

# Teachers Helping Parents with ADHD Children

BY CHARLES WALKER

**Editor's Note:** This article continues the ADHD discussion in the previous issue of the *Journal for Christian Educators*. The focus in this issue is to review the DSM-IV-TR criteria; to inform teachers and parents about ADHD; to help parents with children who exhibit ADHD-like symptoms; and to provide home and school organizational insights.

## Introduction

ADHD is generally considered to be a brain-based “disorder” that reveals itself in the form of inattentiveness (not paying attention to the task at hand) and/or hyperactivity (physical restlessness, fidgety) and impulsiveness (acting before thinking). To be diagnosed as ADHD, such behavior must have persisted for at least six months to the extent that it is considered uncharacteristic and inconsistent with a child's normal developmental level (American Psychiatric Association, 2000).

Whereas these behavioral patterns are exhibited to some degree by people of all ages at various times throughout their lives, they are not elevated to a level that interferes with the daily routines of life, nor do they intrude or disrupt others' lives. Everyone is guilty of being inattentive, hyperactive, or impulsive at times, but such behavior is not excessive or maladaptive, nor does it occur on a regular, consistent basis.

The symptoms attributed to ADHD normally develop during childhood and often continue into adulthood. Among professional health care givers—psychiatrists, psychologists, and medical doctors—ADHD is commonly considered to be one of the most prevalent chronic health conditions in school age children. However, critics would argue that much of what is diagnosed as ADHD is not a mental disorder, but rather a range of biological- or behavioral-related issues that manifest themselves in ADHD-like symptoms.

Dr. Harvey Parker (1995), psychologist and co-founder of Children and Adults with Attention Deficit/Hyperactivity Disorder, states, “I would say out of most of the mental disorders, or practically almost all of the mental disorders that we have listed and that we can identify, ADD (Attention Deficit Disorder) can be identified in the most objective manner.” Peter Breggin (2002), popularly known as the “conscience of psychiatry,” takes a radically different position, “. . . there's no evidence whatsoever that [ADD or ADHD] is a disease or medical disorder, it's a child in conflict . . .”

Whereas some professional health givers advocate psychostimulant drugs to control the behavior of children who display abnormal attention, hyperactive, and

impulsive problems; others adamantly oppose the use of drugs, except in warranted medical-based cases. Regardless of the position a teacher takes in relation to ADHD—fact, fiction, or somewhere in-between—the truth exists, something definitely disrupts some children’s learning and behavioral lives. In addressing such behavior, no teacher (or parent) should assign the label “ADHD” or “ADD” to a student (or child) without conclusive medical or psychiatric evidence, and even then, the label should be used with much discretion, if at all.

## **Teachers: Educate Yourself**

Educate yourself. This is the first step a teacher should take toward helping parents who have ADHD children or who have children who exhibit ADHD-like symptoms. In other words, read and study the DSM-IV-TR criteria adopted in 2000 by the American Psychiatric Association. This is the same criteria used by the medical and psychiatric professions in diagnosing children with ADHD. It only takes three to five minutes to read this information.

The Internet and bookstores offer numerous ADHD articles and books written by doctors, health care professionals, psychiatrists, psychologists, educators, and researchers. In pursuing information about ADHD, teachers will quickly learn that a wide range of opinions exists about the causes, control, and cure of ADHD. Before embracing one author’s or doctor’s opinion over another’s, read and learn as much as possible about the various theories promoted by professionals and non-professionals alike.

Teachers can help parents if they are knowledgeable enough to discuss ADHD intelligently. When an informed teacher discusses ADHD with an uninformed colleague or parent, the discussion has a totally different flavor than when an uninformed teacher tries to carry on an ADHD conversation with an uninformed colleague or parent. This is why teachers need to inform themselves first. Then they can help others to better understand ADHD.

Since three out of four children diagnosed with ADHD are boys, there are those who think that normal boy behavior is often confused with ADHD behavior when in reality, boys are simply acting like boys. The boundaries between being boys and being a boy with ADHD are not easily defined, for example, how does one differentiate between talkative and too talkative; energetic and hyperactive; creative and distractible; imaginative and day dreamer; and sensitive and irritable.

## **Educating Parents**

Just because a child is hyper and inattentive does not mean he is ADHD or that he is an ADHD candidate. Every child is an individual wonderfully created by God, each of whom has certain needs. A knowledgeable teacher can intelligently discuss these needs with parent, including ADHD (what it is and what it is not), but under no circumstances should a teacher attempt to play the role of a diagnostician.

A child's ADHD symptom-like concerns could be caused by a number of health-, spiritual-, or psychological-related issues. Instead of ADHD, the problem could be allergies, learning disabilities, autism, hypoglycemia, immaturity, guilt, mental abuse, medication side effects (if the student is on medication), depression, misbehavior, and a number of other possible physical, emotional, or psychomotor problems. A teacher who has a working understanding of ADHD can help put a concerned parent at ease. Furthermore, once a teacher becomes familiar with an ADHD book of choice, recommend the book to parents.

Unfortunately, some parents diagnose their children as ADHD on the basis of what they read in a magazine or see and hear on television. Information received from such sources should be carefully researched before giving it credence. Informed, knowledgeable teachers can provide concerned, uninformed parents more knowledge and personal assistance than talk-show personalities, next door neighbors, close friends, and relatives. Be an informed teacher; learn as much as you can about ADHD.

## **Trying to Identify What Is and Is Not ADHD**

No teacher should jump to the front of the line and proclaim special insight into the ADHD diagnostic process. Even doctors and psychiatrists disagree as to how this process should be conducted, as well as how to treat children with ADHD. The fields of psychology, psychiatry, and medicine have not reached a consensus on what causes ADHD or how to treat it.

No one has been cured of ADHD by taking psycho-stimulant drugs, even though the drug approach is the most often used treatment procedure. Actually, many of the children diagnosed as ADHD have physical problems such as allergens or nutritional deficiencies, and once these problems are correctly diagnosed, the problem is relatively easy to control or cure. Keep in mind that psychiatrists do not conduct physical exams; only medical doctors do this.

The Internet Web site <http://www.neurotransmitter.net/adhdcales.html> provides teachers and parents access to two home and two school ADHD scales and questionnaires.

1. ADHD: Rating Scale IV—Home Version
2. ADHD: Rating Scale IV—School Version
3. Home Situations Questionnaire
4. School Situations Questionnaire

This information should not be used to diagnose or to treat a mental health problem without first consulting with a medical doctor who has an understanding of ADHD. Teachers and parents should keep in mind that not all doctors understand ADHD, even though all doctors can prescribe ADHD drugs.

The diagnostic process also includes feedback from the classroom teacher and, of course, the parents. No doctor's diagnosis is reliable without involving the parents and the child's teacher(s). Breggin (2002) states, "When a child has a problem in the home or at school, I work with the significant adults in the child's life, including parents and teachers." Block (2001) says "When children are diagnosed with ADHD, they are considered to have a psychiatric disorder. . . There are many health and learning problems that can cause attention and behavior [ADHD] symptoms in children." For reasons like these, ADHD is not considered a mental disorder by many health care givers. There is a wide range of ADHD-like symptoms which could be attributed to food intolerance, allergies, nutritional deprivations, perceptual difficulties, learning problems, and low blood sugar (hypoglycemia).

Although the extent ADHD affects children varies according to the expert one reads, there are children with serious problems who need attention. For teachers, doctors, health-care professionals, and parents, the challenge is discovering why some children act the way they do, whether the problem is disruptive behavior at home or at school, incessant daydreaming, or poor organizational skills. Furthermore, ADHD children are often plagued with learning problems, especially reading and writing. For others, a low self-worth is a major problem.

Teachers can, in cooperation with parents, use the ADHD diagnostic criteria listed in DSM-IV-TR as a tool in referring a child for ADHD testing. In doing so, the teacher should never allow his unprofessional diagnosis to extend beyond the realm of "a possibility." Nor should a teacher ever tell a parent, "Your child is ADHD" or "Your child exhibits the signs of being ADHD." Again, only a trained doctor or psychiatrist can do this, and then only with the input and help of the parents and teachers.

## **Prescription ADHD Drugs**

The most prescribed ADHD stimulants are amphetamines or amphetamine-like drugs. Adderall and Dexedrine are amphetamines and Ritalin, Focalin, and Concerta are amphetamine-like stimulant drugs; all are highly addictive and subject to abuse, and all are similar to cocaine in their chemistry make up (Breggin, 2002). According to Breggin, four to six million children are taking central nervous system stimulant drugs for ADHD. Breggin "advocates the psychosocial school psychiatry that emphasizes the value of psychotherapy, family therapy, educational improvements, and other human services over the use of drugs." Interestingly, Breggin states that until recently, psychiatrists, pediatricians, and other physicians seldom prescribed psychoactive medications for children. The reason, states Breggin, was "our concern for the adverse effects on the growing brain and mind."

