



## Transcript:

### Parenting Tips for ADHD: How to Unleash Your Child's Superpowers

Presenter: Tandra Rutledge  
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ANN SCHENSKY: Hello, everyone, and welcome. We're going to get started in just a minute or so. We'll give people a chance to get logged in.

All right, welcome, welcome, everyone. Our webinar today is "Parenting Tips for ADHD-- How to Unleash Your Child's Superpowers". We are excited to have Tandra Rutledge as our speaker today. This webinar is brought to you by the Great Lakes MHTTC and SAMHSA, the Great Lakes ATTC, MHTTC, and PTTC are funded by SAMHSA under the following cooperative agreements.

The opinions expressed in this webinar are the views of the speakers and do not necessarily reflect the official position of DHHS or SAMHSA. The MHTTC network believes that words matter. The MHTTC network uses affirming, respectful, and recovery-oriented language in all of its activities.

We have some housekeeping details for you today. If you are having technical issues, please individually message Stephanie Behlman in the chat section at the bottom of your screen. And she will be happy to assist you.

If you have questions for the speaker, please put them in the Q&A section at the bottom of your screen. Sometimes, the chat goes pretty fast. And we don't want to miss your questions if they're in the chat section.

So the Q&A is also at the bottom of your screen. So feel free to put questions there. A copy of the PowerPoint slides as well as the recording and any handouts will be available on the MHTTC website, usually in about a week. You will be directed to a link at the end of the presentation to a very short survey. We would really appreciate it if you could fill it out. It probably takes you about three minutes. And it's how we report back to SAMHSA on what we're doing and how people like it.

We will also be using automated captioning during the presentation today. And certificates of attendance will be sent out to all who attend the full session. They will also be sent via email. They take about 7 to 10 days. If you would like to see what else we're doing, feel free to follow us on social media. And, again, we are excited to have Tandra Rutledge as our speaker today. Tandra is the director of business development at Riveredge Hospital, a freestanding psychiatric facility in Illinois. Tandra is a mental health advocate



and suicide prevention educator. She promotes wellness and resilience through a social justice and racial equity lens. And welcome, Tandra, we're thrilled to have you.

TANDRA RUTLEDGE: Thank you, Ann. And thank you, everyone, for joining us this evening for this webinar entitled "Parenting Tips for ADHD-- Unleashing Your Child's Superpowers". Tonight, we will be discussing the do's and don'ts of parenting a child with ADHD and practical strategies to tap into, what I call, their superpowers.

Are you able to see the screen OK?

ANN SCHENSKY: It's super zoomed in.

TANDRA RUTLEDGE: I know. I'm wondering what that-- let's try it again.

Let's go for it one more time. Let's see. Not sure why that occurred.

ANN SCHENSKY: It is still zoomed in. OK.

TANDRA RUTLEDGE: Can you see it OK?

ANN SCHENSKY: Yes, perfect, thank you. Thank you very much. So I'll continue now. As a mental health professional and a mother of a son with ADHD, this webinar is designed to provide parents and caregivers of children with ADHD practical strategies to support your child.

Now, in full disclosure, I am here tonight as a mother. Yes, I am a mental health professional. And I have many years of experience working with children and families. And yet I've not had all the answers myself to parenting my son who has ADHD.

I am a mother who loves and cares for her son and wants him to reach his fullest potential. I see how super he is. And yet I have also struggled. Our learning goals are listed there on the screen. And what we know, those of us who have a child with ADHD, is that parenting a child with ADHD can be very challenging. So, tonight, we are going to acknowledge those challenges. And yet we're going to focus on the joys of parenting a child with ADHD.

I want to provide a disclaimer. Throughout the presentation, I will be sharing some real-life examples from my own experiences of parenting my son. My experiences should not be taken as expert advice for your family. However, I do believe that it is very important for parents and caregivers to share what we have learned and are still learning to support our children with ADHD. With that being said, I do encourage you to share your experiences this evening, what has worked and what has not worked, and to ask questions so that we can all learn from one another.



I actually have two sons, Matthew and Malcolm. Matthew, who is pictured here, is our youngest son. He is 10 years old now. And he was diagnosed with ADHD at age five.

And, as you can see from these pictures, which admittedly as a mom are a few of my very favorite ones, Matthew is full of energy and full of personality. He is quite a talker. And he considers himself quite funny. He has a list of jokes that he'll tell anyone.

He has a lot of friends. And he is very loyal. He has a strong sense of right and wrong and will fiercely defend anyone, especially his older brother. He experiences emotions intensely and is easy to forgive. He has a big heart. Matthew loves to sing. In fact, his favorite group is The Temptations and he dressed up as The Temptations for Halloween last year. And if you ask him what his superpower would be, he would say he would want super speed like Flash.

As I mentioned, Matthew was diagnosed with ADHD at age five, the symptoms of ADHD, inattentiveness, hyperactivity, and inattention. However, they were evident to us many years before. We are going to take a look at a brief video that will provide us with an overview of childhood ADHD.

[VIDEO PLAYBACK]

[MUSIC PLAYING]

TEACHER: This boy in my class was such a good kid. But he kept interrupting and talking to the person next to him. It was so disruptive. I had to talk to his parents.

