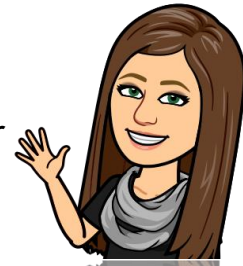




November Counsellor's Corner

Tara Ryan, B.Ed. M.Ed. (and Sam)
District Outreach Counsellor



November's Topic: They're not bad kids

After a successful first year of teaching back in the '90s, I met Duane, a 9 year old boy enrolled in my grade four class. Duane came to my class every morning with a smile on his face and what seemed to be 8 cups of coffee in his system. Duane was like the Energizer bunny and never seemed to slow down. Every time I wasn't right beside him, Duane was up and out of his seat, blurting things out randomly during lessons, and impulsively grabbing things that weren't his. He was disorganized, "forgot" instructions unless given to him one at a time, and had low frustration tolerance. He struggled with distractibility and seldom was able to complete his work. His playtime at recess often ended with a trip to the office, typically due to an impulsive act that hurt another child's body or feelings. Each time, the fireside chat with the principal resulted in tearful apologies with heartfelt promises that it would never happen again. As a new teacher, I dug out my behaviour management textbook and tried all of the strategies guaranteed to work on misbehaving children. In all honesty, I probably should have asked for my money back because the textbook didn't provide any answers that worked on Duane. The thing that made Duane's situation extra frustrating was that he was so happy every morning and came to class with a renewed determination to make the day go well. He was a bright child who had a lot to offer, but something was getting in the way of his success. Despite having a fresh start every morning, most days would end poorly with Duane lamenting, "But I didn't *mean* to hit him...it was an accident!" I started hearing about other children targeting Duane and how sad he was because he was no longer being invited to play dates or birthday parties.

Duane's mom didn't notice these behaviours at home until I started sending home unfinished schoolwork. Duane's impulsivity, restlessness and lack of focus became obvious to mom as he sat at the kitchen table trying to do his work. He was perfectly capable of the assignments, so we knew the work level wasn't above his ability.

Duane's family doctor suggested that he had ADHD, which we vehemently opposed. Duane was able to focus for hours on Lego, video games, building model cars and watching television.

In the 25 years since having Duane in my class, I've gotten a much clearer picture of what that young boy's struggles were and I've come to realize that ADHD was, in fact, an accurate diagnosis. The key points of my learning:

- ADHD does not mean an inability to focus; rather, an inability to regulate focus. A child with ADHD can hyper-focus on preferred activities (video games and Lego seem to be the favourites) to the point of not hearing anything else going on in the home (just try calling him/her for supper and see what happens). Alternatively, when doing a non-preferred activity (perhaps a social studies lesson), little things become distractions (the fan noise at the back of the class, the spider crawling along the window....)
- Another commonality of children with ADHD is impulsivity. Typically, when our brains have an impulse, we think briefly about the impulse and then choose whether or not to act on it (also known as executive functioning). The order is usually: impulse – thought – action. For the ADHD brain, the order of the last two is often reversed, becoming: impulse – action – thought. This often results in parents and teachers responding with, "Would you just think before you act!" When the thought comes after the action, a child often ends up with a lot of guilt, remorse and a dwindling self-esteem.
- ADHD kids typically struggle with organization, planning ahead, and completing tasks
- Not all ADHD kids are wiggly or "hyperactive" – some seem day-dreamy and are rather quiet - educators often miss their struggles because their behaviours don't stand out.
- ADHD can't be disciplined out of students: "Try harder!" "Put in more effort!" "Just pay attention!" are seemingly simple, but unrealistic strategies for what is a real struggle for kids (and some adults)
- ADHD doesn't mean bad kid, bad parent or bad teacher
- ADHD does not 100% mean medication
- ADHD does often result in frustrated friends and a child struggling with maintaining friendships long term (due to impulsive

behaviours). ADHD kids are often very good at making friends, but not great at keeping them.

- Kids with ADHD are often very creative, very bright, have a broad knowledge base and have lots of energy.

Strategies that may help at home:

- Put in place routines for where things go with lists of jobs to do at key places (e.g. When arriving home, a list is on the coat hook: "Planner open on table, lunch kit on counter, snack time." For bedtime, a list is on the bathroom mirror, "Teeth, pyjamas, home reading." For non-readers, find some clip-art on the internet and use pictures instead.
- Break down tasks given verbally into single-item expectations (for example, instead of saying, "Go brush your teeth, get your pyjamas on and do your home reading," try, "Go brush your teeth and report back to me." Then give the next task, etc.
- Help your child figure out how to organize his/her room. Instead of, "Go clean your room," (which, for a child with ADHD will typically result in 3 minutes of cleaning followed by 3 hours of playing with a toy that has been hiding under the bed for the last few months), help with organization by creating labels on drawers and bins. Again, provide one task at a time: "Grab the Lego bin and get as much Lego off the floor as possible, then report back to me."
- Use a timer to keep your child on task. Give a reasonable amount of time for the task and when the timer goes, require a "check-in." If your child got distracted, give a gentle reminder and try again.
- Provide lots of movement breaks ("Before supper, go do 100 jumps on the trampoline or run around the yard and touch all four corners of the house 3 times). Getting that energy out in productive ways can help homework/meal times to be more peaceful. It's also a great way to get your lawn mowed when your child is old enough!
- Have play-dates with only one extra child at your house. Closely supervise the play and intervene when your child needs help with impulsive behaviour. Keep the visit short and successful and then build on that time.

- Try to limit screen time. Screen time is like a stimulant (which is the medication that is often used for ADHD). The ADHD brain is always seeking stimulation as that is when it feels regulated. When a child is constantly moving/wiggling, their body is trying to create stimulation so their brain can be regulated. When an artificial stimulant is introduced to the system (blinking lights/high energy type screen games), the brain then can regulate and focus. Medical stimulants provide a similar result which also can help regulate focus and impulsive behaviour.

To medicate or not:

Educators and doctors recognize that it is a parent's right and responsibility to choose whether or not to provide medication to treat ADHD. Like all medications, ADHD medications have side effects (the most common being appetite suppression and difficulty falling asleep at night). Medication is not for every child, so that is a conversation best had between you and your child's doctor. A diagnosis can still be useful in better understanding how a child's brain works and what strategies work best for parenting and educating that child.

For more information or strategies on how to support your child, please feel free to contact your school counsellor or child's teacher. If you are curious about whether or child may have ADHD, make an appointment with your child's doctor. To learn more about ADHD, a great resource is:

[Delivered From Distraction](#) by Edward M. Hallowell, M.D. & John J. Ratey, M.D.

