

Self-Study Course

Focusing on ADHD: A Guide for Foster Parents

Revised July 2023

3.0 Training Credits

Developed by Aileen M. McInnis, Training Coordinator for the Alaska Center for Resource Families

This self-study is based on the following sources:

BOOKS:

Taking Charge Of ADHD: The Complete, Authoritative Guide For Parents By Russell Barkley, PHD (Guilford Press 1995)

Understanding Girls With AD/HD By Kathleen Nadeau and Ellen Littman (Advantage Books 1999)

Life on the Edge: Parenting a Child With ADD/ADHD By David Spohn (Hazelden Books 1998)

ARTICLES:

What Parent Need To Know By Rebecca Booth (www.ADHD.org/images2/family/parents.htm)

Information Articles From The CHADD (Children and Adults With Attention Hyperactivity Disorder) website www.chadd.org/about_adhd.htm

CHADD FACTS: *The Disorder Named AD/HD*

CHADD FACTS: *Parenting A Child With Attention Deficit/Hyperactivity Disorder*

CHADD FACTS: *Medical Management of Children and Adults With Attention Deficit Hyperactivity Disorder*

CHADD FACTS: *AD/HD and Co-Existing Disorders*

Alaska Center for Resource Families
815 Second Avenue, Suite 202
Fairbanks, Alaska 99701

1-800-478-7307

(907) 479-7307

www.acrf.org

ADHD

(Attention Deficit/Hyperactivity Disorder)



Part One:

What Is It and How Does It Affect Children?

We all may have trouble paying attention at times or sitting still for very long. But, for the child with ADHD, these problems happen often and consistently. We as foster parents might be worn out and exasperated by a child who seems to have “ants in his pants” all the time. Or we may get frustrated with a child who doesn’t seem to be able to pay attention for very long. We might find ourselves, along with the foster child, stuck in a cycle of negativity. This cycle has caused many children with ADHD to struggle to feel successful in the world around him. As a foster parent, you may have a child placed in your home who has ADHD; this self-study will help you provide the best care for that child.

What Is Attention Deficit/Hyperactivity Disorder (ADHD)?

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition that is characterized by inattention, hyperactive behavior and impulsivity. ADHD is the most common psychiatric disorder diagnosed in children. The American Psychiatric Association (APA) says that 5 percent of American children have ADHD. But the Centers for Disease Control and Prevention (CDC) puts the number at more than double the APA’s number. The CDC says that 11 percent of American children, ages 4 to 17, have the attention disorder. Fostering a child with ADHD takes energy, patience and a good understanding of what this disorder really is.

Children with ADHD may show some or all of the following behaviors:

- Have a hot quick temper
- Jump to oppose authority
- Throw fits when he hears the word “no”
- Has a problem remembering rules and sequences
- Behaves impulsively and inappropriately
- Has difficulty making friends

The symptoms of Attention Deficit/Hyperactivity Disorder exist on a continuum. Most of us show all of these symptoms at different times of our lives, due to stress, fatigue, anxiety or change. However, children and adults with ADHD have more of these symptoms most of the time and in several different areas of their lives, such as, in school, at home and with friends. These symptoms are also present to the point that they interfere with the ability to function normally in school, work, and social settings.

There are three different sub-types of ADHD:



- *Predominantly Inattentive Type*
- *Predominantly Hyperactive/Impulsive Type*
- *Combined Type (this is the most common type of ADHD)*



The criteria for these types are listed out in the DSM-IV (Diagnostic Statistical Manual, the standard reference of mental health diagnoses). These are the criteria for each of these subtypes:

ADHD Primarily Inattentive Type

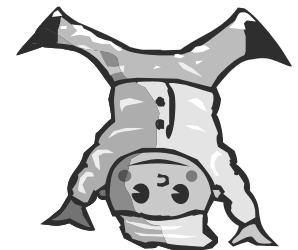
Six or more of the following symptoms must persist for at least 6 months to a degree that is maladaptive and inconsistent with the developmental level.

1. Fails to give close attention to details or makes careless mistakes.
2. Has difficulty sustaining attention in tasks or play activities.
3. Does not seem to listen when spoken to directly.
4. Has difficulty in following through on instructions and fails to finish schoolwork, chores, or other duties.
5. Has difficulty with organizing.
6. Avoids or dislikes tasks that require sustained mental effort.
7. Often loses things.
8. Is easily distracted.
9. Is often forgetful.

ADHD Predominately Hyperactive-Impulsive Type

Six or more of the following symptoms must persist for at least 6 months to a degree that is maladaptive and inconsistent with the developmental level.

1. Fidgets with hands or feet or squirms in seat.
2. Has trouble remaining seated in classroom or in other situations.
3. Runs about or climbs excessively.
4. Has difficulty playing quietly.
5. Is often "on the go" and "driven by a motor".
6. Talks excessively.



7. Blurts out answers before questions have been completed.
8. Has difficulty waiting their turn.
9. Interrupts or intrudes on others.

ADHD Combined Type

Child meets both sets of Inattention and Hyperactive-Impulsive criteria

Other Criteria Important For An Accurate Diagnosis Of ADHD:

- ☞ Some of these hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- ☞ Some impairment from the symptoms is present in two or more settings (for example, at school and at home).

A Note On Attention Deficit Disorder Without Hyperactivity:

Children with hyperactivity as part of their attention deficit disorder are often recognized and diagnosed more readily than the child without the hyperactivity part of the condition. The Primarily Inattentive Type without the hyperactivity is often overlooked as daydreaming, dawdling, spaciness or disorganization. Girls are more represented in the area of Attention Deficit Disorder without the Hyperactivity. Boys tend to be more represented in the numbers of children who also display hyperactivity and are often noticed sooner because of their behavior. It is important to be aware that attention deficit disorders will show in children in different ways, but ADD may affect both girls and boys with or without hyperactivity.

NOTE: *An excellent book recommended by adoptive parents of a daughter with ADHD is Understanding Girls with AD/HD by Kathleen Nadeau and Ellen Littman*

What Causes ADHD and How Is The Brain Involved?

Attention Deficit/Hyperactivity Disorder is one of the most widely researched childhood disorders, yet there is no definitive answer to the question “What causes ADHD?” The most probable causes for which there is convincing evidence for include:

1. Various agents can lead to brain injury or abnormal brain development such as trauma, disease, fetal alcohol exposure, and exposure to lead.
2. There seems to be a heredity or genetic factor.
3. Tests have found diminished activity in certain brain regions.

Some ADHD can be related to exposure of a developing fetus to *teratogens* or harmful substances such as alcohol or tobacco. Children who are fetal alcohol affected commonly display hyperactive behavior, attention deficits, and difficulty in memory and concentration. Exposure to lead (such as in lead paint) during early childhood seems to have a correlation to ADHD in some children. Studies have shown that children who have ADHD have markedly increased chance of having a close relative that also has ADHD. A mother who smokes or drinks during pregnancy may increase the risk of ADHD in her children and this risk may be further increased if the mother herself also has ADHD.

Recent thinking about ADHD also suggests that it is a neurobiological disorder and may involve diminished activity in certain brain regions. Some research shows lower electrical activity in the brains of those with ADHD especially in the frontal areas of the brain. Some research suggests ADHD symptoms are caused by a chemical imbalance in the brain. Brain cells are made up of axons and dendrites. Axons send messages to other cells and the dendrites receive messages from other cells. There is a space between the axon and the next brain cell called a neural gap. Since these nerve endings do not touch, special chemicals called *neurotransmitters* carry the message from cell to cell. Research suggests that when a person has an attention deficit disorder, there is a flaw in this neurotransmitter process and an imbalance occurs, swinging between to high a presence of neurotransmitters, or too low. Psycho stimulant medication changes the levels of these transmitted chemicals and allows a smoother transmission between the cells.

Co-Presence Of Conduct Disorder, Oppositional Defiant Disorder & Depression

ADHD doesn't increase a person's risk for other conditions or diseases. But some people with ADHD — especially children — are more likely to experience a range of co-existing conditions. When two conditions tend to occur together, this is called *co-morbidity*. (Despite the name, it is not fatal, though it can be hard on parents!) The most common conditions that tend to occur with ADHD are depression, oppositional defiant disorder, and conduct disorder. When your child is being assessed for ADHD, discuss thoroughly with the professional the presence of any chronic behaviors to determine if any of these other common disorders are present.



These conditions might include:

Depression - While all children have bad days when they feel down, depressed children may be down or irritable most days. Children with ADHD and depression may also withdraw from others, stop doing things they once enjoyed, have trouble sleeping or sleeping the day away, lose their appetite, criticize themselves excessively, or talk about dying. Depression is common in many children with ADHD especially if children do not receive strong support from home, have difficulty with peers, and struggle in school.

Oppositional Defiant Disorder (ODD) - Oppositional Defiant Disorder involves a pattern of arguing with multiple adults, losing one's temper, refusing to follow rules, blaming others, deliberately annoying others, and being angry, resentful, spiteful and vindictive. ODD tends to be found in younger children and is present when dealing with authority figures such as parents or teachers.

Conduct Disorder (CD) - Conduct disorder is associated with efforts to break rules without getting caught. It more commonly diagnosed in older children. Such children may be aggressive to people or animals, destroy property, lie or steal things from others, run away, skip school or break curfews. Conduct disorder is often described as delinquency. Children who have ADHD and conduct disorder may have lives that are more difficult than those of children with ADHD alone.

Other co-existing conditions that seem to occur often with ADHD: **Tic disorders, Anxiety Disorders, Speech and Language Disorders, and Learning Disabilities.**



What's the Good News?

Many of these children are very bright, creative, and energetic. They have a good capacity for argument, a powerful sense of personal justice, and are highly purposeful. These characteristics will serve them well as adults if they can have a successful experience during childhood. The symptoms of hyperactivity often seem to fade during the teen years, though other symptoms may persist into adulthood. Children and adults with ADHD can be successful, but this is often dependent on early identification, treatment and sensitive, consistent parenting and school support.

ADHD

(Attention Deficit/Hyperactivity Disorder)



Part Two:

Assessment and Treatment

Assessment and Evaluation

A thorough evaluation and assessment of your child’s strengths and weaknesses will help you develop an appropriate and effective treatment plan that fits your child. Assessments usually include a form of behavior rating scales or checklist of symptoms since there is not a physical test or blood test that can determine ADHD. Diagnosis cannot come solely from a teacher who thinks your child is bouncing off the wall and should be on medication! It is usually a doctor or a psychologist who conducts the testing. Diagnosis should also explore and either discover or rule out other conditions that may exist such as learning disabilities, anxiety or mood disorders, or fetal alcohol effects. All of these may co-exist with or mimic symptoms that look similar to the symptoms of ADHD. A complete evaluation should include an interview with the parents and child, a medical examination if necessary, and completion of behavior rating scales by caregivers and other people who know the child.

What about school assessments?

Under federal law, you can request a free education evaluation of your child to determine if your child’s school performance is being affected significantly by ADHD or other behavior or learning problems. Usually a school psychologist, social worker, teacher and the school principal or special education staff will be part of the team to evaluate the child. Ask for information on the evaluation process from your school staff or contact one of the organizations listed in the resource list at the back of this self-study for help. This evaluation will help you determine how your child’s learning may be impacted by his condition, but more importantly, it will help determine if a child is eligible for special education services or education accommodations.

The Multi-Modal Treatment Approach

Treating ADHD in a child often requires medical, education and behavioral interventions to help a child be successful. This “multi-modal” approach means that a child’s ADHD is addressed on several fronts. Parents need to learn effective ways to parent these children. There needs to be an appropriate educational program set up. If necessary, medication may also be required to assist children in managing their condition. The following section addresses medication issues, and the next chapter addresses parenting tools for fostering the child with ADHD.

Medical Management of ADHD

The most commonly used form of medication used to treat ADHD is *stimulant medication*. It is generally accepted that one of the causes of ADHD is that the brain is unable to consistently regulate the level of neurotransmitters in the brain. When medication is used, it acts as a “gatekeeper” in the brain, which helps the brain, better regulate the manufacture, storage, and flow of its neurotransmitters. The child then is able to maintain more consistent focus and attention. Medication does not cure ADHD. Medication does not make children behave. Medication does not “fix” a child. Medication corrects the underlying chemical imbalance and gives children a chance to be better able to function in the world around them. Between 70 to 80 percent of children with ADHD respond positively to these medications. Attention span, impulsivity and on-task behavior can improve especially when accompanied by a structured environment. Some children also demonstrate improvements in frustration, tolerance, compliance and even handwriting.

The most common medications to treat ADHD are called Ritalin, Dexedrine, Adderall, and Cylert. These drugs increase activity in parts of the brain that are under active; improving attention and reducing impulsiveness, hyperactivity, and aggressive behavior. Other forms of medication including antidepressants, major tranquilizers and Clonidine have also proved helpful in some cases.

Ritalin is the most often prescribed medication. It acts quickly and starts to work within 15 to 20 minutes. It lasts about 3–5 hours (depending on the metabolism of the child.) Ritalin is water soluble, which means that there is no traces of the medicine left in the system once it has stopped providing beneficial effect. Because of this fact, children who are prescribed Ritalin need to be re-administered it every 3-4 hours to maintain a therapeutic level. A slow release form is also available which needs to be taken less often. Ritalin is not physically addicting because of its quick absorption and depletion, and because of the relatively small doses prescribed.

Dexedrine and Adderall are slower releasing medications that provide a longer “window of benefit” for many people. Though the length of time that those with ADHD will receive benefit from one of these slower acting medications varies from individual to individual, one can expect an effective therapeutic level to last about 5-8 hours per dose. For a variety of reason, teenagers often do better with one of these medications.

Because the symptoms of ADHD vary so widely from person to person, the amount and type of medication used in each case will vary. Foster parents that are dealing with developing children who are growing in height and weight, it is important that ongoing medical care with a knowledgeable health provider is maintained. As children grow, medications may need to be adjusted, discontinued or increased due to the child’s response.

What are the Side Effects of Stimulant Medications?

There are a few common side effects from the commonly used stimulant medications. The most common is a reduction of appetite, so it is suggested that children take the medication just after eating, not before. It may also help to have smaller meals or snacks available that are high in protein and complex carbohydrates (such as peanut butter and wheat toast). Other side effects may include weight loss, a temporary slowness in growth, anxiousness, irritability or proneness to crying.

Many children with ADHD have always had a hard time getting to sleep. For some, taking stimulant medication may make it harder to get to sleep, though others find that the medicine helps them to sleep faster and better. Problems with sleep can usually be addressed by adjusting the time of the last dose of medicine and by establishing a solid routine around bedtime.

For teens, however, the difficulty with sleep can be a serious problem. They might have a very hard time getting to sleep and an even more difficult time arousing in the morning, especially to an early school schedule. These students must have some other kind of compensatory sleep whenever possible. A doctor may prescribe a small dose of an anti-depressant such as Prozac or Clonidine, an antihypertensive that has properties that also help block norepinephrine—another neurotransmitter that can affect a person’s ability to settle down and go to sleep.



One side effect that you should watch for and be concerned about is the possibility of nervous tics. These tics may include twitches of the muscles in the face, blinking, or making faces involuntarily. Most of these tics go away when the medication is stopped or another medication is used. Tics in some cases may be indicative of Tourette’s Syndrome so be sure to alert the treating physician to any reactions you may see in children.

What Do Foster Parents Need To Know About Medication?

The following box gives a list of questions that all caregivers should ask the doctor when caring for a child who is taking medication for ADHD. In addition, foster parents should know that drugs, such as, Ritalin need a birth parent or guardian’s permission because most are considered voluntary treatment. Do not administer any drugs to a child before checking with the caseworker.

Adults should supervise children’s medication. Work with the school if a child needs to take medication during the school day. Follow directions. Don’t skip medication or double up on dosages unless advised by a doctor. Do not take a child off medication suddenly unless instructed by a doctor.

If the foster child is leaving your home, make sure that all medical records and written instructions regarding medication go to the next caregiver or to the caseworker. Keep medications in their original containers and always throw unused or old medications away.



If Your Foster Child is Taking Medication for ADHD, What Should You Ask the Physician?

1. What are the effects and side effects both short term and long term of these particular medications? What changes should I expect to see in the child?
2. What doses will be used and by what schedule should they be given?
3. How often should you see the child for re-evaluations?
4. Are there food, beverages or other substances my child should not consume while taking this medication?
5. If the child accidentally takes an overdose of the medication, what procedures should I follow? What happens if the child misses a dose?
6. Do you have a fact sheet about the medication that I can have to read?

From ***Taking Charge of ADHD*** by Russell Barkley, PhD

ADHD

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Part Three:

Parenting Issues

What is the most effective way to parent a child with ADHD? First, remember that there is strong evidence that ADHD is a neurobiological disorder and a hereditary disorder. Poor parenting does not cause it. So don't blame the child or treat him as being inherently "bad" or a troublemaker. Although life can seem challenging, as a foster parent, you should remember that children with ADHD could succeed if we take the time to give them the support they need.

Guidelines For Fostering The Child With ADHD

Take good physical care of your child

Research has shown that mental performance is improved by a good diet and exercise. This is especially true in the case of children with ADHD. Make sure that the diet is well balanced. Watch out for a carbohydrate craving that may signal the presence of an addiction to refined carbohydrates that many children with ADHD have and that can make behavior worse. Help him



get frequent aerobic style exercise that is not too strenuous. Physical exercise is a great way to let off the pressure that causes hyperactivity. Team sports may be difficult for some kids with ADHD, so encourage solo exercise such as rope jumping, running for points, bicycling, skiing or exer-cycling. Athletic, "tom-boy" girls may actually do well in team sports with other girls interested in athletics because it can give them a place to succeed and to have peer approval.

Educate yourself and others about ADHD

ADHD is one of the most studied childhood disorders of our times, yet the information keeps changing. Become your child's expert and find out everything you can. If you find information particularly relevant to your child, make copies or buy extra books to share with the professionals who work with your children. Share information with social workers and birth parents as well so that all the players involved with your foster child are working with the same information. Be prepared to do it all over again when your child progresses to a new classroom, teacher or counselor. While you take care of this child in your home, you are the parent. Make sure that the people who work with your child know your child.

Use positive parenting strategies with your child

Because a child with ADHD often finds negative reactions from the people around him, it is especially important that parents and foster parents try to use positive parenting strategies to encourage self-control and to build self-esteem. Positive parenting strategies means using positive words instead of negative ones, and using rewards and incentives instead of punishments and threats whenever possible. Focus on what you want the child to do, not what you don't want him to do. This becomes an especially important strategy is your child tends to be oppositional and defiant.



Use choices so that children feel like they have control and to prevent you from nagging.

<i>If...</i>	<i>Try...</i>
<i>You want him to finish a project.</i>	<i>Would you like ten minute or fifteen to finish what you are working on?</i>
<i>You want him to get his homework done.</i>	<i>When would you like to complete your homework: after school or after dinner so that you can have your friend over?</i>

Use positive statements to move your child toward positive outcomes.

<i>Instead of</i>	<i>Try...</i>
<i>Don't talk to me like that!</i>	<i>"I'll be glad to discuss this when respect is shown."</i>
<i>Stop arguing with me!</i>	<i>I'll be glad to discuss this as soon as the arguing stops.</i>
<i>Pay attention!</i>	<i>I'll start again as soon as I know that you are with me."</i>

Give time for transitions by giving a fifteen-minute warning. Or teach your child a rhyme to help him remember all the things he needs to do. One father who was helping his son remember what stuff he needed to gather for the morning taught him this rhyme "Two, four, six, eight, get pack, lunch, homework and wait..." Use posted lists to help children stay focused. (See Russell Barkley's *Ten Guiding Principles* at the end of this section for more ideas.)

Organize the child's world as much as possible

Observe your foster child closely. Try to understand how he functions best and what challenges him. Start early giving him tools to manage himself. One parent suggests having daily lists and written reminders to help a child stay on task, and teaching a child to keep an assignment planner or daily calendar to keep focused. Using solid routines at home to help a child incorporate every day functions and duties, as a habit is helpful. This means as a parent, **you** need to be more organized and structured, too.

Become your child's best advocate

As the foster parent of a child with ADHD, your role will also be to educate the people who interact with the child. This may mean respite providers, social workers, teachers, birth family members, and even mental health counselors. This starts with knowing as much as you can about ADHD. You must be prepared to teach other caregivers what they must know about the child in your care.

School is an area where children with ADHD often struggle. A parent's ability to have a good line of communication with the child's classroom teacher can go a long way to resolve any problems that may occur throughout the school year. School success may also require a variety of classroom accommodations or behavioral interventions. Some children with ADHD need weekly or even daily communication between school and home in order for them to have a positive education experience. Routines, a shared information system for passing information from home to school and school to home, and a clear method for dealing with homework can be a starting point for teachers and parents to work together.

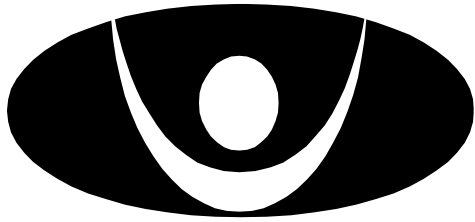
Some children also need additional assistance to succeed in school. Parents of children with ADHD need to be aware of the special laws and regulations guiding education of children with disabilities. ADHD does not automatically qualify a child for special education services, but the more knowledgeable you are about your child's rights under the educational law, the better you'll be able to advocate for the services he needs to do well in school. These may include better cooperation between you and the child's teacher or the development of a 504 Accommodation Plan or an Individual Education Plan. For more information about the special education process, contact Stone Soup Group at 1-877-786-7327 or contact your school district to get a copy of the Alaska Special Education Handbook for Parents.

Seek support for yourself.

Keep your cool! ADHD kids react best to matter-of-fact communication. When you show anger, it is most likely to trigger oppositional behavior. These highly sensitive kids often pick up on your mood and reflect it back to you. When a foster parent gets angry with a child who has oppositional and defiant behavior, it is more likely to increase the opposition, instead of decrease it. So keep calm, be firm, as well as easy going.



Most importantly, take care of yourself! It is stressful to care for a child with ADHD. Parents and foster parents can get caught up with all the energy it takes to stay on top of the job, until they are drained and exhausted and demoralized. Practice relaxation and exercise, get a break on a regular basis, avoid over-consumption of alcohol and cigarettes, count to ten to give you time to think, or try a combination of all of these. Actively take care of yourself so that you can effectively take care of your child.



Ten Guiding Principles For Raising A Child With ADHD

From Russell Barkley's Taking Charge of ADHD

1. Give Your Child More Immediate Feedback and Consequences.

Children with ADHD live much more in the moment than children without ADHD, so consequences that happen long after the event are not effective. Give positive feedback (praise and rewards) for acting appropriately and swift consequences for acting inappropriately so that a child more easily connects your reaction to his current behavior.

2. Give Your Child More Frequent Feedback.

Children with ADHD need feedback and consequences that are not just swift, but also frequent. This includes positive comments on a more frequent basis than you might normally use.

3. Try Incentives Before You Use Punishment.

Positives before negatives! Teach a child what you want him to do by praising it and rewarding it with verbal praise, pats on the back and rewards. Start with the positive before you start using negatives such as consequences and punishments. Your child gets enough negative attention make sure to use positive attention as a motivator.

4. Use Larger And More Powerful Consequences.

Because of your child's special needs, he may need more powerful consequences than other children to encourage him to perform work, follow rules, or behave well. Internal motivators such as pride and satisfaction are less likely to encourage children to do well. The nature of ADHD dictates that parents use larger, more significant and sometimes more material consequences to develop a child's positive behaviors.

5. Strive For Consistency.

Be consistent over time and don't give up too soon when starting a new behavior program. Respond the same way even if the setting changes and make sure both parents in the family use the same methods.

6. Act, Don't Yak.

Talk less and act more quickly.

7. Plan Ahead For Problem Situations.

Stop before entering a potential problem situation such as a store or a birthday party. Review the rules and expectations with a child. Set up a reward or incentive that your child can earn by following the rules. Explain the consequence if rules are not followed. Follow through with what you planned.

8. