

CHECKLIST

- ✓ Be active in your child's school experience, and in their homework. Establish good habits early, but keep in mind your child's limits.
- ✓ Keep the teacher/s informed when your child is having trouble finishing homework - it may be possible and necessary to re-tool assignments or to better explain them.
- ✓ Each new school year, inform your child's teacher/s that your child has ADHD. Give specifics about your child's needs in the classroom.
- ✓ Create a system that works for you, the teacher, and your child to track homework assignments. Assignment notebooks usually work well with a check-in system each day at home and school.
- ✓ Send your child off with the basics each day: a good night's sleep and breakfast.

Important Information:

The information that is provided in this newsletter is not to be used to diagnose individual cases. Only a health care provider or mental health professional is qualified to diagnose ADHD and prescribe treatment. Diagnosing ADHD is a complicated process that should involve a team of professionals.

consistently, and severely than other children of the same age or developmental level.

Children can have ADHD with or without being hyperactive. Children can be diagnosed with 1) **inattention**, 2) **hyperactivity** and **impulsivity**, or 3) a **combination of inattention, hyperactivity, and impulsivity**:

Inattention The child who has a hard time keeping their mind on any one thing and may get bored with a task after only a few minutes. They may give effortless, automatic attention to activities and things they enjoy, but struggle to focus deliberate, conscious attention to organizing and completing a task or learning something new.

Hyperactivity The child always seems to be in motion: they may talk incessantly; touch everything; squirm in their seat or roam around the room. Hyperactive teens may feel intensely restless, be fidgety, or try to do several things at once, bouncing around from one activity to the next.

Impulsivity The child is unable to restrain their immediate reactions or to think before they act. As a result they may blurt out inappropriate comments, grab a toy from another child, or run into the street without looking. Their impulsivity may make it hard for them to wait for things they want, or to wait for their turn.

ADHD can be difficult to diagnose, because it shares many symptoms with other disorders, and in fact, many of the individual symptoms alone are typical childhood behaviors. Again, it is the number, frequency and severity of the symptoms together that helps a team of professionals make the diagnosis. Often times, children with ADHD also have learning disabilities.

"Isn't diagnosing a child with ADHD just a quick fix?"

Dr. Jim Wojcik, HSI's Chief Psychologist observes, "Through the past 20 years a variety of scientific studies for the treatment of ADHD have been tried. Among these are diets that avoid sugar, food coloring or other foods, which a child may be allergic to. Additional treatments tried are mega-vitamins, treatment for yeast infections, hypnosis, some types of psychotherapy and biofeedback. Research continues on many of these theories, but most do not stand the test of modern science. Individual children with specific conditions may indeed have a variety of allergies, which cause them to be more irritable, restless, or inattentive because of their discomfort. Therefore it is important that a careful diagnostic study with a health-care provider is conducted to determine an accurate diagnosis."

Dr. Wojcik continues, "The real problem with over-diagnosing ADHD in children comes when it is done without taking pains to be accurate. If the diagnosis and treatment is given without care, other problems a child may be struggling with may be ignored or go untreated. Medications do improve performance in most people, but a positive response to them should not be the only standard for the diagnosis."

ADHD is a treatable disorder

There is no one test or treatment for ADHD. Diagnosing and treating ADHD requires a coordinated team effort between the child, his or her parents, and medical, mental health, and educational professionals. Treatment usually includes all of the following:

Medications help children improve their attention span, perform tasks better, and control their impulsive behavior. Research clearly shows that medication can be helpful - approximately 70-80% of children with ADHD respond positively to medications. Typical medications used are Adderall, Cylert, Dexedrine, and Ritalin. To be most effective however, medications should be used along with other interventions, and closely monitored for effectiveness over

CHECKLIST

A child with ADHD often shows some of the following:

- ✓ Trouble paying attention
- ✓ Inattention to details and makes careless mistakes
- ✓ Easily distracted
- ✓ Loses school supplies, forgets to turn in homework
- ✓ Trouble finishing class work and homework
- ✓ Trouble listening
- ✓ Trouble following multiple adult commands
- ✓ Blurts out answers
- ✓ Impatience
- ✓ Fidgets or squirms
- ✓ Leaves seat and runs about or climbs excessively
- ✓ Seems "on the go"
- ✓ Talks too much and has difficulty playing quietly
- ✓ Interrupts or intrudes on others

If your child has several of these symptoms, consider seeking more information from your health care provider.