MOTHER: We knew my daughter was smart. But her grades never reflected it. Her teacher said he was frustrated too.

FATHER: My son is into sports and video games and can play for hours. I don't think he's ever finished a book for class. He just doesn't stick with it.

MOTHER: We always had a great relationship with our daughter. So it shocked us when she wouldn't listen to us. It didn't seem defiant. So we couldn't understand why she stopped paying attention to rules, chores, and time.

NARRATOR: These are the voices of parents and other adults who support young people experiencing symptoms of Attention Deficit Hyperactivity Disorder, known as ADHD. ADHD is a common mental health condition that begins during a person's youth. It impacts both the child and the family. If a young person displays symptoms of ADHD, family members and other adults in the child's life can support him or her by remembering a few important things.



ADHD is a neurological condition. The disorder occurs when the part of the brain that helps a person focus doesn't operate efficiently. This is why specific stimulant medication can help. It boosts the productivity part of the brain that causes some problems.

It's important to remember that ADHD is not due to bad parenting. And there is no evidence that it is related to gluten, sugar, or immunizations, other kids, or the weather. There is no fault or blame for ADHD.

ADHD can affect academic performance. When a child struggles to focus attention, he or she might have difficulty with class performance and homework, including reading, writing, engaging in long discussions, or turning in work on time. This can result in grades that are not reflective of the child's knowledge, interest level, or overall academic ability.

ADHD can affect behavior. Attention impacts how we behave and what we do. Young people with ADHD may have difficulty waiting their turns or sitting still. In a classroom, this can result in behavior problems, like blurting out answers before being called on or struggling to stay in their seats. Untreated ADHD is often a reason that problem behavior can become a pattern. ADHD affects how a person feels. If children want to do well but struggle with grades and frequently find themselves in trouble, they can start to feel bad about themselves.

It's frequent to hear a child say things like, I don't know why I can't do this, or I didn't mean to skip my turn when ADHD starts to become a problem. These statements can easily become, I'm no good at this, or something is wrong with me. When youth think and feel this way, they become vulnerable to developing symptoms of depression or anxiety.

Family support is necessary. Parents and other family members can help a young person understand that he or she does not have to feel blame for experiencing symptoms of the condition. Adults can help children with accommodations, learning new skills and managing distress as they learn about ADHD and how it affects them.

Treatments are available. ADHD can be effectively treated by specific medications, behavioral therapy, focused family therapy, skills coaching, and appropriate accommodations. Each of these is focused directly on how to manage the condition, practice specific skills, and improve a person's ability to focus on a task at hand.

ADHD is not an easy condition for young people. And a child's family can be a significant part of the solution. By understanding the symptoms and effective treatments, a family can offer ongoing support, practical solutions, and effective help. And with help comes hope.



[MUSIC PLAYING]

TANDRA RUTLEDGE: With help comes hope. So is there anything in particular that stood out to you from the video? I'm interested in your feedback. With help comes hope. I want you to remember that, as parents and caregivers of a child with ADHD, that you don't have to go at it alone. One of the things that stood out to me in the video is the impact that ADHD has not only on the child but also on the family. And, as you know, this past year of COVID-19 and remote learning has created its own set of unique challenges for us all. What are some of the challenges that you've had parenting your child with ADHD?

ANN SCHENSKY: Some of the things in the chat are-- Jennifer said that what stood out to her was, with help comes hope. Also most children with ADHD often say, I'm bored.

TANDRA RUTLEDGE: We are going to talk about that.

ANN SCHENSKY: Trying to get help with online schooling has been a challenge.

TANDRA RUTLEDGE: Agreed. I've experienced that as well. Any other comments? What has been one of the biggest challenges that you have faced with your child?

ANN SCHENSKY: Emotional sensitivity. Vague emotions and not feeling like they can be good at things are my son's biggest challenges.

TANDRA RUTLEDGE: You're in the right place tonight. Yes, those emotions.

ANN SCHENSKY: The challenges, the obsession with screen time and video games. No filter. Remembering that tasks need to be completed. Keeping the focus, especially when working with virtual technology.

TANDRA RUTLEDGE: Yes, all of those-- thank you very much for your feedback. And, as I am listening to your comments, I'm nodding my head in agreement like probably many of you on this webinar tonight because we can relate to a lot of the comments that you've shared. So thank you very much for that.

It was probably in first grade when I noticed that my son was starting to feel bad about himself. One day he was in his room. I walked in his room, and he was crying. And, when I asked him why he was crying, he said, I'm not as smart as the other kids in class. I can't work as fast as they can. My brain is broken.

I know that many of you have probably experienced something similar. But that's really hard to hear as a parent. Or another comment my son has made



to me-- and I'll share a little bit more about this later-- when he was asked to discontinue guitar lessons after three sessions because he had a hard time focusing and learning the music.

And, as we were leaving the studio, he said to me, I'm sorry, Mommy. I tried my best. Very heartbreaking as a parent or caregiver of a child with ADHD. What I want you to know is that you are not alone and that there are millions of US children that have been diagnosed with ADHD. And, according to the Centers for Disease Control in a 2016 national parent survey, 6.1 million or approximately 9.4% of children in the United States have been diagnosed with ADHD.

