

It Takes a Village



A handbook to help families and their loved ones navigate having a child with ADHD.

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Purpose of Booklet:

Suggestions and advice on how to Support families with an ADHD diagnosis, defining what it means to be on one's support team.

Disclaimers:

Of course, we believe in people's first language -- for example, "a person with ADHD;" however, in order to be concise, we will also use the term "ADHDer," and no disrespect is meant.

While this e-booklet is a snapshot in time of some possibilities and situations families commonly experience when they have a child with ADHD, because the definition, treatments, and supports for people with ADHD are constantly evolving; this is what we felt was necessary to include in our e-booklet at this time, and as things change, this e-booklet will be updated to reflect those changes.

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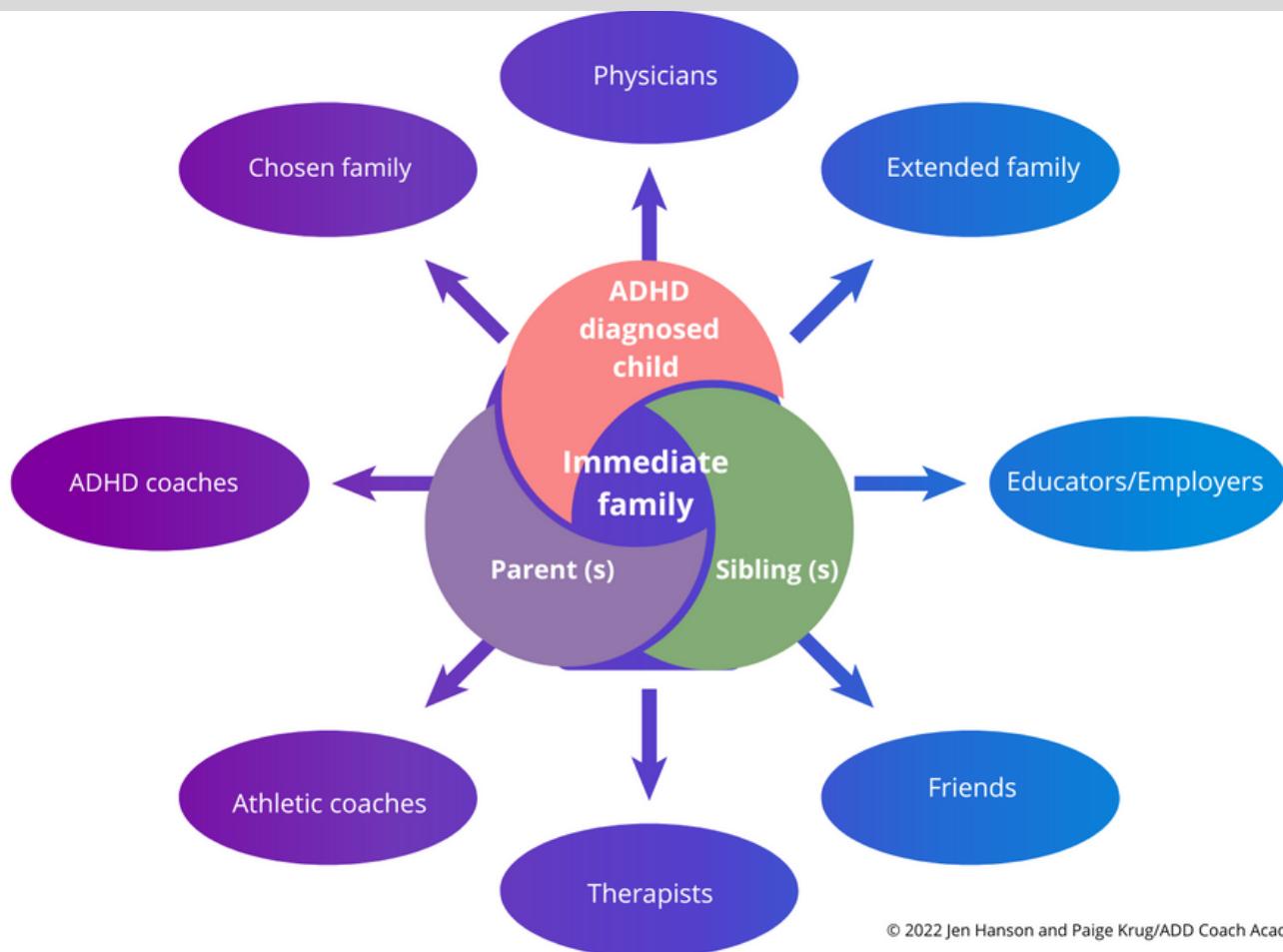