—From the American Academy of Child and Adolescent Psychiatry

time. Not all children diagnosed with ADHD need to take medications. "Because ADHD is such a common disorder many treatments have been tried. The only treatment that has been statistically validated as effective, has been medication." states Dr. Bart Main, HSI's Chief Psychiatrist. "Other treatments, such as behavioral interventions, family therapy and highly structured environments, are effective to a small extent without medication but much more effective with medication. Any person maintained on medication of any type over a long period of time, must be monitored by the prescribing physician on a periodic basis."

Education, Counseling, and/or Psychotherapy help children and their families cope with the disorder. The focus of help typically includes organizational strategies, increasing self-esteem, reducing negative thinking, improving problem solving, and social skills, parent support and training in dealing with challenging behaviors, and/or reducing aggressive or impulsive behavior. These services can range from reading a one-page handout, to a two-hour class, to participating in family therapy sessions, to attending an ongoing support group.

Educational modifications or special education programs allow children to reach their full academic potential. Children can do as well in school as their peers, some children can perform well in a classroom with no changes or modifications.

Know the laws: Two Federal laws that apply to children with ADHD are the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973. If your child has a disability, including ADHD, that substantially limits his or her ability to learn, he or she *may qualify* for special education services (IDEA) or accommodations (504). These laws exist to insure a free and appropriate education for all students. For more information about these laws, and help

interpreting them more specifically in relation to your child, talk to your child's teacher or call PACER at (612) 827-2966.

Where do you get help?

If you have concerns that your child may have ADHD, talk to his or her teacher, health care provider, or mental health professional. ADHD is a medical diagnosis, which must be made by a mental health professional or a health care provider.

An ADHD evaluation will often involve a psychologist who will work with the child or adult to gather information from teachers, parents, and others who know them and how they function. Some children may suppress their ADHD symptoms during their evaluation, therefore, it is important to have information about a child's everyday life which helps to give an accurate diagnosis. In addition, a person's health status, medication usage or other health conditions may mimic ADHD are also taken into consideration.

HSI currently offers formal assessments for diagnosing ADHD, as well as medication therapy, individual and family therapy, and ongoing support and coordination. Our staff is trained to observe and detect signs of ADHD in adults and children. Referrals can be made to HSI by parents, teachers, and by other therapists who might be treating the person for a different problem.

HSI is a part of a statewide network of "community mental health centers," and is committed to providing affordable behavioral health services. HSI is a provider for Medical Assistance - Pre-paid Medical Assistance Programs (PMAP), Medicare, Minnesota Care, as well as a large number of commercial insurance plans. For further information or help with ADHD, call us at 651-777-5222.

ADHD in Adults

“Having ADHD is something like listening to a radio with poor reception. Instead of being able to tune in one station clearly, you end up hearing many channels at once. This type of ‘static’ makes it difficult to tune in or concentrate on any one thing for very long.”

— *Living with ADHD*, by Rebecca Kajander, 1995

When a child is diagnosed with ADHD, his or her parents may begin to wonder if they have ADHD as well. The diagnosis of Attention Deficit Disorder became widely recognized in children in the 1980’s but ADHD in adults has only become common in the last few years. Many adults with ADHD who were children prior to that time were often misunderstood, and may have been simply labeled as “wild”, “lazy”, “dumb” or “a daydreamer.”

Since the condition is inherited, a child’s parent may have similar symptoms and should discuss it with their health care provider or mental health professional. A large percentage of people will not completely outgrow ADHD.

Adults may experience symptoms very similar to those experienced by children, but typically they have fewer symptoms of hyperactivity and impulsivity. ADHD adults may have an inability to achieve positions consistent with their ability, have a pattern of difficulties on the job, poor self management, disorganization at home, or a string of broken relationships. Left untreated, ADHD in adults can lead to depression, anxiety, addictions, and difficulty maintaining relationships.