Stein (1999) states in his book, *Ritalin Is Not the Answer*, that Ritalin is a "gateway" drug that is more powerful than marijuana and can trigger an addiction in a child from which he may never recover. "Ritalin," according to Stein, "is prescribed for children who allegedly have ADD or ADHD—diseases that cause poor attention and inappropriate, hyperactive behavior. Viewed as a disease, the core of treatment is

medication: Ritalin [and other similar stimulants].” Stein advocates a drug-free, practical program for children diagnosed with ADD or ADHD. Stein further states, “Because [Ritalin] is a stimulant drug, far more powerful than caffeine, it perks us up and makes us more alert. So what’s the problem? Isn’t it a safe drug? No, it is not! It has many dangerous and risky properties such as the potential for addiction, short-term side effects, and long-term side effects.” Block (2001) supports Stein’s position, “Though a drug like Ritalin may cause the child to sit still longer and to focus more (just as an amphetamine would), it does not mean the drug is correcting a problem or helping to improve academic performance.”

Breggin and Cohen (1999) state, “When we take drugs to ease our suffering, we stifle our psychological and spiritual life. . . We simply do not understand the overall impact of drugs on the brain. . . It appears that we have replaced reliance on God, other people, and ourselves with reliance on medical doctors and psychiatric drugs.” Numerous studies have indicated that amphetamine drugs do not enhance long-term learning or memory. Although Ritalin and other ADHD drugs may cover or hide a child’s problem, it never cures it, which means the problem never goes away. Ashley (2005) addresses the relationship between medication and its benefits, “The benefits [of stimulant drugs] are quite short-term and only present while the medication is active in the body. Once the medication wears off, the benefits disappear. . . . Medication also will not make your child a different person. It does not change personality, intelligence, or temperament.”

## Let’s Work Together

The Bible says, “Can two walk together, except they agree?” (Amos 3:3). Teachers and parents must cooperate and work as a team when helping students with ADHD, as well as those who have ADHD-type symptoms. In welcoming and developing a partnership, acknowledge to the parents the importance of their role in this venture. They are, after all, experts on their child. Bathe this relationship in daily prayer; ask God for wisdom. From a teacher’s perspective, keep the following thoughts in mind when developing a cooperative relationship with parents.

1. **Think like a parent.** Think about every situation from the parent’s perspective.
2. **Anticipate the parent will take a defensive position.** Parents love their children, and they will defend them, especially from threatening authority figures who are saying or implying things that they do not want to hear. The insightful teacher can defuse a parent by listening patiently, displaying genuine concern, asking for insights, soliciting suggestions, and establishing a “team plan.”
3. **Keep parents informed about school assignments.** Parents do not like surprises; keep them informed about school work, behavior, homework, special projects, report forms, and other activities. Write notes to the parents and tell them regularly something that you appreciate about their child.

4. **Show the parent that you are a reasonable person.** Be kind and considerate, willing to work hand-in-hand with the parents. Let actions show the parents that you love their child and that you sincerely appreciate and want to help.
5. **Design classroom activities that build self worth.** The better ADHD students feel about themselves, the better they will do in their activities, studies, behavior, and spiritual life.
6. **Ask parents for help.** Be open to creative ways that parents can help their ADHD child experience success in school and at home.
7. **Expect parents to communicate with teachers.** Unless parents communicate with the teacher, the teacher has no insights to a child's home life.
8. **Include the child in the "team plan."** When a child becomes old enough to participate knowledgeably, include him in the team plan. This will help him understand the reasons for various intrusions and interventions.

Enlist the parents to work with you, as opposed to working against you, and keep the following thoughts in mind. (1) The parent is probably more frustrated than the teacher, so be patient and understanding. (2) The parent will talk if confidence binds the relationship, so listen when a parent opens up. (3) The behavioral problems a child has in class may be related to problem areas in the home. (4) The parent may need to adjust the home environment.

## Engaging Parents

With these thoughts in mind, how does a teacher engage parents to assist the teacher? First, ask the parents to visit their child's classroom. Schedule the visit during class and encourage the parents to observe their child as discreetly as possible. Parents should arrive before the class begins and stay until the class concludes. Obviously, such visits must be approved in advance by the administration.

Second, meet periodically with the parents and share the child's learning needs from each other's perspective. Be open and honest with each other in a spirit of Christian love.

