Welcome to the Missouri Developmental Disability Resource Center (MODDRC). You are receiving this letter with an enclosed packet of information because a request was made by you (or someone on your behalf) to the MODDRC.

We have compiled information from a number of sources and have included them in this packet, which is divided into the following sections:

- Overview of a specific disability, special health care need, or other major topic
- Current practices
- Personal Stories
- Family support, advocacy and services
- Missouri Service Systems

The MODDRC, which has now expanded to include Missouri’s Family-to-Family Health Information Center, seeks to inform and connect individuals with disabilities or special health care needs and/or their families to peer support. We also provide opportunities for leadership development and volunteerism. When contacting the MODDRC, you are connecting to staff that have first-hand knowledge about disability related issues because they have the experience of living with the disability, either as an individual, parent or family member.

Thank you for using the MODDRC. This packet of information is one of the many ways that the MODDRC can support you in your journey with disability. We hope you will connect with us again.
Overview

The purpose of this section is to help you gain a better understanding of a specific disability or special health care need. It is intended to provide a basic explanation of the disability and possible causes and characteristics.

If you would like more in-depth information on this topic, other topics of information or if it is not the topic you requested, please feel free to contact us again.
Overview: Attention Deficit Hyperactivity Disorder (ADHD)

Attention deficit hyperactivity disorder (ADHD) is a common condition that affects way the brain controls attention and activity. People with ADHD have a harder time than others concentrating, sitting still, and staying in control of their behavior. Some people with ADHD are also more active than others, at times seeming restless, easily bothered or even angered. This is called “hyperactivity” (hi-per-ak-tiv-ee).

While most children have trouble paying attention or managing their behavior at times, children with ADHD struggle more with these things. Some signs of ADHD, like being overly active, usually decrease over time. But for over half of people with ADHD, difficulty with attention and staying organized will stay with them for life. Sometimes symptoms can get worse in the pre-teen years, as school and life get harder in middle school. ADHD may cause problems at school, home, and with friends at any time in life.

A child with ADHD might:

- have a hard time listening to directions
- struggle to pay attention, even during fun activities
- be distracted or “daydream” often
- make careless mistakes
- lose or forget things
- interrupt others' words or actions
- fidget, move around a lot, or squirm
- talk constantly, even when he/she shouldn’t
- have trouble waiting to take turns
- find organizing tasks difficult
- jump from one thing to another
- blurt out answers to teachers’ questions

In the past, ADHD was sometimes called ADD (attention deficit disorder) when the person did not show signs of hyperactivity. Now, people with ADHD are described in three categories:

**ADHD, Predominantly Inattentive Type:** the category called ADD in the past. This type makes it hard for the person to finish a task, organize, listen to instructions, follow along in conversations, and pay attention to details. He or she is easily distracted and forgetful.

**ADHD, Predominantly Hyperactive-Impulsive Type:** This type is usually diagnosed when the person’s greatest problems are sitting still and finishing tasks. He or she may fidget and talk constantly. Children with this type may be overly active, feeling a need to run, jump, or climb often. Because the person with this type of ADHD acts quickly without thinking first, they may have a hard time waiting their turn and following directions. Reckless behavior can lead to more injuries and accidents, including car accidents. They may talk over others often, speak when they shouldn’t, or grab things from other people.

**ADHD, Combined Type:** This type is diagnosed when symptoms from the two categories above are both present in the same amount – the most common type.

1 (National Institute of Mental Health, 2008)
ADHD usually shows up in childhood, but sometimes it’s not noticed until the teenage years or later. Even if it isn’t diagnosed until adulthood, ADHD is something a person has at birth.

What causes ADHD?

