Attention-Deficit/Hyperactivity Disorder

(AD/HD)
Information Disclaimer

The purpose of the information packet is to provide individuals with reader friendly information. We believe that a good overview is a realistic one. For this reason we have included a variety of information that may include the more difficult characteristics of a diagnosis or topic along with medical, educational and best practice information.

All information contained in this packet is for general knowledge, personal education and enrichment purposes. It is not intended to be a substitute for professional advice. For specific advice, diagnosis and treatment you should consult with a qualified professional.

When this packet was developed, Maine Parent Federation made every effort to ensure that the information contained in this packet was accurate, current and reliable. Packets are reviewed and updated periodically as changes occur.

09/2011

Disclaimer

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ADHD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active. [1](https://www.cdc.gov/ncbddd/adhd/facts.html#1)

**Signs and Symptoms**

It is normal for children to have trouble focusing and behaving at one time or another. However, children with ADHD do not just grow out of these behaviors. The symptoms continue and can cause difficulty at school, at home, or with friends.

A child with ADHD might:

- daydream a lot
- forget or lose things a lot
- squirm or fidget
- talk too much
- make careless mistakes or take unnecessary risks
- have a hard time resisting temptation
- have trouble taking turns
- have difficulty getting along with others

[Learn more about signs and symptoms](https://www.cdc.gov/ncbddd/adhd/diagnosis.html)

**Types**

There are three different types of ADHD, depending on which types of symptoms are strongest in the individual:

- **Predominantly Inattentive Presentation**: It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
Predominantly Hyperactive-Impulsive Presentation: The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.

Combined Presentation: Symptoms of the above two types are equally present in the person.

Because symptoms can change over time, the presentation may change over time as well.

Causes of ADHD

Scientists are studying cause(s) and risk factors in an effort to find better ways to manage and reduce the chances of a person having ADHD. The cause(s) and risk factors for ADHD are unknown, but current research shows that genetics plays an important role. Recent studies of twins link genes with ADHD.

In addition to genetics, scientists are studying other possible causes and risk factors including:

- Brain injury
- Exposure to environmental (e.g., lead) during pregnancy or at a young age
- Alcohol and tobacco use during pregnancy
- Premature delivery
- Low birth weight

Research does not support the popularly held views that ADHD is caused by eating too much sugar, watching too much television, parenting, or social and environmental factors such as poverty or family chaos. Of course, many things, including these, might make symptoms worse, especially in certain people. But the evidence is not strong enough to conclude that they are the main causes of ADHD.

For more information about cause(s) and risk factors, visit the National Resource Center on ADHD.
Diagnosis

Deciding if a child has ADHD is a several step process. There is no single test to diagnose ADHD, and many other problems, like anxiety, depression, and certain types of learning disabilities, can have similar symptoms. One step of the process involves having a medical exam, including hearing and vision tests, to rule out other problems with symptoms like ADHD. Another part of the process may include a checklist for rating ADHD symptoms and taking a history of the child from parents, teachers, and sometimes, the child.

Learn more about the criteria for diagnosing ADHD (https://www.cdc.gov/ncbddd/adhd/diagnosis.html)

Treatments

In most cases, ADHD is best treated with a combination of behavior therapy and medication. For preschool-aged children (4-5 years of age) with ADHD, behavior therapy is recommended as the first line of treatment. No single treatment is the answer for every child and good treatment plans will include close monitoring, follow-ups and any changes needed along the way.

Learn more about treatments (https://www.cdc.gov/ncbddd/adhd/treatment.html)

Managing Symptoms: Staying Healthy

Being healthy is important for all children and can be especially important for children with ADHD. In addition to behavioral therapy and medication, having a healthy lifestyle can make it easier for your child to deal with ADHD symptoms. Here are some healthy behaviors that may help:

- Eating a healthful diet(https://www.cdc.gov/healthyweight/healthy_eating/) centered on fruits, vegetables, whole grains, legumes (for example, beans, peas, and lentils), lean protein sources, and nuts and seeds
- Participating in physical activity(https://www.cdc.gov/physicalactivity/basics/children/index.htm) for at least 60 minutes each day
- Limiting the amount of daily screen time(https://www.cdc.gov/nccdphp/dch/multimedia/infographics/getmoving.htm) from TVs, computers, phones, etc.
- Getting the recommended amount of sleep(https://www.cdc.gov/sleep/about_sleep/howmuch_sleep.html) each night based on age
Get Help!