This number includes children as young as in the age range from two to five, about approximately 388,000, approximately 4 million children ages 6 to 11 and approximately 3 million children, ages 12 to 17. We do know from the research that boys are more likely to be diagnosed with ADHD than girls. Does not mean that they don't equally exhibit symptoms of ADHD. It just has to do with diagnosis and many times the externalizing behaviors that boys typically show.

Also, the causes and risk factors for ADHD are largely unknown. But current research does show that genetics does play an important role. We know that ADHD typically runs in families and researchers have found certain trends, not causation, but certain trends in specific brain areas that contribute to attention.

When describing his ADHD brain, Matthew once told me, it's like my brain is on 100. That's what he said. I thought that that was a perfect description of his experience of ADHD and is much like most children.

The picture on this slide is an artist's depiction of Matthew describing his ADHD brain. The artist, Annie Arnold, is a colleague and an art therapist. A few years ago, we were discussing my son. I shared with her how he described his ADHD.

And I shared with her the challenges that I experience as his mother in advocating for him and also finding books with images that look like him to help him understand what it is like to have ADHD. A few days later, Annie gifted us with this picture. And, when Matthew saw this image, he immediately saw himself. And he said, Mommy, this looks just like me and my ADHD brain.

As the video mentioned, ADHD is often first identified in school-age children when it leads to disruption in the classroom or problems with schoolwork. However, determining if a child has ADHD is a process with several steps. First, there is no single test to diagnose ADHD. And many other problems, such as anxiety, depression, sleep problems, and certain types of learning disabilities can have similar symptoms.



Diagnosing ADHD usually includes a behavioral checklist for rating ADHD symptoms and taking a thorough history of the child from parents, teachers, and sometimes even the child. A very important part of the step in the process involves having a complete medical exam, including hearing and vision tests to rule out other problems with symptoms like ADHD. We started talking with our pediatrician when we noticed symptoms when Matthew was about three years old.

At that time, I remember describing him like the Energizer Bunny, from the moment he would wake up until he fell asleep. Our pediatrician was very reassuring but did not jump to a quick diagnosis. Instead, he provided us with some information and some resources. And we agreed to take a wait-and-see approach to see how he would do when he started school.

Many ADHD symptoms, such as high activity levels, difficulty remaining still for long periods of time, and limited attention spans are common to young children in general. The difference in children with ADHD is that their hyperactivity and inattention are noticeably greater than expected for their age and cause distress and/or problems functioning at home, at school, or with friends. Treatment for ADHD can include a combination of behavior therapy and medication. For preschool-aged children with ADHD, behavior therapy, particularly training for parents is recommended as the first line of treatment before medication is tried.

What works best can depend on a number of factors, as well as the individual child and the family. Good treatment plans will include close monitoring, follow-ups, and making changes, if needed, along the way. For some families, medication is often a last resort due to their own beliefs, concerns, and experiences. Education is key. And talking with a health care professional to consider all your treatment options is highly recommended.

I want you to also keep in mind that most people, including many professionals have only a vague understanding of what ADHD means. As parents and caregivers, it is important for us to understand what underlies ADHD. And there are three defining features that I'd like to highlight for us this evening. The first one is that children with ADHD typically have an interest-based nervous system. Now what does that mean?

Well, I'll tell you in a moment. Despite its name, ADHD doesn't actually cause a deficit of attention. It actually causes inconsistent attention that is only activated under certain circumstances.

Think about this. Have you ever been frustrated with your child who can seem to focus for hours playing video games but is unable to complete his math homework? Well, there is an explanation for that. People with ADHD can focus. But it's often a state of hyper focus or intense concentration on a



particular task during which the individual feels that he or she can accomplish anything.

This state is not activated by a teacher's assignment or even by a parent's request. It is only created by a momentary sense of interest, competition, novelty, or urgency created by a do or die deadline. So the ADHD nervous system is interest-based rather than importance- or priority-based.

So, yes, they can pay attention. But, oftentimes, it's a hyper focus and they pay attention to the things that interest them. So what is emotional hyperarousal? That came up as well in the chat.

Well, emotional hyperarousal are those big emotions that many people with ADHD experience. And so many times people think that, when a child or person has ADHD, that they are visibly hyperactive. That is not always the case.

In only about 25% of the children and only 5% of adults who have ADHD are visibly hyperactive. The rest of the individuals with ADHD experience an internal feeling of hyperarousal, like my brain is on 100. Or I just can't sit there and watch TV with my family. Or I just can't turn my brain and body off to go to sleep.

People with ADHD have passionate thoughts and strong emotions that are often more intense than those of the average person. This means that they may experience both happiness and criticism more powerfully than your peers and loved ones do. Children with ADHD often know that they are different, which is rarely, in our society, experienced as a good thing.

So they may sometimes develop low self-esteem or low self-confidence because they realize that they fail to get engaged and finish what they start. And because children make no distinction between what you do and who you are. Because of this emotional hyperarousal, sometimes, people with ADHD are misdiagnosed with a mood disorder.