Scientists are still looking at what puts people at risk for having ADHD. The reasons are still not fully known, but studies point to ADHD being passed down in families. Other risk factors are:

- having a brain injury
- being born too early (premature)
- alcohol and tobacco use by a person’s mother during pregnancy
- low birth weight
- coming into contact with unhealthy things in the environment (such as lead)

ADHD is not caused, as some people used to think, by eating too much sugar, watching too much television, or bad parenting.²

Doctors have also found something different about brain chemicals called neurotransmitters (nur-ō-tranz-mit-ers) in people with ADHD. These chemicals take messages between brain cells. Low levels of neurotransmitters in a person’s brain may cause ADHD symptoms.

Diagnosis

Primary care doctors (pediatricians and family care doctors) can find and treat ADHD. Sometimes other doctors like psychiatrists, psychologists, or neurologists may be needed to help decide if a person has ADHD and how to best help him or her.

There is no one test that can prove a person has ADHD. Instead, doctors look at a person’s symptoms, life, and family history. Doctors must rule out other reasons for ADHD-like behavior such as major life changes - divorce of parents, a move, change of school, or other big life event.

They also look for depression, learning disabilities, anxiety, and Tourette syndrome, among other things. Testing may include:

- a medical exam and history of physical problems, medications, and allergies, etc.
- hearing and vision check
- emotional well-being check
- questions for the parents about concerns
- information from school or other outside sources, like test scores and intelligence measures (IQ)

To get a diagnosis of ADHD, a person must:

- fit one of the three ADHD types
- have symptoms that appear before age 7
- show signs of ADHD for at least 6 months
- be having problems in at least two areas of life (such as home, school, friendships, and day-care settings)
- have more difficulty with these behaviors than other kids of the same age

As of today, ADHD cannot be cured, but it can be successfully managed with the help of your doctor. For information on treatments, interventions, and helpful hints, please see the Current Practices section of this informational packet.

Learning about ADHD can be confusing. Don’t be afraid to ask questions of your doctors, other families who have gone through it too, and our staff here at the Missouri Developmental Disability Resource Center/Family-to-Family Health Information Center. We’re here to help.

Works Cited


² (Centers for Disease Control and Prevention, 2009)
Current Practices

The purpose of this section is to provide you with the most current techniques and procedures for supporting people with developmental disabilities or special health care needs. These could include such things as:

- Information on therapies
- Medical treatment
- Accommodations
- Interventions

If you would like more information on current practices, please feel free to contact us again.
On the following pages, you will find more information on ADHD from sources the MODDRC regards as respected and trustworthy. All information has been reprinted with permission and is for educational purposes only. For more information regarding your personal situation, please consult your team of medical professionals.

My Child Has Been Diagnosed with ADHD - Now What?

It is understandable for parents to have concerns when their child is diagnosed with ADHD, especially about treatments. It is important for parents to remember that while ADHD can’t be cured, it can be successfully managed. There are many treatment options, so parents and doctors should work closely with everyone involved in the child’s treatment — teachers, coaches, therapists, and other family members. Taking advantage of all the resources available will help you guide your child towards success. Remember, you are your child’s strongest advocate!

In most cases, ADHD is best treated with a combination of medication and behavior therapy. Good treatment plans will include close monitoring, follow-ups and any changes needed along the way.

Following are treatment options for ADHD:

- Medications
- Behavioral intervention strategies
- Parent training
- ADHD and school

To go to the American Academy of Pediatrics (AAP) policy statement on the treatment of school-aged children with ADHD, visit: www.cdc.gov/ncbdd/adhd/guidelines.html

Medications

Medication can help a child with ADHD in their everyday life and may be a valuable part of a child’s treatment. Medication is one option that may help better control some of the behavior problems that have led to trouble in the past with family, friends and at school.

Several different types of medications may be used to treat ADHD:

- **Stimulants** are the best-known and most widely used treatments. Between 70-80 percent of children with ADHD respond positively to these medications.

- **Nonstimulants** were approved for treating ADHD in 2003. This medication seems to have fewer side effects than stimulants and can last up to 24 hours.

Medications can affect children differently, where one child may respond well to one medication, but not another. When determining the best treatment, the doctor might try different medications and doses, so it is important to work with your child’s doctor to find the medication that works best for your child.

**Behavioral Therapy**

Research shows that behavioral therapy is an important part of treatment for children with ADHD. ADHD affects not only a child’s ability to pay attention or sit still at school, it also affects relationships with family and how well they do in their classes. Behavioral therapy is another treatment option that can help reduce these problems for children and should be started as soon as a diagnosis is made.
Following are examples that might help with your child’s behavioral therapy:

- **Create a routine.** Try to follow the same schedule every day, from wake-up time to bedtime.

- **Get organized.** Put schoolbags, clothing, and toys in the same place every day so your child will be less likely to lose them.

- **Avoid distractions.** Turn off the TV, radio, and computer, especially when your child is doing homework.

- **Limit choices.** Offer a choice between two things (this outfit, meal, toy, etc., or that one) so that your child isn’t overwhelmed and overstimulated.

- **Change your interactions with your child.** Instead of long-winded explanations and cajoling, use clear, brief directions to remind your child of responsibilities.

- **Use goals and rewards.** Use a chart to list goals and track positive behaviors, then reward your child’s efforts. Be sure the goals are realistic—baby steps are important!

- **Discipline effectively.** Instead of yelling or spanking, use timeouts or removal of privileges as consequences for inappropriate behavior.

- **Help your child discover a talent.** All kids need to experience success to feel good about themselves. Finding out what your child does well — whether it’s sports, art, or music — can boost social skills and self-esteem.

**Parent Training**

Another important part of treatment for a child with ADHD is parent training. Children with ADHD may not respond to the usual parenting practices, so experts recommend parent education. This approach has been successful in educating parents on how to teach their kids about organization, develop problem-solving skills and cope with their ADHD symptoms.

Parent training can be conducted in groups or with individual families and are offered by therapists or in special classes. Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) offers a unique educational program to help parents and individuals navigate the challenges of ADHD across the lifespan. Find more information about CHADD’s "Parent to Parent” program by visiting CHADD’s website at: [http://www.chadd.org](http://www.chadd.org).

**ADHD and the Classroom**

Just like with parent training, it is important for teachers to have the needed skills to help children manage their ADHD. However, since the majority of children with ADHD are not enrolled in special education classes, their teachers will most likely be regular education teachers who might know very little about ADHD and could benefit from assistance and guidance.

Here are some tips to share with teachers for classroom success:

- Use a homework folder for parent-teacher communications
- Make assignments clear
- Give positive reinforcement
- Be sensitive to self-esteem issues
- Involve the school counselor or psychologist

**What Every Parent Should Know….**

As your child’s most important advocate, you should become familiar with your child’s medical, legal, and educational rights. Kids with ADHD might be eligible for special services or accommodations at school under the Individuals with Disabilities in Education Act (IDEA) and an anti-discrimination law known as Section 504. To learn more about Section 504, visit: [www.help4adhd.org/en/education/rights/504](http://www.help4adhd.org/en/education/rights/504).
Teaching Children With Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices

How to Implement the Strategy: Classroom Accommodations

Children with ADHD often have difficulty adjusting to the structured environment of a classroom, determining what is important, and focusing on their assigned work. They are easily distracted by other children or by nearby activities in the classroom. As a result, many children with ADHD benefit from accommodations that reduce distractions in the classroom environment and help them to stay on task and learn. Certain accommodations within the physical and learning environments of the classroom can benefit children with ADHD.

Special Classroom Seating Arrangements for ADHD Students

One of the most common accommodations that can be made to the physical environment of the classroom involves determining where a child with ADHD will sit. Three special seating assignments may be especially useful:

- **Seat the child near the teacher.** Assign the child a seat near your desk or the front of the room. This seating assignment provides opportunities for you to monitor and reinforce the child’s on-task behavior.

- **Seat the child near a student role model.** Assign the child a seat near a student role model. This seat arrangement provides opportunity for children to work cooperatively and to learn from their peers in the class.

- **Provide low-distraction work areas.** As space permits, teachers should make available a quiet, distraction-free room or area for quiet study time and test taking. Students should be directed to this room or area privately and discreetly in order to avoid the appearance of punishment.

Instructional Tools and the Physical Learning Environment

Skilled teachers use special instructional tools to modify the classroom learning environment and accommodate the special needs of their students with ADHD. They also monitor the physical environment, keeping in mind the needs of these children. The following tools and techniques may be helpful:

- **Pointers.** Teach the child to use a pointer to help visually track written words on a page. For example, provide the child with a bookmark to help him or her follow along when students are taking turns reading aloud.

- **Egg timers.** Note for the children the time at which the lesson is starting and the time at which it will conclude. Set a timer to indicate to children how much time remains in the lesson and place the timer at the front of the classroom; the children can check the timer to see how much time remains. Interim prompts can be used as well. For instance, children can monitor their own progress during a 30-minute lesson if the timer is set for 10 minutes three times.

- **Classroom lights.** Turning the classroom lights on and off
prompts children that the noise level in the room is too high and they should be quiet. This practice can also be used to signal that it is time to begin preparing for the next lesson.

- **Music.**
  Play music on a tape recorder or chords on a piano to prompt children that they are too noisy. In addition, playing different types of music on a tape recorder communicates to children what level of activity is appropriate for a particular lesson. For example, play quiet classical music for quiet activities done independently and jazz for active group activities.

- **Proper use of furniture.**
  The desk and chair used by children with ADHD need to be the right size; if they are not, the child will be more inclined to squirm and fidget. A general rule of thumb is that a child should be able to put his or her elbows on the surface of the desk and have his or her chin fit comfortably in the palm of the hand.

Personal Stories

The purpose of this section is to provide you with the perspective of parents, family members and those living with the disability or special health care need. These stories give you insight of what life was like growing up and what life looks like now, as well as some of the joys and challenges that were experienced.

Written personal stories are one way of connecting to others who have similar experiences. Another way of connecting with others is through the Sharing Our Strengths peer support network. This service of the MODDRC provides you with an individualized match specific to what you want. This may include being matched to mentors with a similar disability experience, a mentor located in a similar part of the state or around a specific issue. If you are interested in being matched or in becoming a mentor for someone else, please contact us.
My daughter Jordan is the oldest of four children in our family. In the beginning, it was difficult to notice her symptoms, since she was the firstborn.

I was somewhat concerned in first and second grade, when Jordan brought home her seat work incomplete. Even though it was explained in class and she was given ample time to complete it, Jordan needed me to explain her work again and assist her in completing it.

At a parent teacher conference, Jordan’s teacher indicated that she “just wasn’t getting it”. I began to think Jordan might have a learning problem. There wasn’t one particular area that stood out, but she struggled in all areas of school.

In 3rd grade, both her teacher and I felt Jordan must have a learning disability. She was having trouble keeping up with her classmates on daily work. Math stood out as a particular area of concern. Anything involving several steps was too complicated for her.

At home and outside of school, she seemed to learn a lot from her surroundings. She was eager to learn and loved to read. She was always calm and content. Jordan had beautiful handwriting and artistic ability. I think it was easier for her to learn at home, one on one with her father and me. At school she became lost in the shuffle. She was in a big group of students with many distractions. Jordan had loads of homework each night. I could tell at the time that she was a little discouraged. Many of her classmates were able to get their work done at school. Jordan was beginning to feel she wasn’t smart. She oftentimes didn’t raise her hand in class, for fear of being wrong.

Jordan’s 3rd grade teacher and I agreed that she needed to be evaluated. We weren’t sure what the answer was to her struggles, but we felt now was the time to determine this. I especially didn’t want to wait until she was in the 4th grade and really struggling.

