street
Westwood, MA 02090
(781) 326-7700



Mansfield Office
454 Chauncy Street
Mansfield, MA 02048
(508) 339-9944

www.wmpeds.com

Dear Parents,

Enclosed in this packet is information to help us in the evaluation of your child for **Attention Deficit Hyperactivity Disorder (ADHD)** and other school issues.

You are being given this information today because you, your child's teachers or your child's physician have concerns that ADHD may be playing a role in your child's school difficulties.

Enclosed please find and review some information regarding ADHD and community resources as well as an *ADHD Family History Form*. If you are reading this on-line, please contact the office to obtain a hard copy of the *Conners' Rating Scale* (for you, your child and your child's teacher). Please have the *Conners' Rating Scales* completed by your child, one or both parents (together or separately), and your child's primary teacher.

Once the *Conners' Rating Scales* and *Family History Form* are completed, please return them to us. We ask that you return the surveys at least one week prior to your appointment in order that we have time to review and score the surveys and, therefore, be better prepared for your visit.

Thank you,

Westwood-Mansfield Pediatric Associates

Patient Name: _____

Date: _____

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ADHD FAMILY HISTORY FORM

Parent Information:

PARENT #1: Name: _____

Occupation: _____

Level of education: _____

PARENT #2: Name: _____

Occupation: _____

Level of education: _____

Family History: Check each of the following conditions that may run in your child's family. Please include your child's uncles, aunts, grandparents, cousins, siblings, and yourselves.

- ADHD
- Bipolar disorder
- Manic depression
- Dyslexia
- School problems (including suspensions or expulsions)
- Alcohol addiction
- Drug addiction
- Gambling addiction
- Chronic problems with debt
- Learning disabilities
- Convicted criminal
- Unexpected and unexplained death before age 50 (including SIDS, car accident, drowning, other)
- Death from heart disease prior to age 50?
- Unexplained fainting or seizures?
- If you answered "yes" to any of the above questions, please explain more here:



Boston Children's Hospital
Community of Care
Preferred Pediatric Practice

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Date: _____

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QUESTIONS ABOUT YOUR CHILD

- | | | |
|--|------------|-----------|
| • Does your child snore at night? | Yes | No |
| • Does your child mouth breathe at night? | Yes | No |
| • Is your child a restless sleeper? | Yes | No |
| • Does your child sleep with their head in an unusual position? | Yes | No |
| • Does your child complain of leg pain, tingling in the legs, or can't stop moving his/her legs when trying to sleep at night? | Yes | No |
| • Has your child fainted or passed out DURING exercise or stress? | Yes | No |
| • Has your child fainted or passed out AFTER exercise? | Yes | No |
| • Has your child had extreme fatigue associated with exercise (more than other children)? | Yes | No |
| • Has your child ever had unusual or extreme shortness of breath during exercise? | Yes | No |
| • Has your child ever had discomfort, pain or pressure in his chest during exercise? | Yes | No |
| • Has your child ever been diagnosed with a seizure disorder? | Yes | No |
| • Has your child ever seen a cardiologist? | Yes | No |
| • Has your child ever had heart surgery or cardiac catheterization? | Yes | No |

We realize some of these questions may be very sensitive, but your honest answers will help us best serve your child.

“PROACTIVE IN YOUR CHILD’S CARE”

10/14



Boston Children's Hospital
Community of Care
Preferred Pediatric Practice



Health Issues – What You Need to Know About ADHD

Attention-deficit/hyperactivity disorder (ADHD) is a brain condition that makes it hard for children to focus on tasks and control their behavior. One of the most common chronic conditions affecting children, ADHD is different from the usual behavior problems that children deal with at times. Children with ADHD tend to have persistent symptoms of inattention, impulsivity, and hyperactivity that interfere with their ability to carry on normal lives.

Between 4 percent and 12 percent of school-aged children have ADHD. Boys are diagnosed about three times more often than girls are.

The causes and origins of ADHD still aren't clear. However, ADHD is one of the most thoroughly researched childhood conditions, and much has been learned about it.

We now know that:

- ADHD is a biological disorder, not just “bad behavior.” In a child with ADHD, the brain’s ability to properly use important chemical messengers, called neurotransmitters, is impaired.
- The parts of the brain that control attention and activity level may show lower activity in children with ADHD.
- There is a family connection with ADHD. Sometimes parents are diagnosed at the same time their children are.
- Environmental toxins can play a role in the development of ADHD, but that is extremely rare.
- Severe head injuries can cause ADHD in some cases. There is no evidence that ADHD is caused by eating too much sugar, food additives, allergies, or immunizations.

Symptoms

A child with ADHD may have one or more of the following symptoms:

- **Inattention:** The child has a hard time paying attention. She daydreams, is easily distracted and disorganized, and tends to lose a lot of things.
- **Hyperactivity:** The child seems to be in constant motion and has difficulty staying seated. He frequently squirms and talks too much.
- **Impulsivity:** The child frequently acts and speaks without thinking, interrupting others. She is unable to wait for things.

A child with ADHD may have a very hard time getting along with siblings, friends, and classmates. Learning can be very difficult for an untreated ADHD child, and their impulsiveness can lead to physical danger.

Diagnosis

The only way to determine if your child has ADHD is to be evaluated by a medical professional, who can accurately diagnose and treat a child with ADHD.

The American Academy of Pediatrics (AAP) has created guidelines to help pediatricians diagnose and treat ADHD in children ages 6 to 12 years. Generally, if your child has ADHD:

- Some symptoms will occur in more than one setting, such as home, school, and social events.
- The symptoms significantly impair your child’s ability to function in some of the activities of daily life, such as schoolwork and relationships with family and friends.
- They will start before your child reaches 7 years of age.
- They will continue for more than six months.
- They will make it difficult for your child to function at school, at home, and/or in social settings.

There is no proven test for ADHD at this time. However, your pediatrician will follow a process that takes several steps to gather information from you, your child’s school, and any other caregivers who spend time

with your child. “The AAP and other professional organizations suggest that evaluations for ADHD follow a standard format and look at a broad range of areas of functioning instead of just ADHD itself,” says Michael I. Reiff, MD, FAAP, editor-in-chief of *ADHD: A Complete and Authoritative Guide*.

Some children have ADHD along with another behavior condition. Your pediatrician will look for signs of such common “coexisting conditions” as:

- **Oppositional defiant disorder or conduct disorder:** Oppositional defiant disorder is more than the usual “boundary testing” that children sometimes do. Children with this condition tend to lose their temper easily, annoy people on purpose, and show defiance and hostility to authority figures. Conduct disorder is similar, but involves breaking rules, destroying property, and violating the rights of others—and can lead to legal trouble. Up to 35 percent of children with ADHD have one of these conditions, as well. Your pediatrician may recommend counseling in addition to ADHD treatment in these cases.
- **Mood disorders and depression:** Children, especially teenagers, with these coexisting conditions may be at higher risk for suicide. Frequently there is a family history of these disorders. Your pediatrician may prescribe a different type of medication for these disorders than those typically prescribed to treat ADHD alone. About 18 percent of ADHD children have a coexisting mood disorder, including depression.
- **Anxiety disorders:** Extreme fear, worry, and panic are feelings common to ADHD children with coexisting anxiety disorders. Typically, these disorders include such symptoms as a racing pulse, sweating, diarrhea, and nausea. Counseling and medication may both be required to treat these coexisting conditions, which affect approximately 25 percent of ADHD children.
- **Learning disabilities:** These conditions make it very difficult for children to master specific learning skills, such as reading or math. When they coexist with ADHD, they can make it even more difficult for children to thrive in school. IQ and academic achievement tests can be used to diagnose a learning disability.

Treatment Plan

Because scientists have learned so much about ADHD through ongoing research, the treatment of ADHD is more effective than ever before for the majority of children. There is no specific cure, but there are many treatment options that pediatricians can tailor for your child.

A typical treatment plan will include the following components:

- A long-term management plan with:
 - Behavior goals
 - Follow-up activities
 - Monitoring
- Education about ADHD
- A team approach to treatment that includes doctors, parents, teachers, caregivers, other health care professionals, and your child
- Medication and Behavior therapy
- Parent training
- Individual and family counseling

The treatment plan will take a long-term approach, similar to the treatment approaches to other chronic conditions, such as asthma or diabetes. ADHD does not go away, so ongoing management of the symptoms is necessary. “The initial steps in starting and carrying out a treatment plan for ADHD can be stressful for all families,” Dr. Reiff says. “That is why it is so important to define a limited number of target goals and treatments that are achievable and can fit into your family’s daily life.”