As in children, adults with ADHD benefit from a combination of medication, therapy, and making accommodations to their environment at work and home. There are numerous accounts from adults who struggled for many years with life problems, genuinely searched hard for answers, and finally found relief only after receiving an accurate diagnosis of and treatment for their ADHD.

ADHD Checklist for Adults

CHECKLIST

At least 15 of the following are met:

- ✓ Underachievement
- ✓ Difficulty getting organized
- ✓ Chronic procrastination
- ✓ Many simultaneous projects; trouble with follow-through
- ✓ Say what comes to mind regardless of appropriateness
- ✓ Frequent search for high stimulation
- ✓ Intolerance of boredom
- ✓ Easy distractibility, trouble focusing attention
- ✓ Often creative, intuitive, and highly intelligent
- ✓ Trouble in going through established channels and proper procedures

- ✓ Impatience; low tolerance for frustration
- ✓ Impulsive in actions or words
- ✓ Needless worrying
- ✓ Sense of insecurity
- ✓ Mood swings
- ✓ Restlessness
- ✓ Tendency toward addictive behavior
- ✓ Chronic problems with self-esteem
- ✓ Inaccurate self-observation
- ✓ Family history of ADHD

- From *Driven to Distraction*, by Edward M. Hallowell and John J. Ratey, Random House 1994.

8200 Hadley Ave. S.
Cottage Grove, MN 55016
(651) 458-4116

Mon, Wed, Fri:
8:30 a.m. - 5:00 p.m.
Tues and Thurs:
8:30 a.m. - 9:00 p.m.

121 11th Ave. S.E.
Forest Lake, MN 55025
(651) 251-5220

Mon-Wed, Fri:
8:00 a.m. - 5:00 p.m.
Tues-Thurs:
8:00 a.m. - 9:00 p.m.

7066 Stillwater Blvd. N.
Oakdale, MN 55128
(651) 777-5222

Mon - Thurs:
7:30 a.m. - 9:00 p.m.
Fri:
7:30 a.m. - 5:00 p.m.
Sat:
8:00 a.m. - 2:00 p.m.

Sundays and Holidays
(Crisis Clinic only)
9:00 a.m. - 11:00 a.m.

TLC II
5620 Memorial Dr.
Stillwater, MN 55082
(651) 430-1791

Mon - Fri:
7:30 a.m. - 4:30 p.m.

375 East Orleans St.
Stillwater, MN 55082
(651) 430-2720

Mon, Tues,
Wed, Thurs:
8:00 a.m. - 9:00 p.m.
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TDD: (651) 770-6834

www.hsicares.org

Phones answered
24-hours a day
651-777-4455

IMPORTANCE OF GIVING

The Importance of Supporting United Way

HSI needs you to support this year's United Way Campaign. As one of the largest human service non-profits in Washington County, your support of United Way will help us keep many key programs going. Your support of this year campaign will go to help battered women, early childhood prevention services, transportation services, and mental health programs and needed expansion of our services to the elderly. The United Way is a great way to give to a wide variety of organizations. Since all the United Way agencies go through an annual review process, with the help of local volunteers, you can be assured that the money you give goes to support organizations that provide high quality services. This year the goal of the St. Croix Area United Way is \$1.1 million. The St. Paul United Way has a goal of \$26 million. For both United Ways to make their goals, your support is needed. Please consider a generous gift to United Way.



United Way

Resources, Support and Advocacy

PACER (Parent Advocacy Coalition for Educational Rights)
612-827-2966
www.pacer.org

Learning Disabilities of MN
612-922-8374

CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder)
Twin Cities CHADD
612-922-5761

National CHADD
(800) 233-4050
www.chadd.org

Mental Health Information

HSI
7066 Stillwater Blvd. N.
Oakdale, MN 55128
(651) 777-5222
www.hsicare.org

American Psychological Assn.
750 First Street, NE
Washington, DC 20002
202-336-5500
www.apa.org

The National Institute of Mental Health
6001 Executive Blvd.
Rm. 8184 MSC 9663
Bethesda, MD
20892-9663
301-443-4513
www.nimh.nih.gov

American Psychiatric Assn.
1400 K Street, N.W.
Washington, DC 20005
202-682-6000
www.psych.org

QUESTIONS?