Jordan attended a small private school where there weren’t many opportunities for extra learning support. Jordan’s teachers were wonderful, but like many other non-public schools, our school didn’t have a school psychologist or a special education program. In this situation, when teachers see a student with special needs, they work together with the public school district. The teacher documents all the things they have tried to help the student. Then they have to prove that these interventions are not enough to help the student to be successful. It often takes months for a student to get evaluated.

I knew that I did not want to wait for Jordan to be evaluated, so my husband and I decided to have her evaluated outside the school district at the our University Medical Center. Jordan was given an achievement test and I.Q. test to determine whether a specific learning disability was present. She was also given a test to determine if she had an attention problem. Other tests were conducted to measure her level of anxiety and if depression was present. I had to fill out behavior rating scales, giving the psychiatrists my view on Jordan. I had an interview in person, explaining my concerns. Her teacher filled out forms as well, to show what she saw in the classroom.

It was determined that Jordan did not have a learning disability, at least not shown on paper. There was not a big enough gap between her achievement and I.Q. scores. The medical staff diagnosed her as having ADHD, Inattentive Type, because Jordan did not show signs of hyperactivity.
When I heard this diagnosis, I was a bit taken aback. At first, I thought my child couldn’t have an attention problem. Then I realized she really did. Even though she appeared to be taking everything in around her, she wasn’t focused on what was happening. I see now that her struggles in 3rd grade were a result of everything she missed in 1st and 2nd grade, maybe even Kindergarten. She was behind in her knowledge of basic skills. As the work load increased, she felt completely lost.

Jordan’s psychiatrist recommended that she start taking a stimulant medication. When Jordan’s third grade teacher and I did not notice improvement in her learning, the psychiatrist decided to try a different stimulant. After that, third grade continued to be a lot of work for Jordan, but she showed a marked improvement in her learning. She still had a lot of catching up to do. She gradually began to feel more confident within herself.

Jordan started off 4th grade pretty well. As the workload increased, we noticed her falling behind. It was hard for her to keep up once again. Jordan’s 4th grade teacher and I agreed she needed some interventions and modifications to help her be successful.

We worked together with the public school elementary special education teachers and school psychologist. They helped us come up with a plan to help Jordan in math computation and problem solving skills, as well as higher level reading skills. They even helped us come up with a strategy to help Jordan with her difficulty ordering her lunch and drink in the morning at school.

My husband and I were careful how we explained her diagnosis to Jordan. I explained that it had nothing to do with intelligence. She was smart and we would get through this. I told Jordan that she shouldn’t be ashamed of having ADHD. This was how God built her brain, and I knew it would make her a stronger person.

Jordan maintained B’s and C’s through her strong work ethic. She still had a lot of homework, but her teacher was willing to modify math assignments. She also had a daily math journal with examples of how to do her problems.

My husband and I decided that the public schools in our area might be a better choice for our family, especially Jordan. I met with the school counselor and psychologist. They explained all the support Jordan could receive, even though she wasn’t a special education student. She could receive a 504 plan, which would recognize ADHD, giving her teachers a plan to follow.

Jordan is now in 6th Grade. She is in a lower level Math class, which moves at a much slower pace. She still learns the same concepts as students in the higher level class. Jordan also has a supplemental Math class, which pre-teaches skills she will learn in her regular math class. The confidence she has gained from this is amazing. Jordan is actually helping other students in her math classes, who are struggling. Her Math teacher allows her to write on the white board, because her handwriting is so beautiful. Math will always be hard for Jordan, but she is feeling proud of her success.

Her middle school has taught her organizational skills, which Jordan thrives on. Jordan needs structure and direction. Her new school has provided this for her. Jordan made the A/B honor roll, and has been recognized twice by her teachers as “Student of the Week”.
Jordan is also a dancer. Her success in school and the added effects of her medicine have also helped her improve her dance ability. Jordan learns her dances a lot quicker now, because she is able to concentrate!

Living in a house of four children can be very distracting. Jordan has her own desk and space to complete her homework. She needs that special area to concentrate. She also has a wipe-off board where she lists things she needs to get done. Jordan likes feeling organized and able to work on her own. She also knows she can come to me or her father for help when she needs it. Children with ADHD especially need this security.

My husband and I are blessed with a child who cares so much about doing her personal best. This good attitude was definitely on her side. Had we not stayed on top of things, communicating with her teachers and evaluating her learning progress, she wouldn't be where she is today.

Each year of school for Jordan is like starting over. I will always meet with her new teachers at the beginning of the year, giving them a little insight on what Jordan is all about. Of course, I have to believe in their professional knowledge and opinions, and trust in what they feel is good for her. I still know I will speak up when something isn’t right. I am Jordan’s best advocate. Parents are the keys to their child’s success.

I want to leave you with some thoughts from my daughter Jordan. Here is what she has felt in the past and is feeling now. I am so proud of her!

**In Jordan’s words:**

*Before I knew I had ADHD, I felt stressed in school. I was confused and didn’t know what was wrong with me. When I found out that I had ADHD I was really upset. I said, “Why do I have to have this?”*

*Now I feel better because I take medication to help me concentrate. It really helps me to do a lot better in school. I also feel better because my mom explained that I was still Jordan, no matter what. I didn’t have to be different than the other kids. It was also my private business, which I didn’t have to share with anyone. I could still be who I wanted to be and do well in school.*
Family Support, Advocacy and Services

The purpose of this section is to provide you with a listing of organizations specifically designed to meet the support needs of individuals with developmental disabilities or special health care needs and their families. This listing includes parent organizations, support groups or other advocacy organizations.
Support for Families

Sharing Our Strengths (SOS) Peer Support Network
215 West Pershing Road, 6th Floor
Kansas City, MO 64108
Toll free: 800-444-0821
Web: http://www.sharingourstrengths.com

SOS is a statewide support network of parents, family members, individuals with developmental disabilities or special health care needs, and professionals who are matched with peer mentors to share experiences, offer emotional support and network with others. You can request an individual parent to parent or peer support match with another parent or individual who has experienced similar circumstances.

Parents/Caregivers of Children/Adolescents with ADHD Support Group
Gateway Satellite (St. Louis area CHADD affiliate)
16400 Burkhardt Pl.
Chesterfield, MO 63017
Phone: 314-266-4384
Email: gateway@chadd.net

Small, intimate group welcoming all who are interested in sharing ADHD-related successes and challenges. Meets at the St. Louis county library on 2nd Saturdays of the month from 9:30-11:30 am. Please contact the group volunteer coordinator to find out more information.

Parents/Caregivers of Children/Teens with ADHD Support Group/Adult Support Group
Trenton Satellite (CHADD affiliate)
1601 E. 28th Street
Trenton, MO 64683
Phone: 660-654-0960
Email: trenton@chadd.net

Meets the 1st Monday of every month, 6-7:30 pm

CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder)
(National Headquarters)
8181 Professional Place, Suite 150
Landover, MD 20785
Phone: 301-306-7070
Toll free: 800-233-4050
Email: national@chadd.org
Web: www.chadd.org
Missouri Service Systems

The purpose of this section is to provide you with a listing of agencies focused on areas such as educational, medical care or social services to individuals with developmental disabilities or special health care needs. This includes listings such as state or local agencies, hospitals, clinics or education systems.
Missouri Service System Contacts

Missouri Department of Elementary and Secondary Education
Division of Special Education
205 Jefferson Street
PO Box 480
Jefferson City, MO 65102
Phone: 573-751-5739
Fax: 573-526-4404
TDD: 800-735-2966
Web: http://dese.mo.gov/divspeced
Email: webreplyspe@dese.mo.gov