If you or your doctor has concerns about ADHD, you can take your child to a specialist such as a child psychologist or developmental pediatrician, or you can contact your local early intervention agency (for children under 3) or public school (for children 3 and older). You can fill out a symptoms checklist(https://www.cdc.gov/ncbddd/adhd/checklist.html) and take it to the child’s doctor.

Sharing Concerns

For tips on sharing concerns about a child's development, click on one of the following:

- Parent to Physician
- Physician to Parent
- Parent to Parent

The Centers for Disease Control and Prevention (CDC) sponsors the National Resource Center on ADHD, a program of CHADD – Children and Adults with Attention-Deficit/Hyperactivity Disorder. Their website has links to information for people with ADHD and their families. The National Resource Center operates a call center with trained staff to answer questions about ADHD. The number is 1-800-233-4050.

For more information on services for children with special needs, visit the Center for Parent Information and Resources. To find the Parent Center near you, you can visit this website.

In order to make sure your child reaches his or her full potential, it is very important to get help for ADHD as early as possible.

ADHD in Adults

ADHD often lasts into adulthood. For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the National Resource Center on ADHD and the National Institutes of Mental Health.

Footnotes:

Mario is 10 years old. When he was 7, his family learned he had AD/HD. At the time, he was driving everyone crazy. At school, he couldn’t stay in his seat or keep quiet. At home, he didn’t finish his homework or his chores. He did scary things, too, like climb out of his window onto the roof and run across the street without looking.

Things are much better now. Mario was tested by a trained professional to find out what he does well and what gives him trouble. His parents and teachers came up with ways to help him at school. Mario has trouble sitting still, so now he does some of his work standing up. He’s also the student who tidies up the room and washes the chalkboard. His teachers break down his lessons into several parts. Then they have him do each part one at a time. This helps Mario keep his attention on his work.

At home, things have changed, too. Now his parents know why he’s so active. They are careful to praise him when he does something well. They even have a reward program to encourage good behavior. He earns “good job points” that they post on a wall chart. After earning 10 points he gets to choose something fun he’d like to do. Having a child with AD/HD is still a challenge, but things are looking better.

What is AD/HD?
Attention-Deficit/Hyperactivity Disorder (AD/HD) is a condition that can make it hard for a person to sit still, control behavior, and pay attention. These difficulties usually begin before the person is 7 years old. However, these behaviors may not be noticed until the child is older.

Doctors do not know just what causes AD/HD. However, researchers who study the brain are coming closer to understanding what may cause AD/HD. They believe that some people with AD/HD do not have enough of certain chemicals (called neurotransmitters) in their brain. These chemicals help the brain control behavior. Parents and teachers do not cause AD/HD. Still, there are many things that both parents and teachers can do to help a child with AD/HD.

How Common is AD/HD?
As many as 5 out of every 100 children in school may have AD/HD. Boys are three times more likely than girls to have AD/HD.

What Are the Signs of AD/HD?
There are three main signs, or symptoms, of AD/HD. These are:

- problems with paying attention,
- being very active (called hyperactivity), and
- acting before thinking (called impulsivity).
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More information about these symptoms is listed in a book called the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is published by the American Psychiatric Association (2000). Based on these symptoms, three types of AD/HD have been found:

- **inattentive type**, where the person can’t seem to get focused or stay focused on a task or activity;
- **hyperactive-impulsive type**, where the person is very active and often acts without thinking; and
- **combined type**, where the person is inattentive, impulsive, and too active

**Inattentive type.** Many children with AD/HD have problems paying attention. Children with the inattentive type of AD/HD often:

- do not pay close attention to details;
- can’t stay focused on play or school work;
- don’t follow through on instructions or finish school work or chores
- can’t seem to organize tasks and activities;
- get distracted easily; and
- lose things such as toys, school work, and books. (APA, 2000, pp.85-86)

**Hyperactive-impulsive type.** Being too active is probably the most visible sign of AD/HD. The hyperactive child is “always on the go.” (As he or she gets older, the level of activity may go down.) These children also act before thinking (called impulsivity). For example, they may run across the road without looking or climb to the top of very tall trees. They may be surprised to find themselves in a dangerous situation. They may have no idea of how to get out of the situation. Hyperactivity and impulsivity tend to go together. Children with the hyperactive-impulsive type of AD/HD often may:

- fidget and squirm;
- get out of their chairs when they’re not supposed to;
- run around or climb constantly;
- have trouble playing quietly;
- talk too much;
- blurt out answers before questions have been completed;
- have trouble waiting their turn;
- interrupt others when they’re talking; and
- butt in on the games others are playing. (APA, 2000, p. 86)
**Combined type.** Children with the combined type of AD/HD have symptoms of both of the types described above. They have problems with paying attention, with hyperactivity, and with controlling their impulses. Of course, from time to time, all children are inattentive, impulsive, and too active. With children who have AD/HD, these behaviors are the rule, not the exception. These behaviors can cause a child to have real problems at home, at school, and with friends. As a result, many children with AD/HD will feel anxious, unsure of themselves, and depressed. These feelings are not symptoms of AD/HD. They come from having problems again and again at home and in school.

**How Do You Know if a Child Has AD/HD?**
When a child shows signs of AD/HD, he or she needs to be evaluated by a trained professional. This person may work for the school system or may be a professional in private practice. A complete evaluation is the only way to know for sure if the child has AD/HD. It is also important to:

- rule out other reasons for the child’s behavior, and
- find out if the child has other disabilities along with AD/HD

**What About Treatment?**
There is no quick treatment for AD/HD. However, the symptoms of AD/HD can be managed. It’s important that the child’s family and teachers:

- find out more about AD/HD;
- learn how to help the child manage his or her behavior;
- create an educational program that fits the child’s individual needs;
- and provide medication, if parents and the doctor feel that this would help the child.

**What About School?**
School can be hard for children with AD/HD. Success in school often means being able to pay attention and control behavior and impulse. These are the areas where children with AD/HD have trouble. There are many ways the school can help students with AD/HD. Some students may be eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA). AD/HD is specifically mentioned under IDEA’s disability category of “Other Health Impairment” (OHI). We’ve included the IDEA’s definition of OHI below and provide information on [OHI in a separate fact sheet](#).

Despite the fact that AD/HD is specifically mentioned in IDEA’s definition of OHI, some students with AD/HD may not be found eligible for services under IDEA. The AD/HD must affect educational performance. (To learn more about the eligibility process under IDEA, read Evaluating Children for Disability, looking specifically for the section on determining eligibility and what to do if you don’t agree with the determination.) If a student is found not eligible for services under IDEA, he or she may be eligible for services under a different law, Section 504 of the Rehabilitation Act of 1973.

Regardless of the eligibility determination (yes or no), the school and the child’s parents need to meet and talk about what special help the student needs. Most students with AD/HD are helped by supports or changes in the classroom (called [adaptations](#)). Some common changes that help students with AD/HD are listed under “Tips for Teachers” below. Much additional info is available from the organizations listed under “Additional Resources” at the end of this fact sheet.
IDEA’s Definition of “Other Health Impairment”

Many students with ADHD may qualify for special education services under the “Other Health Impairment” category within the Individuals with Disabilities Education Act (IDEA). IDEA defines “other health impairment” as...

...having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(b) adversely affects a child’s educational performance. [34 Code of Federal Regulations §300.8(c)(10)]

Tips for Parents

Learn about AD/HD. The more you know, the more you can help yourself and your child. The organizations listed under “Additional Information” (at the end of this fact sheet) can help you learn more about the disability.

Praise your child when he or she does well. Build your child’s abilities. Talk about and encourage his or her strengths and talents.

Be clear, be consistent, be positive. Set clear rules for your child. Tell your child what he or she should do, not just what he shouldn’t do. Be clear about what will happen if your child does not follow the rules. Have a reward program for good behavior. Praise your child when he or she shows the behaviors you like.

Learn about strategies for managing your child’s behavior. These include valuable techniques such as: charting, having a reward program, ignoring behaviors, natural consequences, logical consequences, and time-out. Using these strategies will lead to more positive behaviors and cut down on problem behaviors. You can read about these techniques in many books. See “Resources” at the end of this publication.

Talk with your doctor about whether medication will help your child.

Pay attention to your child’s mental health (and your own!). Be open to counseling. It can help you deal with the challenges of raising a child with AD/HD. It can help your child deal with frustration, feel better about himself or herself, and learn more about social skills.

Talk to other parents whose children have AD/HD. Parents can share practical advice and emotional support. Call your state’s Parent Center to find out how to find parent groups near you.

Meet with the school and develop an educational plan to address your child’s needs. Both you and your child’s teachers should get a written copy of this plan.

Keep in touch with your child’s teacher. Tell the teacher how your child is doing at home. Ask how your child is doing in school. Offer support.
Tip for Teachers

Learn more about AD/HD. The resources and organizations listed under “Additional Information” (at the end of this fact sheet) can help you identify specific techniques and strategies to support the student educationally. We’ve listed some strategies below.

Figure out what specific things are hard for the student. For example, one student with AD/HD may have trouble starting a task, while another may have trouble ending one task and starting the next. Each student needs different help.

Post rules, schedules, and assignments. Clear rules and routines will help a student with AD/HD. Have set times for specific tasks. Call attention to changes in the schedule.

Show the student how to use an assignment book and a daily schedule. Also teach study skills and learning strategies, and reinforce these regularly. Help the student channel his or her physical activity (e.g., let the student do some work standing up or at the board). Provide regularly scheduled breaks.

Make sure directions are given step by step, and that the student is following the directions. Give directions both verbally and in writing. Many students with AD/HD also benefit from doing the steps as separate tasks. Let the student do work on a computer.

Work together with the student’s parents to create and implement an educational plan tailored to meet the student’s needs. Regularly share information about how the student is doing at home and at school.

Have high expectations for the student, but be willing to try new ways of doing things. Be patient. Maximize the student’s chances for success.

Additional Resources

CHADD | Children and Adults with Attention-Deficit/Hyperactivity Disorder
Find loads of info on ADD and AD/HD. Find a local chapter of CHADD.
301.306.7070 | Info available in English and in Spanish.
http://www.chadd.org

National Resource Center on AD/HD
A service of CHADD.
1.800.233.4050 | Info available in English and in Spanish.
http://www.chadd.org/NRC.aspx

Attention Deficit Disorder Association
1.800.939.1019 | info@add.org
https://add.org/

For Parents

Attention Deficit Hyperactivity Disorder.
From the National Institute of Mental Health (NIMH), this extensive resource pages defines AD/HD; describes its signs, symptoms, and risk factors; discusses treatment and therapies; and connects you with multimedia and
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federal resources.
HealthyChildren.org on ADHD.
Scads of materials on ADHD in English and Spanish from this service of the American Academy of Pediatrics, including the article Understanding ADHD: Information for Parents.
https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/default.aspx
Information from the CDC.
https://www.cdc.gov/ncbddd/adhd/facts.html
If your child is having trouble at school, where do you start?
The resources listed on this page from CHADD will provide parents with a good background in the services and/or accommodations that may be available to their child. Every public school should also provide parents with information about local procedures and policies governing ADHD and support available through the school. http://www.chadd.org/advocacy/education.aspx

For Schools
Teachers Guide to ADHD in the Classroom.
This guide focuses on what educators need to know about teaching kids with ADHD: how it affects children in the classroom — girls as well as boys — and how teachers can help kids with the disorder succeed in school.
Teaching Children with ADHD: Instructional Strategies and Practices.
From the U.S. Department of Education.
https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching_pg2.html
Teaching Students with ADHD: A Help Guide.
Know Your Rights: Students with ADHD

If you are the parent or guardian of a student in public elementary or secondary school, including a charter school, and that student has attention-deficit/hyperactivity disorder (ADHD), the information below summarizes your rights and your school district’s legal obligations under a Federal civil rights law that prohibits disability discrimination called Section 504 of the Rehabilitation Act of 1973 (Section 504).

Federal Law Protects Students from Disability Discrimination

• Section 504 protects any student with a disability from discrimination based on disability.

• Regardless of how well he or she performs in school, a student who has trouble concentrating, reading, thinking, organizing or prioritizing projects, among other important tasks, because of ADHD may have a disability and be protected under Section 504.

• A student with ADHD who has a disability under Section 504 may also be entitled to special education or related aids or services from his or her school district.

Your School District Must Determine if A Student Has a Disability and Needs Services

• Under Section 504, your school district must evaluate a student, at no cost to you, if the district believes or has reason to believe a student has a disability and needs special education and/or related services because of that disability.

• You can also request that the school district evaluate a student. For example, you might request an evaluation if you suspect a student has ADHD, or a student has received a diagnosis of ADHD outside of school. A district must either: (1) conduct the evaluation, or (2) explain why it is refusing to evaluate the student and notify you of your right to dispute that decision through the due process procedures under Section 504. During an evaluation process, you can, but are not required to, provide information to the school to consider before an evaluation.

• Signs that a student may need an evaluation could be: considerable restlessness or inattention; trouble organizing tasks and activities; communication or social skill deficits; or significant difficulty related to beginning a task, recalling information, or completing assignments.

• Your school district must determine if an evaluation is necessary even if a student exhibits behavioral (and not academic) challenges.

• If the school district suspects a student has a disability, the district cannot deny or delay this disability evaluation in order to first provide the student with intervention strategies.
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• If your school district requires, as part of the evaluation, a medical assessment to determine whether a student has ADHD, the school district must ensure that the student receives this assessment at no cost to you.
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UNITED STATES DEPARTMENT OF EDUCATION Office for Civil Rights

• When conducting the disability evaluation, your school district cannot consider the positive effects of mitigating measures in determining if a student has a disability. For example, if your daughter uses medication to address ADHD, the school district cannot consider the positive effects of that medication as a basis to determine she does not have a disability.

A Student May Be Entitled to Individualized Services to Meet His or Her Needs

• All elementary and secondary school students who are individuals with disabilities as defined by Section 504 are entitled to a free appropriate public education (FAPE). Under Section 504, FAPE is the provision of regular or special education and related aids and services designed to meet a student’s educational needs as adequately as the needs of students without disabilities are met.

• School districts often set forth these needed services in a document, typically referred to as a “Section 504 Plan.” The school district cannot limit FAPE to those aids or services that are free or low-cost, and cannot exclude needed aids and services just because of their expense.

• Not every student with ADHD needs the same set of services, or any services at all. School districts cannot simply provide the same aids and services to all students with ADHD. Each student’s needs may be different, and Section 504 requires school districts to provide for those individual educational needs.

• The special education or related aids and services that are included in a student’s Section 504 Plan, or similar document, should be clear and detailed so that you and the school both understand what the plan requires, and can make sure it is implemented consistently.

Your School District Must Provide You with Due Process Under Section 504

• The school district must allow you to appeal district actions regarding the identification, evaluation, or educational placement of a student with a disability. This obligation is more commonly known as “due process.”

• The school district must tell you about this due process system, notify you of any evaluation or placement actions, allow you to examine the student’s records, provide you an impartial hearing, allow you to have a lawyer at that hearing, and provide you a review procedure.

Resources

To learn more about a school district’s Section 504 obligation to provide FAPE to students with ADHD, please see OCR’s July 2016 Dear Colleague Letter and Resource Guide, at http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf, and visit OCR’s website, at www.ed.gov/ocr.

If you want to learn more about your rights, or if you believe that your school is violating Federal law, you may contact the U.S. Department of Education, Office for Civil Rights, at (800) 421-3481, (800) 877-8339 (TDD), or ocr@ed.gov. You may also file a complaint online at www.ed.gov/ocr/complaintintro.html.
State Resources

GEAR Parent Network
We are parents helping each other; we offer unconditional support – no blame, no shame and no judgment. We want you to know that you are not alone.
Phone: 1-800-264-9224
Website: https://crisisandcounseling.org/services/gear/

Sedgwick Maine Chapter Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Brandi Corbin
E-mail: Brandiivi@hotmail.com

Maine Department of Education Special Services
23 State House Station
Augusta, ME 04333-0023
Voice: (207) 624-6600
Fax: (207) 624-6700
Website: www.maine.gov/doe/specialed/

National Resources

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
Tel: 301-306-7070
Website: www.chadd.org

Center for Disease Control and Prevention (CDC)
Website: www.cdc.gov/ncbdd/adhd/materials-multimedia/factsheets.html

Nemours Foundation
Website: http://kidshealth.org/

U S Department of Education Special Services
Website: https://sites.ed.gov/idea/?src=feature

Understood for Learning and Attention Issues
Website: www.understood.org
Maine Parent Federation Lending Library

Library Procedures

The MPF Library is a valuable resource to families and professionals in Maine. The success of the library is greatly determined by the quality and availability of the materials we offer. To help us maintain our library, we ask that you follow these guidelines.

How to Request Materials

Call: 1-800-870-7746
or 207-588-1933

E-mail: dnewcombe@mpf.org

Fax: 207-588-1938

Write: MPF Library
PO Box 2067
Augusta, ME 04338

Visit: 484 Maine Avenue, Suite 2D
Farmingdale, ME 04344

Hours: 8:30 - 4:30 Mon. – Fri.

Library Policy

The complete library list is available in print or online at www.mpf.org.

You may borrow two materials at a time. You are responsible for the cost of return postage.

Materials will be mailed out on the day you request them if they are available.

Materials are loaned for a three-week period. If you need materials longer and call to check with us, we may be able to extend the due date if no one is waiting for them.

If materials are more than one week late we will ask you for a $5 late fee donation payable to the MPF Library for every week the material is overdue. A reminder card will be mailed during the first week that materials are overdue.

We keep a waiting list for materials that are already on loan when you request them. You can ask that your name be added to the waiting list and materials will be mailed to you when they become available.

About the Library List

The library list is arranged by topic then listed alphabetically by title. Materials are not cross-referenced, so each title appears only once and you may have to check other sections.

* Please remember - we are always adding new materials and updating the library list.
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The following materials on AD/HD are available from our library:

**50 Activities and Games for Kids with ADHD** by Patricia Quinn & Judith Stern (Children’s Book)
Games, puzzles, activities, articles, resources, and more! Offers practical tips for solving problems and getting organized.

**AD/HD & Driving** by J. Marlene Snyder, Ph.D. (Book)
Discusses the additional challenges parents encounter when their teen with AD/HD is working towards a drivers license.

**ADD & ADHD The Answer Book** by Susan Ashley, Ph.D. (Book)
Professional answers to 275 of the top questions parents ask.

**A Day in the Life of an Adult with ADHD** by Vera Joffe & Monica Lachan (Book)
A guide for adults with ADHD who are looking for strategies to improve their lives.

**The ADHD Autism Connection** by Diane Kennedy (Book)
New insights into the overwhelming number of similarities between Autism and ADHD.

**ADHD in the Classroom** by Russell Barkley (Video)
Classroom strategies for teachers.

**All Dogs Have ADHD** by Kathy Hoopman (Book)
This book takes a refreshing approach to understanding ADHD. It combines humor with the understanding to reflect the joys and challenges of raising a child who is different.

**Attention Deficit Disorder: The Unfocused Mind in Adults and Children** by Thomas Brown (Book)
This book dispels many myths and provides scientifically based recommendations for the management of the disorder.

**Attention Deficit Disorder: A Different Perception** by Thom Hartman (Book)
New ways to work with attention deficit disorder at home, work, and school.

**Daredevils and DayDreamers** by Barbara Ingersoll (Book)
This book summarizes what we’ve learned in the past decade about ADHD and offers helpful information.

**Distant Drums, Different Drummers** by Barbara Ingersoll (Children’s Book)
A guide for young people with ADHD.

**Driven to Distraction** by Edward Hallowell & John Ratey (Book)
Recognizing and coping with ADD, childhood through adulthood.

**Eagle Eyes** by Jeanne Gehret (Children’s Book)
A story about a boy who learns to recognize and control his ADD.
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Getting a Grip on ADD by Kim Frank & Susan Smith (Children’s Book)
A kids guide to understanding and coping with attention disorders.

Jumpin’ Johnny Get Back to Work! By Michael Gordon (Video and Children’s Book)
A child’s guide to ADHD.

A New Look at ADHD by Russell Barkley (Video)
Inhibition, time and self-control: a totally new framework for understanding ADHD.

Put Yourself in Their Shoes by Harvey Parker (Book)
Information on how ADHD affects the lives of adolescents at home, school, in the workplace, and in social relationships.

Putting on the Brakes by Quinn & Stern (Children’s Book)
A guide for children, eight through thirteen that will help them understand ADHD.

Sometimes I Drive My Mom Crazy … but I Know She’s Crazy About Me by Lawrence Shapiro (Children’s Book) – A book to booster the self-esteem in children with ADHD.

Teenagers with ADD by Chris Zeigler Dendy (Book)
A look at the special issues and challenges faced by teens, their families, teachers and treatment professionals.

Zipper by Caroline Hanover (Children’s Book)
Follow the adventures of Zipper, as he learns important life lessons and works hard to reach his goals.

This is a partial list of the materials we have available on Attention Deficit Disorders. To view the complete library list, visit our website at www.mpf.org

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