One of the differences between the two is that mood disorders are characterized by moods that have taken on a life of their own, separate from events of the person's life. And they last for a long period of time. However, moods created by ADHD are almost always triggered by events and perceptions and typically resolve very quickly. They are normal moods in every way, except for their intensity.

What is rejection sensitivity? Rejection has to do with an intense vulnerability to the perception, not necessarily the reality, of being rejected, teased, or criticized by important people in your life. This includes having a strong sense of failure or falling short or failing to meet either your own high standards or others' expectations. The experience of rejection sensitivity can be externalized and look like a flash of rage or aggressive behavior.



Or it can be internalized and look like sadness and/or anxiety. Sometimes, individuals with ADHD avoid rejection by becoming people pleasers. Others just opt out of interacting with people altogether and choose not to try because making any effort is so anxiety-provoking.

These three characteristics of ADHD are often ones that we can miss. And so it's important for parents and caregivers to understand how the intraspace nervous system, the emotional hyperarousal, and rejection sensitivity manifests in their child's life and impacts their ability to function. What we do know is that medication can often level the nervous system. But pills don't teach skills. And we know that.

There's no magic ADHD medication. Medication can be very helpful and one part of a comprehensive treatment plan. ADHD treatment is just as complex as the condition itself.

Once your child is diagnosed with ADHD, it is important, first and foremost, to not blame yourself. ADHD is a neurological disorder. It's also very important to educate yourself on the condition and understand how it affects your child. Talking to a medical or health care provider, finding a support group, or taking a class like this can all be very helpful.

We all know the hallmark symptoms of ADHD-- inattention, impulsivity, and hyperactivity. And we know that the symptoms are important. But, as we've discussed, there are also other layers to ADHD. And so those three symptoms are not the whole picture.

Other layers of ADHD that I just want us to mention this evening include developmental delays. Children with ADHD develop two to three years more slowly than their peers. We can see this impact in their maturity, in their social skills, executive functioning, emotional dysregulation, which we've talked about, and self-regulation. Keep this in mind as you create appropriate and achievable expectations for your child.

This will help you craft ways to help him or her succeed. And consider this image of an iceberg. We know that-- I think it says that only 10% of the iceberg can be seen.

So that means that 90% of the iceberg remains below the surface. And that's the case with ADHD. What's under the surface is just as, if not more, important as what seems visible.

Another layer to ADHD can include coexisting conditions. And it's estimated that 50% to 60% of individuals with ADHD also have one or more coexisting condition. These conditions can include a mood disorder, anxiety, autism, learning disabilities, executive functioning deficits, conduct disorder, and more. These additional diagnoses can be important because they give us a



starting point for really understanding our children and to be able to effectively help them.

We've already mentioned executive functioning deficits, which are skills that we use to manage our day-to-day planning, organization, task initiation, emotional regulation, and time management. When this group of skills is deficient, many daily tasks fall apart. So it's important to identify your child's level of executive functioning and accommodate for areas that are a weakness in the classroom and at home.

And then time blindness. Time blindness leads people with ADHD to have a distorted concept of time. For example, your child may not have an innate sense for how long 30 minutes feels. He knows he has to hurry up. But still can't be certain how long he has to complete an assignment or a task.

You can say, you have until the end of class, or, you have one hour. But that will mean virtually nothing to someone with time blindness. It also impacts the response to needing to wait or the feeling that a simple task will take forever. So one of the ways that we have tried to address time blindness in our household is through the use of-- we used to use the visual timers. But now we use our Alexa devices. And that has been very helpful to us to be able to set a timer to let my son know when his time is winding down and when he should be shifting to another task.

And this is a skill that we've tried to teach him. And so he often will set timers for himself, which is what we want our children to do. Another hidden feature of ADHD that's under the iceberg are meltdowns. And meltdowns are a little different than tantrums.

So a tantrum is more of a fit that a child chooses to throw in an effort to get what they want. Children do sometimes act out-- we know this-- in order to affect your compliance with the request. Generally speaking, a child having a tantrum is very conscious of his safety and won't do anything necessarily to risk it.

The tantrum will typically stop if he gets what he wants in the first place. A meltdown is a little different. In a meltdown, your child's brain is actually hijacked.

He is no longer in control of what he's saying or doing. A meltdown can be triggered by a tantrum. Or it can be triggered by sensory overload, feeling misunderstood or not feeling heard.

In the throes of a meltdown, a child might harm himself or others. He's not able to consider his actions and rationalize because his brain has been hijacked. A meltdown typically won't stop if the child is offered what he originally wanted.



And then the last layer that we need to consider that I'll mention is a big one. And it is incompatibility. Yes, I said school incompatibility.

We know that the way that our educational system is designed. It's designed with an expectation of conformity. Students must sit, be quiet, remain attentive for long periods of time. The teacher hands out an assignment and expects all students will find it important, interesting, be motivated to complete it, and effectively be able to self start. Students are expected to be responsible and accountable for themselves and their academic experience.

Well, that's expecting a whole lot since it considers none of the challenges common for students with ADHD. So they often struggle in school. And that is a very important awareness for us as parents and caregivers. We have to adjust our expectations of our children when it comes to school because they often can't do, depending on the severity of their ADHD, all those mainstream neurotypical behaviors and expectations.