**Jen Hanson BSN, RN, AACC
Registered Nurse
and ADHD Coach**

We are passionate about bringing ADHD awareness to families worldwide.

Every ADHD'er needs a support team, and we are here to be a part of yours.

Who is the village?



The "village," or support team, are the people in the environment of the child and family with an ADHD Diagnosis. Because often one or both parents (and siblings) might also be diagnosed with ADHD and have their own challenges, it is essential to have multiple other resources for support for those you care about.

What is



- **Neurodevelopmental/Biological Disorder Definition:**

- Due to differences in the development and function of their nervous system ADHD symptoms come to fruition. It's complex interworking of the frontal cortex, limbic system and amygdala, basal ganglia, and RAS system of the brain.
 - There are structural and chemical differences apparent:
 - Structural: Thinner Cortex in areas the Frontal Cortex: Areas responsible for attention & control.
 - Chemical: Transfer of Dopamine between neurotransmitters causes a low or hypo-dopaminergic trait, a deficit in our reward chemical. Which makes it nearly impossible to engage in something that is not interesting to someone with ADHD.

- **Developmental Delay Definition:**

- Scientists have discovered ADHD can have a 3-5 year developmental delay with executive function in children. This can manifest as a child that seems naive or have off-balance development.

- **Hereditary Definition:**

- Children inherit ADHD from one or both of their parents. Dr. Russell A. Barkley defines ADHD as "a disabling condition that arises from neurological AND genetic factors and causes problems in everyday life."

- **Interest-Based Definition:**

- Dr. Nora Volkow is the first researcher to propose and prove that ADHD has an effect on the ADHD reward pathway. She proposed ADHD is a deficit of interest in the brain due to a lack of brain stimulation. Self-regulation is foundational to improving executive functioning.

- **Common Comorbid Diagnoses:**

- Generalized Anxiety Disorder, Depression, Rejection Sensitivity dysphoria (RSD), Obsessive-Compulsive Disorder, Learning Disabilities, Oppositional Defiant Disorder, sleep disorders, eating disorders, addictive behaviors, and Autism Spectrum Disorder.

- **Executive Dysfunction**

- When the complex neural network of the brain does not perform typically. This can cause challenges with planning, emotional regulation, memory, getting started, and following through on completing tasks. This is a VERY important area that can be supported to improve the life and functioning of a child or adult with ADHD.

Which one is it ADD or ADHD?

- The official medical diagnosis for the Neuro-biological condition is ADHD, ADD is now an outdated term in the DSM-5 manual, which is used to diagnose psychological disorders.

- **There are 3 Presentations of ADHD**

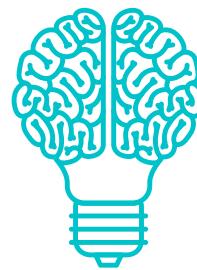
- Primarily Inattentive Presentation
 - Symptoms include: making careless errors, difficulty sustaining attention, does not appear to listen, struggles with following instructions, challenges with organization, easily distracted and forgetful and can get overwhelmed easily. DOES NOT have outward hyperactivity.
- Primarily Hyperactive-Impulsive Presentation
 - Symptoms include: Fidgets, difficulty remaining in seat, often needs excessive movement, restlessness, difficulty with being quiet, blurts responses, interrupts others.
- Combined Presentation
 - Symptoms include: a combination of Inattentive and Hyperactive presentations.



Why do executive functions matter?

Our Executive Functions are the CEO, "conductor" or management system of our brain.

Dr. Barkley and Dr. Brown were instrumental in the theories of executive function impairments in ADHD. Dr. Thomas Brown defines ADHD as "a complex syndrome of developmental impairments of executive functions, self-management system of the brain" "These impairments are situationally variable, chronic and significantly interfere with functioning in many aspects of the person's life."



What's the bottom line?

Our Executive Functions help us get stuff done! They help us plan, set goals, and execute tasks. They are also instrumental in regulating emotions. Challenges with Executive function can affect a person at home, at school, and life in general.

The 8 most Common Executive Functions



Everyone has these functions, but there is some degree of impairment/delay in ADHD.

(See *ADHDDictionary* for more information)

Common Myths About ADHD

- Oversimplified definition of “hyper kids”.
- Kids intentionally not paying attention.
- ADHD is diagnosed in kids only, and you can grow out of it.
- ADHD isn’t a real medical diagnosis.
- ADHD is an excuse for laziness.
- People with ADHD have all of the same symptoms.
- ADHD is caused by bad parenting.
- ADHD is from excessive sugar/junk food intake.
- ADHD is caused from excessive screen time.
- ADHD is over-diagnosed.
- ADHD medications are addictive when used as prescribed.
- Medications can cure ADHD.
- Kids with ADHD are unintelligent.



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We have all heard these myths and ultimately they create difficult to reverse damage to the person with the diagnosis. Let's take a moment to debunk a few of them and *REALLY* understand those who are uniquely wired!

ADHD Myths Debunked

- **Myth-ADHD is overdiagnosed (it's actually underdiagnosed): WHY it's false?**

- Increased awareness by the public.
- Improved tools for detection and clinician expertise have improved .
- Increased expectations put on young children.
- Increased recognition of ADHD in Adults that were not previously diagnosed.
- Increased recognition of females with ADHD.
- Refined DSM-5 diagnostic criteria.
- Estimates by the CDC predict the number diagnosed to surpass 11% of American children.
- Cultural and racial biases are recognized when getting diagnosed.
- There are 3 presentations within ADHD diagnosis-Hyperactive, Inattentive and Combined.
- It is important to understand everyone's ADHD symptoms present uniquely. This is a complex disorder.

- **Myth-Kids can grow out of their ADHD: WHY it is false?**

- When Executive Dysfunction is conquered, one does not show as many symptoms as they get older.
- One finds their ideal environment and the right tools for their brain that it can be a type of “remission”.
- Many of the known symptoms of ADHD ie. Physical Hyperactivity is mainly seen in children vs. adults. ADHD Hyperactivity often manifests in adults as rumination, addiction, impulsivity, disorganization, overwhelm, restlessness, difficulty paying attention, and low social awareness.
- Understanding one's strengths, natural talents, and executive function strengths through support can improve symptoms dramatically.

- **Myth-Kids with ADHD are unintelligent: WHY it is false?**

- People with ADHD **can** be highly intelligent.
- There is no connection between ADHD and IQ.
- Many well-known, high-achieving individuals from the past are thought to have had ADHD, including Mozart, Benjamin Franklin, Abraham Lincoln, George Bernard Shaw, and Salvador Dali.
- There can be a paradox in the appearance of intelligence in relation to ADHD. "It may appear as though the person has a higher-than-average IQ because they focus on their school work. Likewise, it may seem that they have a lower-than-average IQ because they find it difficult to focus on school work" (Medical News Today, July 2019). This reinforces the fact that the ADHD brain is interest driven.

Let's Dive Deeper...

ADHD, more than the tip of the iceberg



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*Adapted from Seth Perler's Iceberg Theory

Let's focus on unique strengths ...



FUN FACT TIME:

Did you know these famous figures below ALL have ADHD?

- Simone Biles, Olympic Gymnast
- Adam Levine, Lead Singer of Maroon 5
- Michael Phelps, Olympic Swimmer
- Zooey Deschanel, Actress
- Michael Jordan, Former NBA Player
- Emma Watson, Actress
- Howie Mandel, Actor/Host
- Albert Einstein, Scientist

Let's talk



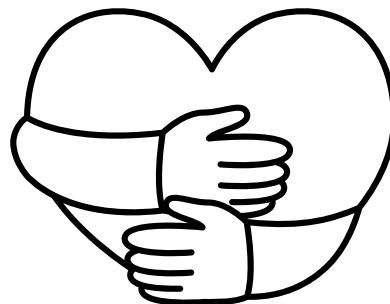
What does it mean to be on one's support team?

Let's be "C.L.E.A.R." about what it takes!

- Knowing that you are not just supporting the child, you are supporting their immediate family.
- Understanding situational variability and off-balance development.
 - People diagnosed with ADHD can do really well in the right environment and support systems for their individual brains.
 - They often have creative and "outside the box" thinking which enriches our world. It's important to embrace a child's unique brain wiring and innate strengths and put less focus on their challenges.

What does it mean to be on one's support team?

Let's be "C.L.E.A.R." about what skills you need to successfully support!



C. Compassion

L. Language

E. Empower

A. Awareness

R. Resources

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C.

Compassion

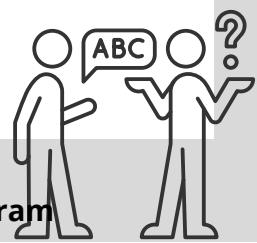
- Letting the child or family process (ie. verbally) a recent diagnosis and actively listen. Lending an empathetic ear can be immeasurably supportive for those going through this process.
- Not judging or stigmatizing and remembering that they are more than just their diagnosis and ADHD is one of the MOST common childhood diagnoses.
- Make sure the family knows that you support them. It can be exhausting parenting an ADHD child. Bring empathy and compassion to the conversation when supporting them.
- Help the child notice negative self-talk and recognize body signals when overwhelm is taking over. Support them in developing strategies to counteract these challenges.



L.

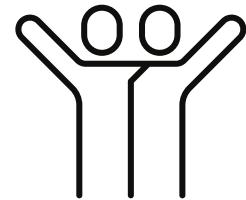
Language to Use

- Knowing the difference between Neurotypical vs. Neurodiverse - Knowing how to advocate and when to advocate. Neurotypical children do not display atypical characteristics such as Autism, ADHD, or learning disabilities. While Neurodiverse individuals interpret the world in unique ways. This concept sees differences in brain function as a normal variation in the brain.
- Listen and validate the child and a family's concerns.
- Don't tell them what to do rather, ask curious questions to engage and understand your child. This creates safety and trust in your relationship.
- Use "Growth Mindset" language when talking to a child with ADHD. For example, "when you make a mistake, it's part of the learning process!", "I can see you worked very hard on this!" "I can see you feel that strategy didn't work, what is a different strategy you can use?"
- Reinforce that perfection is a myth and everyone is working on something.
- Share stories about how you overcame challenges in life and inspire with your perspective.



E.

Empower



- Knowing that success looks different in everyone.
- Highlight the positives when talking to the child with ADHD. For example, "I noticed how hard you worked!"
- Find ways for children with ADHD to experience success, often. Validate every tiny victory!
- Don't be afraid to ask the child what they need inside or outside the classroom. If they don't know get support on exploring this. For example, do they need accommodations such as sitting in the front of the class or permission to use a fidget to help them pay attention?
- Help the ADHD child see how they can use their character strengths and unique brain wiring to achieve what they want in life!
- Help the child understand how to make boring tasks more interesting by getting creative and adding interest to the situation. For example, gamify chores, or ignite their brain with music, or comedy while doing boring tasks. Bringing novelty to boring tasks is important for an interest-based ADHD brain.
- Understand the brain has Neuroplasticity: It has the ability to change and adapt through learning and experiences.

A.

Awareness/Advocate

- Understanding Medication is the gold standard of treatment. Medication is effective in 70-80% of people with ADHD. But, pills don't teach skills.
- Take the Simply ADHD Course at ADD Coach Academy to get foundational knowledge.
- Advocate and push boundaries - "Keep pushing, and don't let anyone tell you they're doing all they can when you know they aren't." -George Washington
- Knowing where to find more info in college: Accessibility Center, and Students with Disabilities Office are there for support.
- Knowing Truancy laws in your state and getting an advocate when needed for legal support.
- Understanding the effect of the environment on someone with ADHD diagnosis. A child can do well in some situations and have challenges in others.



R. Resources



- Being members of organizations or follow reputable sites.
Examples of ADHD sources:
 - CHADD.org (Children and Adults with AttentionDeficit/Hyperactivity Disorder)
 - ADD.org (Attention Deficit Disorder Association)
 - ACO (ADHD Coaches Organization International),
 - CDC (Centers for Disease Control),
 - National Institutes for Mental Health
 - NRC (National Resource center on ADHD)
 - PAAC (Professional association for ADHD Coaches).
- Subscribe to websites or magazines: Understood.org, ADDitudemag.com, ADHDaction.org, Impactparents.com, and Child-Mind Institute.org.
- Knowing where to find more info for K-12 children's support: School Psychologist, School Social Worker, Special Education Teacher
- Let the family know they are not alone, help them seek out resources or supports. ADHD informed therapists and coaches can support the whole family.
- Podcasts, documentaries and TED talks highlighting ADHD can be excellent sources of information and validating for the family understanding this diagnosis.

Who should I go to for support for an ADHD Diagnosis?

Who can diagnose?

- Child's Pediatrician
- Psychologist
- Psychiatrist
- Neuro-Educational or Developmental Psychologist
- School Psychologist
- Mental Health Nurse Practitioner

Who can provide other supports?

- Certified ADHD Coach
- Therapists
- The child's teachers and mental health support
- Educational specialists
- Social workers
- Occupational therapists

Who can prescribe medication?

- Pediatrician
- Psychiatrist
- Nurse Practitioner
- Medical Doctor



Who can I trust for accurate information?

Here are some top ADHD leaders who are resources.



- Dr. Nora Volkow
- Dr. Ned Hallowell
- Dr. Larry Silver
- Dr. Russell Barkley, Ph.D
- Dr. Thomas Brown
- Dr. William Dodson
- ADHD Expert: Sarah Ward
- ADHD Expert: Carol Dweck
- Authors: Peg Dawson & Richard Guare
 - Smart but Scattered Series
- Authors: Kathleen Nadeau & Patricia Quinn
 - Books about girls with ADHD
- Author and Social Emotional Learning Expert-Caroline Maguire, ACCG, PCAC, PCC, M.ED

ADHDictionary

Important terms one may need to know when supporting an ADHDer

- **Executive Functions**

- The mental processes enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully.

- **Flexible Thinking**

- Is the ability to shift gears, and see things in more than one way.

- **Working Memory**

- Is the small amount of information that can be held in mind and used in the execution of cognitive tasks, in contrast with long-term memory, the vast amount of information saved in one's life.

- **Organization**

- The act or process of arranging. The ability to create and maintain systems to track information or material items.

- **Self Monitoring**

- Involves the ability to monitor and regulate self-presentations, emotions, and behaviors in response to social environments and situations. It involves being aware of your behavior and the impact it has on your environment

- **Impulse Control**

- The difficulty some people have in stopping themselves from engaging in certain behaviors. Common examples include gambling, stealing, impulse spending, aggressive behavior toward others.

- **Planning/Prioritization**

- The action or process of deciding the relative importance or urgency of a thing or things.

- **Emotional Regulation**

- Is the ability to exert control over one's own emotional state. It may involve behaviors such as rethinking a challenging situation to reduce anger or anxiety, hiding visible signs of sadness or fear, or focusing on reasons to feel happy or calm.

- **Executive Dysfunction**

- A term used to describe the range of cognitive, behavioral, and emotional difficulties which often occur as a result of a disorder or a traumatic brain injury. Individuals with executive dysfunction struggle with planning, problem-solving, organization, and time management.

- **Developmental Delay**

- A child's progression through predictable developmental phases slows, stops, or reverses. In ADHD developmental delay is referring to the 3-5 year delay in executive function development of the frontal cortex of the brain.

- **IEP**

- The Individualized Educational Plan (IEP) is a plan or program developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives specialized instruction and related services.

- **504**

- Is an educational plan or blueprint for any child with a diagnosed disability that interferes with a life function, or their ability to read, think, learn, and communicate. These diagnosed disabilities can include any learning disability such as dyslexia, dysgraphia, dyscalculia, and more.

- **Amygdala Hijack**

- The amygdala triggers a person's fight-or-flight response. This leads to the release of hormones that prepare the body to fight the source of danger or flee from it. Amygdala hijack occurs when the amygdala activates the fight-or-flight response when there is no serious threat to a person's safety.

- **Dopamine**

- A neurotransmitter (messenger chemical) that is involved in the reward system of the brain.

- **Pre-Frontal Cortex**

- Is responsible for thinking, thought analysis, and regulating behavior. This includes mediating conflicting thoughts, making choices between right and wrong, and predicting the probable outcomes of actions or events. This vital region of the brain regulates short-term and long-term decision-making. In addition, the PFC helps to focus thoughts, enabling people to pay attention, learn, and concentrate on goals.

- **Comorbidity**

- Two or more simultaneously occurring chronic diseases or medical conditions. ADHD is a common comorbid diagnosis with learning disabilities, generalized anxiety disorder, autism spectrum disorder, and depression.

- **Addiction**

- Chronic dysfunction of the brain system that involves reward, motivation, and memory. It is about the way your body craves a substance or stimulus.

- **Sensory Overload/Over Stimulation**

- Sensory overload is when your five senses: sight, hearing, smell, touch, and taste, take in more information than your brain can process. When your brain is overwhelmed by this input, it enters fight, flight, or freeze mode in response to what feels like a crisis, making you feel unsafe or even panicky.

- **Rumination**

- Rumination is defined as engaging in a repetitive negative thought process that loops continuously in the mind without end or completion. The pattern can be distressing, difficult to stop, and unusually involves repeating a negative thought or trying to solve an evasive problem.

- **Hyperfocusing**

- Hyperfixation is characterized by: An intense state of concentration and focus. Awareness of things not related to the current focus not even consciously noticed. Hyperfixation is usually dedicated to things that the person finds enjoyable or fascinating.

- **Social Awareness**

- Research finds that children with ADHD tend to be extremely poor monitors of their own social behavior. They often do not have a clear understanding or awareness of social situations and the reactions they provoke in others.

- **Rejection Sensitivity Disorder (RSD)**

- Is extreme emotional sensitivity and pain triggered by the perception that a person has been rejected or criticized by important people in their life. It may also be triggered by a sense of falling short—failing to meet their own high standards or others' expectations.

- **Task Initiation**

- The ability to start a task. It includes overcoming procrastination and getting started on tasks even if you don't want to do them.

- **Oppositional Defiant Disorder (ODD)**

- Is diagnosed in kids who are unusually angry, throw tantrums, don't follow rules, or purposefully harm others. While all kids do these things from time to time, children with ODD show extreme versions of these behaviors for at least six months. Often, parents feel overwhelmed by their child's behavior and aren't sure how to help them.

- **Dyscalculia**

- Affects a person's ability to comprehend numbers and memorize math facts. It is common and often overlooked.

- **Dyslexia**

- Mainly affects one's ability to read, spell, and write. They often read slowly and make mistakes. NOT A PROBLEM with reading letters backward and/or changing the order.

- **Dysgraphia**

- Affects a person's ability to write effectively. Impacts handwriting, typing, and spelling. Rooted in difficulty memorizing and automatically retrieving letters and numbers.

- **Auditory Processing Disorder (APD)**

- Affects a person's ability to understand words or what word or sounds mean. They can hear the sound but struggle to make sense of it. May be caused by birth, prematurity, brain injury, or illness.

- **Language Processing Disorder (LPD)**

- It is a subset of APD. There is a difficulty attaching meaning to sound groups that form words, sentences, and stories. There are two types: expressive and receptive.

- **Nonverbal Learning Disorder (NLVD)**

- Makes it very difficult to decode nonverbal behaviors and social cues. This may also cause challenges with motor and visual-spatial skills.

Sources:

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