Third, ask the parents to attend extracurricular school activities, and again, as discreetly as possible, observe their child's behavior. Fourth, ask parents to eat lunch with their child at school periodically throughout the school year.

In all this, the teacher works with the parents, nourishing the team relationship to fruition. Truly, the three players—teacher, parents, and child—should be of like mind as much as possible.

## Watch Your Words and Labels

In building a cooperative team relationship with parents, teachers must never lose sight of the “power of words.” The Scripture says, “Let no corrupt communication proceed out of your mouth, but that which is good to the use of edifying, that it may minister grace unto the hearers” (Eph. 4:29). And in Proverbs 17:22, the Bible states, “A merry heart doeth good like a medicine: but a broken spirit drieth the bones.” The words of 1 Corinthians 13:4-8 are also comforting and encouraging.

The cliché “Sticks and stones may break my bones, but words (names) will never hurt me,” simply is not true. Words can devastate a child, as they can an adult. The words stupid, dumb, fool, empty-headed, dummy, featherbrained, dim-witted, imbecile, and moron, do nothing to build a child’s, parent’s, or teacher’s self-worth. Such words can lead an ADHD child to see everyone else as smarter or more worthy. Even the terms “ADD” and “ADHD” can demean a child.

When teachers direct words toward parents about their child, the words should be chosen carefully. When referring to an ADHD child, the teacher could say to the parent, “Your child is . . .”

- *high-energy.* (As opposed to *hyperactive.*)
- *determined.* (As opposed to *clumsy.*)
- *spontaneous.* (As opposed to *impulsive.*)
- *creative.* (As opposed to *distractible.*)
- *a hard worker.* (As opposed to *slow.*)
- *imaginative.* (As opposed to *daydreamer.*)
- *sensitive.* (As opposed to *irritable.*)
- *capable.* (As opposed to *lazy.*)
- *spirited.* (As opposed to *bad.*)

Some would say words are just words, they mean nothing unless you allow them to hurt you. This may be true in theory, but it seldom works in practice. Teachers should select their words wisely and use them discreetly, as should parents. In regard to unmerited labels, Lawlis (2004) claims, “Many teachers mislabel young people as having ADD [or ADHD] because they don’t have the time or the resources to develop real expertise.” While Lawlis’s claim has merit, Christian school teachers should never be guilty of dropping or assigning labels to children on the basis of a checklist, classroom

observations, or an educated guess. Although words can hurt a child (and his parents); they can also make a child feel good about his abilities and achievements.

## **Possible Causes of ADHD-Type Behavior**

The following can contribute to ADHD-type behavior, but none would likely be considered *the* cause or even a cause of ADHD as defined by DSM-IV-TR.

- Allergies (food and environment)
- Anxiety
- Bipolar Mood Disorder
- Boy behavior
- Brain defects
- Caffeine
- Central Auditory Processing Disorder
- Chemicals in food
- Discipline problems
- Disorganization
- Hypoglycemia
- Irresponsibility
- Lifestyle
- Low muscle tone
- Mercury poisoning
- Modern day lifestyles
- Nutritional deficiencies
- School and teacher problems
- Sleep deficits and disorders

- Teacher difficulties
- Thyroid conditions
- Trauma

## **Lack of Sleep, Exercise, and Nutrition**

The lack of sleep will cause ADHD children to be hyperactive, argumentative, and active. During the team planning meetings, encourage parents to monitor their child's sleeping and behavior habits, and, in particular, ask them to take notice if their child's behavior worsens with less sleep. The value of a good night's sleep can never be overemphasized.

Children who spend an excessive amount of time watching television at home are much more prone to "act up" at school. Parents should get their children involved in a sport or some other type of after-school activity.

Unfortunately, many students have poor nutritional and eating habits. For the ADHD child, this is especially troublesome. Such habits include:

1. Too much caffeine.
2. Too many foods with man-made chemicals, for example, food colors are mostly made from petroleum.
3. Too few vitamins and minerals.
4. Too much high sugar and carbohydrate foods.
5. Too much of the wrong kinds of fats.

## **Helping Parents At Home**

ADHD students need a structured home environment. Tasks can easily become overwhelming to a child who has few or no home boundaries. The teacher should emphasize the purpose and value of an organized home environment.

The following suggestions can be discussed during the teacher-parent team plan meetings.

1. Establish clear and consistent home rules and expectations.
2. Assign chores and responsibilities. Ask the parents to post a list of assigned chores in their child's bedroom. Parents should assist their child when he

struggles with completing an assigned chore, for example, mowing the lawn, making the bed, vacuuming the floor. Set a time to do certain chores, including homework assignments.

3. Develop a daily schedule. The schedule, like assigned chores, should be posted. The kitchen or den would be an ideal location.
4. Establish a time for bed. This means “bed time” at a specific time—no exceptions, excluding special weekend occasions. This is a good time to verify everything is in place for a “quick start” the following morning.
5. Set a time to get up. Stay faithful to this time.
6. Designate a place to go when actions are out of control. Do not make this a punishment; make it a place to go, to think, and to get under control.
7. Minimize distractions. Identify the distractions and eliminate them.
8. Eliminate the sugar, take vitamins, and watch for allergies. Parents should know their child’s physiology and respond accordingly. A good medical exam, including a broad-based allergy test, is certainly in order.

The value of structure and dependability cannot be over emphasized for ADHD children. Children need parents and teachers who set and enforce rules.

## **Get Organized At School**

Classrooms, like homes, need to be organized, especially for the ADHD child. Whereas most classroom organizational rules and routines are beneficial for all children, they are especially helpful for ADHD children. Actually, they eliminate “surprises” because everyone knows what is expected. The classroom modifications below should receive consideration.

- Help fill out the ADHD student’s homework assignment book. If the student can do this unassisted, make sure it is completed correctly.
- Talk with the parents about their child’s seating assignment and why you assigned him a specific place to sit. The teacher, of course, wants the ADHD child close enough to monitor his actions.
- Give clear directions. Ask the student to repeat (paraphrase) the directions. Keep directions short and concise, and use predetermined signals that have meaning to both the teacher and the student.

- Make sure the learning task is not beyond the student. The teacher can do this by monitoring the child's work throughout the day and by grading and returning all homework assignments.
- Set discipline rules. This entails a specific response for misbehavior. ADHD children will normally test the classroom rules, and often use their behavioral disorder as an excuse for misbehaving. The teacher may need to use different methods of discipline. The parents need to know what you are doing and why. Self-discipline, not medicine, is the goal.
- Be patient and consistent. The teacher must not waiver. Follow through with whatever the consequence is, no matter how inconvenient it may be. Be resolved, more so than the child. It takes time for some ADHD discipline strategies to work.

The teacher is a role model for every child in the class. Treat every child with dignity and respect. Also, teach every child to respect his classmates and the teacher. Extend this concept to other children and teachers, parents and siblings, and friends and relatives.

## Conclusion

Medicate as a last resort and pray for wisdom! Avoid recommending medication to parents, and never criticize the parents who have chosen the medication route for their children. This is a private matter that parents must resolve. The teacher is not a medical doctor, a psychiatrist, a psychologist, nor is he the parent. However, the teacher should kindly caution parents that stimulant medication has negative side effects, and they can be a health danger. If the teacher advocates ADHD stimulant drugs, he is saying to the student, "You are not normal. You cannot behave or be attentive without drugs." Perhaps the better message to send a student is "You are normal. You can be attentive. You can control your actions and attitude without drugs, and we will help you."

*Dr. Charles Walker is the executive director of the American Association of Christian Schools and the Tennessee Association of Christian Schools.*

## References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, IV rev. text (DSM-IV-TR)*. Washington D.C.: American Psychiatric Association.
- Ashley, S. (2005). *The ADD & ADHD Answer Book*. Naperville, IL: Sourcebooks.
- Block, M. A. (2001). *No more ADHD: 10 steps to help improve your child's attention and behavior without drugs!* Hurst, TX: The Block System

- Breggin, P. R. (2002). *The Ritalin fact book*. Cambridge, MA: Perseus Publishing.
- Breggin, P. R. & Cohen, D. (1999). *Your drug may be your problem*. Cambridge, MA: Da Capo Press.
- Lawlis, F. (2004). *The ADD answer*. New York: Penguin Books.
- Parker, H. C. (1995). ADD—A dubious diagnosis? *Learning Matters*. Retrieved March 12, 2006 from the World Wide Web:  
[http://www.powelltherapies.com/articles/ritalin\\_and\\_add/TRANSCRIPT.doc](http://www.powelltherapies.com/articles/ritalin_and_add/TRANSCRIPT.doc).
- Sax, L. (November 2000). *Ritalin: Better living through chemistry*. The World and I
- Stein, D. B. (1999). *Ritalin is not the answer*. San Francisco, CA: Jossey-Bass.