The design of the school system makes it very hard for them to accomplish that. Now, there are a lot of accommodations that schools are making to help support students with ADHD. And, as parents and caregivers, we must continue to support and encourage and advocate for those accommodations to help our children feel successful in school.

So, when parenting or teaching children with ADHD, we need to understand those hidden layers that we've mentioned of ADHD that can often be mistaken for character flaws, personality defects, or even moral or ethical deficits. They're not any of those things. In fact, they're part and parcel of the ADHD brain. So I am going to pause for a moment and see if there are any comments or questions that we can answer.

ANN SCHENSKY: Yes, we have about three questions in the Q&A. And just a lot of people also commented that the timers were very effective for their children. And that it was a good way for-- someone said, timers have been great for us. It helps him transition without me reminding him, which often turns into a confrontation and a struggle.

TANDRA RUTLEDGE: And think about how confident your child feels that they don't have to constantly be reminded and that they can take some ownership on managing their day. So great. Love those timers. We even had-- when I found those visual timers, I'd never heard of a visual timer.

The school teacher helped me. And I got the really big one. I don't want you to miss this timer. We got timers, and we had them in all the rooms. Very helpful.  
ANN SCHENSKY: Great. Are there any DBT skills that can be used for the impulsivity?

TANDRA RUTLEDGE: I'm not exactly sure. I'm not as familiar with DBT being used for ADHD. But I do know that many of the behavior therapy techniques



and parenting strategies can be helpful. But that ability to regulate, learning to regulate oneself I think can be key for especially older children. That's a great question.

ANN SCHENSKY: Thank you. Do you mind giving a few examples of accommodations at school?

TANDRA RUTLEDGE: Sure, sure, and other people can also share. So accommodations at school can include things such as more time on tests, modified assignments. So maybe if there are 20 math problems assigned because of the child's ADHD, maybe they have to do only five or 10.

I remember we used the talk-to-text feature on the iPad because writing was a struggle. And so it was easier for my son to respond to written assignments by using that feature and then going in and editing it. Then having him to write five sentences. There are also flexible seating, which I love.

And sometimes students can be allowed to use various fidgets. And they even have those-- and I'm not sure what they're called-- but those privacy boards for kids who get distracted by other people sitting next to them. And so they can kind of put this board around them to help them focus. There are a lot of really good tools and strategies that are available. And that's where parents need to know that schools can help and support their students.

And then we can learn from the school because they're experts in education. And they can help us. And we can help them so that we have a plan in place to support our child both at home and in school.

It's so very important to be able to collaborate with the school as well. I hope that that helped. I want to continue with the presentation. We'll take some more questions in a moment.

But I want to get to some more of the content. You all are looking at my little man. And I must say that he did give me permission to use his picture and to talk about him.

And, in fact, he asked me. He said, Mommy, do you want me to help you with your presentation? So maybe that's something in the future that he will want to do.

But this is Matthew now. He is in the fifth grade. And, as I recall trying to help him find his superpowers, I knew, for example, that he enjoyed singing. But, when I put him in the church choir, he had a meltdown.

He had a meltdown. And, the day we went to sign up for guitar lessons, after he had asked for a guitar, and we bought him a guitar, he had another meltdown right there in the studio. I was so confused. And, finally, when I started to learn some of the underlying layers of ADHD and that singing in a



group and singing in front of people actually created anxiety for him-- he didn't want to participate in the choir because he was concerned about not being good enough.

And so then I said, OK, so let's sign up for individual virtual voice lessons. And, a few weeks ago, he sang in front of his class for the first time and sang his song twice. So that was a win. He also learned to play the guitar virtually because, as I mentioned earlier, when we started guitar lessons, he was asked not to return after three lessons.

But, when sharing with another parent with a child with ADHD who's my support system, she suggested that I find someone who can teach adaptive guitar lessons. And so he has been in virtual adaptive guitar lessons, which has been much better for him and for us. And so, as a parent or caregiver, it is so important to make sure that you are seeking treatment for your child and support for both your child and yourself. As you try to navigate your child's condition, it is so very important to their success and your sanity.

So, when my son was diagnosed with ADHD-- when my son was diagnosed with ADHD, I remember my husband saying to me, he acts just like you. Yes, he did. He said that.

Well, there was some truth to that because ADHD tends to run in families. And, many times, adults realize that they too have ADHD after their child is diagnosed. But my ADD looks very different than my son's ADHD. What's important to keep in mind is that no two cases are alike.

So we must listen to our child to understand his or her needs. What works for one doesn't necessarily work for another person. And so these are some things that we should consider that, although, we are describing behaviors and making generalizations, some children with ADHD need to move. Some children can't pay attention standing still, literally.

Literally, my son listens better with a fidget in his hand. And he takes it everywhere. Some children don't appear to be hyperactive at all and just seem to be spaced out or in a dreamy state. They look out the window. And they just don't seem to be present. They're more inattentive.

They aren't causing a problem or bothering anybody. They just underperform and just seem to not be present many times. Some children with ADHD can't control their temper, which, again, stems from the poor impulse control but also that emotional sensitivity and hyper focus.

Some children can't deal with failure. We've already talked about the rejection sensitivity that many people with ADHD experience. And some children thrive on structure. Other needs the opposite.



I don't know about you. But I tried very hard the checklists and the rewards charts and the stickers. And I spent lots of money with all of those things until I realized that it just doesn't work for my family. There may be some of you that those checklists and charts and rewards work.

But it doesn't work for my family. So understanding that, yes, we do need to create structure and predictability. But we also need to be very flexible. Some children with ADHD learn great from screens, others not so much. And that's important for us to understand and advocate for our children, especially the year that we've just had with remote learning-- very challenging.

And so this really-- this slide really just encourages us to make sure that we don't lump all children with ADHD into one little perfect box and think that they're all the same. As parents and caregivers, it's so very important to listen to your child and learn and identify what they're super at. And so this is one of the things that I love about getting to know my son and understanding his ADHD brain.

I'm curious if there are any superpowers or any positives that you can identify about your child. Please feel free to share those with us. We'd love to hear. We know that there are things that our children need to work at that they have these challenges. But there are also some super awesome things that they do.

One of the things that I really admire about Matthew is, honestly, the way he thinks, that he does not think about things the way other people do. And I tell him all the time, I love the way your mind works. I might not always understand it. But I love that he thinks differently because he is very creative. And, sometimes, his thinking is so unique that I have to ask him to show me what he's talking about or if he's explaining something to me because that's the way my ADD brain works. So what are some of the superpowers that your child displays?

ANN SCHENSKY: Kelly says, boundless energy at all times, such as 6:00 AM each and every morning, smiley face.

TANDRA RUTLEDGE: Kelly, we feel you. We do.

ANN SCHENSKY: I would agree with the creativity that someone mentioned. They're very creative. The amount of love that he has.

So those are some of the things that people are-- their kids' superpowers. Every day is a new start. He's forgiving and affectionate.

TANDRA RUTLEDGE: I love the affection and the compassion and the concern for other people. It's so amazing. And so because you all know that those are your child's superpowers, then how do we as parents and caregivers nurture that and encourage that? How do we find ways for them to channel that boundless energy?



One of the things I mentioned, when we started, is that my son, he says that he wants his superpower to be super speed. OK, well, that's perfect for a kid who has boundless energy? So he is on the track team.

And he's doing flag football and having opportunities to run and be as fast as he wants to be and channeling that in a very positive way. Thank you for sharing. Any others that we want to share?

ANN SCHENSKY: Sometimes, sports. He thrives on competition and helping his team. The willingness to take risk feeds the creativity.

TANDRA RUTLEDGE: Sounds like we have some super kids. Yeah. OK, anything else? Feel free to share. I'm experiencing some of the team-- the competitiveness.

But I also know that the other side of that too is that emotional sensitivity. So, sometimes, the emotional flood when the team is not doing well or something does not go his way. And so just continuing to nurture that and understand that. And one of the things that is important as we think about our super kids is that there are some dos and don'ts. And I want to just highlight the importance of what I call-- I didn't create this-- but the oxygen mask principle. Because our children wake up like the Energizer Bunny at 6 o'clock in the morning till bedtime, it's important that we prioritize our self-care and knowing when we need to tag out and take breaks so that we can respond in a supportive and compassionate manner to the medical condition that our children have. So what are some things that are important for us to remember? Well, it's important for us to pick and choose your battles. Keep some of these strategies in mind. Taking breaks and keeping them in manageable pieces. Above all else, believe in your child. And believe in what he or she can do and do everything that you can to support and advocate for your child.

We know that oftentimes it's a struggle to parent a child with ADHD. And so finding other parents that can be a support to you is so very important to make sure that you have that. And then there are some things that I would encourage you not to do.

Don't really sweat the small stuff. And probably the biggest one that I would encourage you to be thoughtful about is don't let your child or the disorder take control. So very important not to let your child or the disorder take control.

So I want to be thoughtful about the time. And, actually, we are wrapping up. I believe this is the last slide. The Search Institute has created this framework called developmental relationships. And I think it is a very good framework for understanding how parents and caregivers can really support and encourage our child's superpowers.



This framework has been researched. And they offer on their website some action learning principles and tools for parents and organizations like schools. Search Institute has identified five elements expressed in 20 specific actions-- many of them we've already mentioned this evening-- that make relationships powerful in your children's lives.

And they refer to this as the developmental relationships framework. And so those five elements include express care. Showing our children that they matter and that they are not their disorder is so important.

Challenge growth. So not allowing their disorder or them to give up on themselves and pushing them to get better and understanding that they have to learn the skills to manage their daily lives. Providing support. Sharing power. Giving them opportunities to take ownership.

Respecting them and including them in decisions and collaborating with them. And allowing them to lead is important. And then, lastly, expand their possibilities by inspiring them and broadening their horizons, exposing them to people, places, and things that will enrich their lives and making sure that they are building strong positive connections to other people that also can be a support.

Cultivating these relationships and understanding the importance of relationships will help our children who have ADHD develop skills, shape their lives, learn to engage, and contribute to the world around them. Thank you for your time and your questions. We have about five minutes. And I will take some questions or comments now.

ANN SCHENSKY: OK, we do have some questions. Can someone with ADHD also have autism?

TANDRA RUTLEDGE: We do see-- so the short answer is yes. One of the challenges with autism and other developmental disorders-- intellectual and developmental disorders is determining if the autism contributes to the ADHD symptoms and the impact that the ADHD symptoms exacerbates or contributes to the autism. So, in those cases, deciding that and figuring that out can be very, very challenging.

And so I would encourage you to make sure that you get a thorough evaluation from medical professionals who have some expertise in understanding the comorbidity with children with autism. So an autism specialist would be the best place to start to begin to figure out whether or not your child-- if you're speaking of your own child-- has symptoms of ADHD. Similar with mood disorders as well with children with autism.

ANN SCHENSKY: Thank you. Any relationship between video games and ADHD?



TANDRA RUTLEDGE: So video games don't cause ADHD. And I know that that wasn't the question exactly. But I needed to say that. But this is where you have to really know your child.

Screen time for some kids can be OK. And screen time for other kids with ADHD can actually exacerbate their symptoms. And I'll tell you that, in my case, I do think that prolonged screen time and video games increases my son's emotional sensitivity.

And I see it. And so it's my job as a parent to monitor that and help manage that. When he has less screen time, he is more stable emotionally.

He still has his big emotions. But, when there's a lot of screen time involved, those meltdowns are frequent and much more intense. So I do believe that there is a connection between how much screen time or video games a child with ADHD has and how symptomatic or the difficulties that they may have.

ANN SCHENSKY: OK, thank you. How can a therapist diagnosis a child if the child isn't willing to open up during therapy to be properly diagnosed?

TANDRA RUTLEDGE: That's a hard one. So, with ADHD in particular, what's very important for therapists and health care providers to do is to get as much information from what we call collaterals. So having an interview with the parents, caregivers, other important adults in that individual's life, including teachers or coaches and trying to see how that child functions in those other settings and around those other individuals.

It is important, especially if you're speaking of an older child to work on building that relationship so that that child can begin to open up and give you a clue into their ADHD brain because that's very important. And, as you can hear, my son now who knows that I am doing this training has begun to sing. So it's kind of par for the course of what we deal with. I hope that answers your question.

ANN SCHENSKY: That is awesome. I love that.

TANDRA RUTLEDGE: I don't know if you can hear him.

ANN SCHENSKY: A little bit, but that's a nice, little background music. We have someone who said, as someone who is just starting out this journey, what should I know? And what should be the first steps to find out if my child has ADHD?

TANDRA RUTLEDGE: Great question. Really, the first thing I would do is to talk to your child's health care provider, often starting with your pediatrician. Your child's pediatrician has a lot of information and typically is very knowledgeable about ADHD in particular.



And that's the first place I would start. And they should help you to identify-- talk with you and see if those concerns warrant another-- or further assessment. And, oftentimes, they can refer you to a professional who can do a full assessment to determine if your child does in fact have ADHD.

If you are seeing the behaviors in school, the school can also be very helpful and instrumental in helping you determine if your child has ADHD. And also beginning, like you're doing this evening, by getting some education. If you google ADHD, you're just going to be very overwhelmed because there are a lot of resources about ADHD.

The CDC has good information. SAMHSA has good information. There are a lot of organizations committed to providing education and awareness. So getting an assessment, speaking with your medical provider, and educating yourself would be the first steps.

ANN SCHENSKY: Great, thank you. I want to be very conscious of the time for everyone because it is evening. And perhaps some of our children are home singing.

[LAUGHTER]

TANDRA RUTLEDGE: Yes.

ANN SCHENSKY: We need to be aware of that and give them the time that everyone needs together.

TANDRA RUTLEDGE: But do you see how I'm just working through it, right?

ANN SCHENSKY: Well, no, and we all are. And that's the way it works. We do have a couple of questions. And if it's OK with you and with other-- we can have them answered in writing, and we can post them.

TANDRA RUTLEDGE: Oh, OK.

ANN SCHENSKY: If you'd like. Or we can stay on. I have one I want to address quickly. But I just wanted to let other people know we're aware of the time.

TANDRA RUTLEDGE: Yes.

ANN SCHENSKY: How can a parent address concerns with the school about their child who has ADHD? The school is aware of the diagnosis, has a 504 plan in place. But there's continuous write-ups, sent home calls, and a recent suicide risk assessment due to the child stating he wants to die because he feels like he's singled out by his math teacher.



TANDRA RUTLEDGE: That's where parents and caregivers really have to be strong advocates for their children. So a 504 plan is, for those of you who don't know, is a plan that the school can put in place to provide some accommodations and supports for children with ADHD. My son had a 504 plan for a few years and recently has qualified for an IEP, or an Individualized Education Plan.

What I would suggest that you do is request a meeting with the school and talk with them about your concerns and help them to understand how some of the behaviors and challenges that your son is displaying in school and even expressing thoughts that he wants to die, that those are part of his diagnosis. And helping them to understand that will be so very important, that ADHD is not just about the symptoms that we can see visibly. But they also are about those things that we talked about that are underneath the iceberg.

And so being your child's advocate. But don't feel like you have to go at it alone if there is another parent or if you're in a community where there is a local NAMI, the National Alliance on Mental Illness affiliate. They provide support for parents and families who have family members with mental health conditions.

And they can really help to support and educate you and so advocating for your son so that he receives the support he needs. Really, as a mom, I'm really concerned about how he's internalizing his condition that he has really no control over. So it's going to be very important for you as his parent or caregiver to make sure that you're advocating for your son as it relates to school and what he needs.

ANN SCHENSKY: Great, thank you.

TANDRA RUTLEDGE: And if you don't have-- if he doesn't have a therapist, then you might want to consider-- I'm not sure if he has therapy or you all are in any type of parenting support group or if he's taking any medication. But, certainly, look at his treatment plan and figure out ways that you can support him through this process. Thank you for sharing.

ANN SCHENSKY: Thank you. So a couple of things very quickly. My son's teacher is very supportive and has helped a lot the school year. But my son still hates school. He says it's too long, and he's in third grade. How can I help him turn that negative into a positive?

TANDRA RUTLEDGE: I can relate. Your son told you that in third grade. My son told me in kindergarten. Remember when we talked about school incompatibility. We have to understand that for many kids with ADHD school is just not the place where they are going to get their sense of who they are or feel that sense of accomplishment, at least not right now.



And so that's, honestly, why I talk about finding your child's superpower because my son at a very early age-- and even now if I ask him how's school? He always talks about it being too long. And it's boring because he has an interest-based nervous system.

And so finding a balance outside of school, while continuing to support and encourage him in school is going to be so important to helping to develop his self-esteem and help counteract those things underneath that iceberg that our children with ADHD struggle with. So being very intentional in what you do and how you support him. But also making sure that his teachers, even though they're supportive, understand that this little guy does not like school. So how can we help him develop more self-confidence within the school and in the classroom? So that's where that super power really comes in.

ANN SCHENSKY: Thank you.

TANDRA RUTLEDGE: I'm sorry. I want to say, as a parent, I had to come to a realization that my son isn't going to be-- isn't going to say, yes, I love school. And that's OK. That's OK.

Life is more than school. Yes, our children have to do school. Yes, absolutely. But providing opportunities to expand the possibilities for them is so important outside of school.

ANN SCHENSKY: Great, thank you. So the fidgets help them from daydreaming and keep their focus?

TANDRA RUTLEDGE: So that's a question?

ANN SCHENSKY: Yes.

TANDRA RUTLEDGE: So, for my son, the fidget works. Again, it's not one size fits all. And, honestly, it wasn't even the fidget spinner thing. My son created a fidget out of LEGOs.

And I honestly didn't even know that he had created it until I saw it in his pocket. And I didn't realize that he takes it everywhere. So it hasn't been disruptive in class or disruptive to him accomplishing things.

So, for him, a fidget works. And, again, it's some stacks of LEGOs. So it's not the little fidget spinner.

He also used to use-- and I can't remember the name of it-- the band that goes around his seat and his chair for school, where he could put his feet on it. And he could play with it and pop it. And he used that until he didn't need to use it anymore.



And he let his teacher know that I don't need that anymore. So the fidgets can be helpful. But you have to listen to your child and see what works for them.

ANN SCHENSKY: Great, thank you. And our last question is-- and I know you talked a little bit about the Search Institute and NAMI but if there were any other helpful ADHD support groups for parents.

TANDRA RUTLEDGE: And I don't know why I went blank on CHADD.

ANN SCHENSKY: Karen, yeah, someone—

TANDRA RUTLEDGE: Thank you.

ANN SCHENSKY: CHADD.

TANDRA RUTLEDGE: And I was trying to remember the children-- can somebody-- can you all help me out here? But CHADD is a great resource for lots of things, including a clearing house for finding support groups in your local area, in addition to NAMI is a great resource as well.

ANN SCHENSKY: Stephanie put the website for CHADD—

TANDRA RUTLEDGE: Thank you

ANN SCHENSKY: --in the chat.

TANDRA RUTLEDGE: Oh, yes, yes, and I see ADDitude. Yes, yes, ADDitude. Yes, yes, there are many great articles. Some of the information I included tonight is from there, a wealth of information.

Again, there is a lot out there about ADHD. And, frankly, it can be quite overwhelming. So making sure that you don't get overwhelmed by all the information and the resources and find what works for you and what you need to help you is so very important.

ANN SCHENSKY: Excellent. Well, thank you. Thank you not only to you, Tandra, for yet another amazing presentation, but to all of our participants who gave us their time this evening and shared their stories. We really appreciate it.

So thank you, all. Have a fantastic evening. And I'm sure we'll see you again sometime soon.

TANDRA RUTLEDGE: Thank you all very much again. And, yes, I will thank him. And he is a great case study. And you might see that picture on a book. He wants to write a book.



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So you might see that picture that my colleague drew of him as a cover for the character in the book. So thank you all. Have a great evening.

ANN SCHENSKY: Thank you.