Education is a particularly important part of the program, and it begins with the parent. The more you read about the condition, the more you can explain to the teachers and other caregivers who work with your child.

Behavior Therapy

Most experts recommend both behavior therapy and medication together to treat ADHD. There is more than one type of behavior therapy, but all types have the common goal of helping the child achieve the desired behavior goals.

The behavior goals for your child should be realistic, observable, and measurable. Improved schoolwork, more independence in homework and self-care, improved self-esteem, fewer disruptive incidents, and better awareness of safety concerns are typical goals for behavior treatment. Your pediatrician will work with you to establish these goals and work with you to develop a workable approach for rewarding improvements and using consequences for relapses.

Medication Therapy

Another key part of a treatment program is medication. For most children, stimulant medications are both safe and effective at relieving ADHD symptoms. They help children focus their thoughts better and ignore distractions, which helps them pay attention and control their behavior more effectively. Research proves that around 80 percent of ADHD children show great improvement through therapy with stimulants. Stimulants are the most prescribed type of medication to treat ADHD.

There are three basic types of stimulant medication:

- Short-acting (immediate release), which move into the system quickly, wear off after a few hours, and must be taken several times a day.
- Intermediate-acting, which enter the system more gradually and require fewer doses during the day.
- Extended-release, which require only a single daily dose (usually in the morning).

Your pediatrician may prescribe one or more stimulants for your child, including:

- Methylphenidate: The best-known brands are Ritalin®, Methylin®, Metadate®, and Concerta®. There are three basic types of this stimulant medication:
 - Short-acting (immediate release), which move into the system quickly, wear off after a few hours, and must be taken several times a day.
 - Intermediate-acting, which enter the system more gradually and require fewer doses during the day.
 - Long-acting, which require only a single daily dose (usually in the morning).
- Amphetamine: The best-known brands are Dexedrine®, Dextrostat®, and Adderall®. A long-acting type, Adderall-XR®, is also available.
- Atomoxetine: This is a non-stimulant option your doctor may prescribe. It is also known by its brand name, Strattera®.

Your pediatrician will work with you to find the right medication, dosage, and schedule for your child. Some children respond to one type of stimulant, but not others, and it may take some time to find the right combination.

The diagnosis of ADHD and the medication used to treat it may carry a certain stigma for your child. Dr. Reiff recommends working closely with your child to educate her on the importance and benefits of treatment. "While there is no one-size-fits-all solution, a parent should work with the child and the rest of the treatment team to find a positive approach," he says. Dr. Reiff adds that keeping the child informed about the medication and all aspects of managing it can help encourage the child's acceptance of the treatment plan.

All medications have side effects, and the stimulant medications used to treat ADHD are no exception. Not all children experience side effects, but those who do most commonly report decreased appetite or weight loss, sleep problems, and social withdrawal. Most side effects can be lessened or relieved completely by changing dosage, adjusting the medication schedule, or choosing a different stimulant. Also, most side effects decrease over time with continued use of the medication. Your pediatrician will guide you through this process.

Dosage may also need to be adjusted over time, depending on weight and other factors (including possible side effects).

Living with ADHD

It is very important to continue monitoring your child with ADHD to see how she is progressing. Regular office visits, checklists, written reports from teachers, and behavior report cards are among the tools that many parents have found very helpful in evaluating the child's progress with treatment.

If treatment goals are not being met over time, they may need to be reviewed.

Keep in mind that while treatment can be very effective in reducing the impact of ADHD on your child's life, it may not completely eliminate the symptoms. By continually communicating with the health care and educational professionals who work with your child, you can determine where the source of the difficulties may lie.

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Source Healthy Children Magazine, Fall 2006



A Word about ADHD Medications and Your Child

Most parents, when bringing their children in to discuss ADHD, are against a trial of medication for their 5-7 year old. However, if their child has been untreated, they often return when he or she is in 4th or 5th grade and are experiencing school failure. At that point, parents want to trial medication and are often frustrated with the time it takes to find the right dose of the right medication. **The goal of all ADHD therapy is to improve school performance and sustain a child's self-esteem. You and your spouse must be clear on what the goals are for your child and how you want to reach them - be it with behavioral intervention or with medication.**

When trialing medications, parents must realize that the process of finding which medication works best for their child may take several months (either changing the brand or adjusting the dose). **With these medications, we are weighing the effects with the side effects and always looking for the maximal benefit for the child. For example, almost all children started on Ritalin or other stimulant medications will lose weight the first few months, but this may be acceptable if they are doing better in school. Addiction is rare.**

We use two types of medicines, both in long-acting forms, Stimulants and Non- Stimulants.

Stimulants – Stimulants are amphetamine based medications:

- Ritalin LA (capsule can be opened and put into food)
- AdderalXR (capsule can be opened and put into food)
- Concerta (pill)
- Vyvanse
- Daytrana (patch)

The most common side effects from this class of medications are weight loss, decreased appetite, and sleep issues. You must trial the medication for a length of time to assess some side effects as many will resolve with time. Once off the medication, side effects quickly resolve. Though addiction potential is low, abuse can occur, especially in high school and college when someone wants to stay up all night to study. Because the effect of stimulants is immediate and does not last longer than a day, we have the option of giving medications daily or just during the school week.

Non-Stimulants

- Strattera (pill form)
- Intuniv

The most common side effect is sleepiness. Often this medication is taken at night to offset this. Decreased appetite may also occur, but less so than with the stimulants. The disadvantages to these medications are that they must be taken every day and it takes about 2-4 weeks before they reach full effect.

Once your child is on the proper dose we expect to see you 3 times per school year; at which time we not only write the prescription, but discuss your child's school and social performance. 1/2012

General Tips

1. Rules should be clear and brief. Your child should know exactly what you expect from him or her.
2. Give your child chores. This will give him or her a sense of responsibility and boost self-esteem.
3. Short lists of tasks are excellent to help a child remember.
4. Routines are extremely important for children with ADHD. Set up regular times for meals, homework, TV, getting up, and going to bed. Follow through on the schedule!
5. Identify what your child is good at doing (like art, math, computer skills) and build on it.
6. Tell your child that you love and support him or her unconditionally.
7. Catch your child being good and give immediate positive feedback.

Common Daily Problems

It is very hard to get my child ready for school in the morning.

- Create a consistent and predictable schedule for rising and getting ready in the morning.
- Set up a routine so that your child can predict the order of events. Put this routine in writing or in pictures on a poster for your child. Schedule example:
Alarm goes off → Brush teeth → Wash face → Get dressed → Eat breakfast → Take medication → Get on school bus
- Reward and praise your child! This will motivate your child to succeed. Even if your child does not succeed in all parts of the “morning routine,” use praise to reward your child when he or she is successful. Progress is often made in a series of small steps!
- If your child is on medication, try waking your child up 30 to 45 minutes before the usual wake time and give him or her the medication immediately. Then allow your child to “rest” in bed for the next 30 minutes. This rest period will allow the medication to begin working and your child will be better able to participate in the morning routine.

My child is very irritable in the late afternoon/early evening.
(Common side effect of stimulant medications)

- The late afternoon and evening is often a very stressful time for all children in all families because parents and children have had to “hold it all together” at work and at school.
- If your child is on medication, your child may also be experiencing “rebound”—the time when your child’s medication is wearing off and ADHD symptoms may reappear.
- Adjust your child’s dosing schedule so that the medication is not wearing off during a time of “high demand” (for example, when homework or chores are usually being done).

- Create a period of “downtime” when your child can do calm activities like listen to music, take a bath, read, etc.
- Alternatively, let your child “blow off extra energy and tension” by doing some physical exercise.
- Talk to your child’s doctor about giving your child a smaller dose of medication in the late afternoon. This is called a “stepped down” dose and helps a child transition off of medication in the evening.

My child is losing weight or not eating enough.
(Common side effects of stimulant medication use)

- Encourage breakfast with calorie-dense foods.
- Give the morning dose of medication after your child has already eaten breakfast. Afternoon doses should also be given after lunch.
- Provide your child with nutritious after-school and bedtime snacks that are high in protein and in complex carbohydrates. Examples: Nutrition/protein bars, shakes/drinks made with protein powder, liquid meals.
- Get eating started with any highly preferred food before giving other foods.
- Consider shifting dinner to a time later in the evening when your child’s medication has worn off. Alternatively, allow your child to “graze” in the evening on healthy snacks, as he or she may be hungriest right before bed.
- Follow your child’s height and weight with careful measurements at your child’s doctor’s office and talk to your child’s doctor.

Homework Tips

- Establish a routine and schedule for homework (a specific time and place.) Don’t allow your child to wait until the evening to get started.
- Limit distractions in the home during homework hours (reducing unnecessary noise, activity, and phone calls, and turning off the TV).
- Praise and compliment your child when he or she puts forth good effort and completes tasks. In a supportive, noncritical manner, it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.
- It is not your responsibility to correct all of your child’s errors on homework or make him or her complete and turn in a perfect paper.
- Remind your child to do homework and offer incentives: “When you finish your homework, you can watch TV or play a game.”
- If your child struggles with reading, help by reading the material together or reading it to your son or daughter.
- Work a certain amount of time and then stop working on homework.

“Common Daily Problems” adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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For Parents of Children With ADHD

- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. Consider hiring a tutor! Often a junior or senior high school student is ideal, depending on the need and age of your child.
- Change or rotate rewards frequently to maintain a high interest level.
- Punish behavior, not the child. If your child misbehaves, try alternatives like allowing natural consequences, withdrawing yourself from the conflict, or giving your child a choice.

Discipline

- Be firm. Set rules and keep to them.
- Make sure your child understands the rules, so he or she does not feel uninformed.
- Use positive reinforcement. Praise and reward your child for good behavior.

Taking Care of Yourself

- Come to terms with your child's challenges and strengths.
- Seek support from family and friends or professional help such as counseling or support groups.
- Help other family members recognize and understand ADHD.

"Common Daily Problems" adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.



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ADHD Information and Resources

National

1. ADHD Resources Available on the Internet

Website: www.nichq.org/adhd_tools.html

- Overview of many resources
- ADHD Information
- Educational Resources

2. About Our Kids

Website: www.aboutourkids.org

New York University Child Study Center

- Articles
- News
- Books

3. Advance: A resource for women and girls with Attention Deficit Disorder.

Website: www.advance.com

Monthly newsletter: www.ncgiadd.org

- Resources
- Support Groups
- Books

4. Attention Deficit Disorder Association (ADD)

Website: www.add.org

800-487-2282

- Information
- Books

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

Website: www.chadd.org

CHADD National Call Center 800-233-4050

- Information
- Advocacy
- Support
- Handouts

6. National Institute of Mental Health

Website: www.nimh.nih.gov

301-443-4513

- Information booklet
- Medication booklet



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7. What you need to know about ADD

Website: www.add.about.com

- Information
- Tips
- Handouts
- Books
- Links to other websites

8. LD Online

Website: www.ldonline.org

- Information for Teachers
- Information for Parents
- A Kid Zone
- A Bulletin Boards, etc.

Massachusetts

1. Massachusetts Department of Education

Website: www.doe.mass.edu/sped

- Special Education
- Information on the IEP Process
- Information on advocacy and lists of advocates
- Links to other web sites

2. Federation for Children with Special Needs

Website: www.fcsn.org

617-236-72101

- Federal and state ADD/ADHD laws and policies.
- Advocacy
- Links to other web site

3. Mass. Association of Special Education Parent Advisory Councils (MASSPAC)

Website: www.masspac.org

781-784-8316

- Information on local Parent Advisory Councils
- Listings of Parent Advisory Councils
- Advocate

4. Add-In Network : Has many parents groups in New England and throughout the US.

Website: <http://www.addinonetwork.com>

9/2011



Suggested Reading and References

Parents:

- All Kinds of Minds: A Young Student's Book about Learning Abilities and Learning Disorders, by Melvine Levine, M.D.
- A Mind at a Time, by Melvine Levine, M.D.
- A Call to Character: A Family Treasury of Stories, Poems, Plays, Proverbs, and Fables to Guide the Development of Values for You and Your Children, by Colin Greer (Editor), Hervert Kohl (Editor), a family reader
- ADD/ADHD Behavior-Change Resource Kit: Ready-To-Use strategies & Activities for Helping Children With Attention Deficit Disorder, by Grad L. Flick, Ph. D.
- Drive to Distraction: Recognizing and Coping With Attention Deficit Disorder from Childhood Through Adulthood, by Edward M. Hallowell and John J. Rate
- Girl in the Mirror: Mothers and Daughters in the Years of Adolescence, by Nancy L. Snyderman and Peg Streep
- Hyperactivity: Why Won't My Child Pay Attention? By Sam Goldstein, Ph. D. and Michael Goldstein, M.D., video and/or book
- Life on the Edge: Parenting a Child With ADD/ADHD, by David Spohn
- Raising Resilient Children : Fostering Strength, Hope, and Optimism in Your Child, by Robert Brooks, and Sam Goldstein
- Taking Charge of ADHD: The Complete, Authoritative Guide for Parents (2000), Russell Barkley
- Attention Deficit Disorder: The Unfocused Mind in Children and Adults (2006), Tom Brown
- Teenager with ADD and ADHD: A Guide for Parents and Professionals (2006), Chris Dendy
- A Bird's-Eye View of Life with ADD and ADHD: Advice from Young Survivors (2003), Chris Dendy and Alex Dendy
- Making the System Work for Your Child with ADHD (2004), Peter Jensen
- Practical Suggestions for AD/HD (2003), Clare Jones
- Kids in the Syndrome Mix of ADHD, LD, Asperger's, Tourette's, Bipolar, and More!, Martin Kutscher, Tony Attwood, and Robert Wolff
- Hyperactivity Disorder (2001), Patricia Quinn and Judith Stern
- The ADHD Book of Lists: A Practical Guide for Helping Children and Teens with Attention Deficit Disorders (2003), Sandra Rief
- The Organized Student, Teaching Children the Skills for Success in School and Beyond, Donna Goldberg with Jennifer Zwieblel



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Children, Adolescents and College Students:

- Adolescents and ADD, by Patricia O. Quinn, M.D.
- ADD and The College Student, by Patricia O. Quinn, M.D.
- I Would If I Could: A Teenagers' Guide to ADHD/Hyperactivity, by Michael Gordon
- Eagle Eyes: A Child's Guide to Paying Attention (ages 5-12), by Jeanne Gehret, M.A.
- Distant Drums, Different Drummers: A Guide for Young People with ADHD (ages 8-14), by Barbara Ingersoll, Ph. D.
- Help 4 ADD at High School (ages 14-19), by Kathleen Nadeau Ph. D.
- Jumpin' Johnny, Get Back to Work: A Child's Guide to Hyperactivity (ages 6-10), by Michael Gordon
- Many Ways to Learn: Young Peoples Guide to Learning Disabilities (ages 8-13), by Judith Stern, M.A. and Uzi Ben-Ami, Ph. D.
- My Brother's a World Class Pain: A Sibling's Guide to ADHD (ages 8-14), by Michael Gordon
- Otto Learns About His Medicine (ages 5 -10), by Matthew Galvin, M.D.
- Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder (ages 8-13), by Patricia O. Quinn, Judith M. Stern, Neil Russell (illustrator)
- Shelly the Hyperactive Turtle (ages 4-8), by Deborah Moss
- Succeeding in College with Attention Deficit Disorders: Issues and Strategies for Student, Counselors and Educators, by Jennifer s. Bramer, Ph.D.
- Zipper, the Kid With ADHD (ages 8-13), by Caroline Janover
- Learning To Slow Down & Pay Attention: A Book for Kids About ADHD (ages 6-12) (2004), Kathleen G. Nadeau, Ellen B. Dixon, and Charles Bely
- The Survival Guide for Kids with ADD or ADHD (2006), John F. Taylor
- Joey Pigza Loses Control (2005), Jack Gantos
- 50 Activities and Games for Kids with ADHD (2000), Patricia O. Quinn
- The Girls' Guide to AD/HD: Don't Lose This Book! (2004), Beth Walker

Many of the books listed above can be found on the website: www.quantumbooks.com

Another great resource for reading material on ADD/ADHD can be found at www.ParentsMedGuide.org