Would you like more information on our services? Call . . . (651) 777-5222

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From the CEO ...

Attention-Deficit Disorder impairs about one in twenty children. It is characterized by a persistent pattern of inattention and difficulty in organizing thoughts and behavior. This leads to under achievement and difficulty in managing

structured situations such as school. It may also be accompanied by restlessness, impulsivity or hyperactivity, which further impairs functioning and often leads to the development of a sense of failure or inadequacy. This disorder can persist into adulthood along with the associated problems of self-concept and under achievement.

The good news is that recent pharmacology developments have made this disorder very treatable, especially when medication is used in combination with behavior management, parental support, and coaching. This issue of HSI's newsletter is devoted to this most perplexing and difficult problem of childhood and families. Help is available!

HSI *Connection*

FEATURE FOCUS

ADHD:

- Occurs in 3-5% of school age children - on average, that's about one child in every classroom.
- Occurs across all levels of intelligence.
- Is much more common in boys - estimates range from 2-5 times more.
- Runs in families - 25% of biological parents of children with ADHD have the condition.
- Has symptoms which develop before the age of seven years.
- Has symptoms that usually decrease with age - however between 30-50% of children with ADHD will still have symptoms into adulthood.

AGING SERVICES

Peace of mind for you and your elderly loved one.

Many families are facing the issue of caring for an elderly loved one. HSI's *Resource Center for ElderCare* is meeting this growing need by providing affordable, flexible and individualized care. Our wide range of services are designed to help keep elders in their own home as long as possible. For many searching and navigating through health and social service systems is confusing, challenging, and time consuming. *Resource Center for ElderCare* is one telephone call. Our knowledgeable and qualified staff works in partnership with families, identifying the needs, utilizing



community resources and providing the appropriate in-home services. For more information about *Resource Center for ElderCare* call (651) 430-2720.

HSI's mission is to help people overcome and prevent life impairments by developing individual potential and promoting meaningful participation in family and community life.

HSI Connection

Helping People • Changing Lives



What is Attention-Deficit/Hyperactivity Disorder (ADHD)?

“Having ADHD is like playing tennis with a whole bucket of balls thrown at you at once – you can’t decide which one to hit first.”

— Tony, age 17

If you visit a home or a classroom where there is a child with ADHD, you might hear frustrated adults saying things like: “Hurry up and get ready.” “NO!” “Sit down and stay there!” “Pay attention!” “Where is your mind? - It’s *your* turn!”

If you could reach into the thoughts of the child with ADHD in that home or classroom, you might hear: “I can’t do anything right.” “Nobody understands me!” “I am trying!” “What did he/she say?” “What’s wrong with me?” “I am so dumb.”

Most likely, these are caring, loving adults, and well meaning children, who, like many children with ADHD and the adults who care about them, get frustrated by an often misunderstood disorder. ADHD is a biological disorder of the way the brain works. It is as real as diabetes, and similarly, it cannot be cured, but it can be managed

“There is absolutely no evidence to support the child’s living or learning environment being the only cause of ADHD. Poor parenting, poverty, or diet alone cannot be blamed for the disorder.” says HSI’s Family Community

Support therapist Mitch Leppicello, MSW, LICSW.

Typically, ADHD is not diagnosed until after a child starts elementary school. This is when the child has increased structure imposed upon them, and a greater need to sit, attend, and focus on material. Their symptoms become more obvious and more of a problem.

Children with ADHD have unique challenges which put them at a higher risk of low self-esteem, achieving below their potential, failing in school, dropping out of school, and having social and emotional difficulties. “Typically, the child’s frustrations, frequent failures, lack of understanding of the disorder, and barriers to school success are not the cause of ADHD going untreated. With early identification and treatment, children can overcome these challenges.” states Leppicello. Unfortunately, as many as 50% of children with ADHD are never diagnosed. Those who have been diagnosed and learn to manage their symptoms can be highly successful in life.

All children may show inattention, distractibility, impulsivity, or hyperactivity at times, but the child with ADHD shows these symptoms and behaviors more frequently,

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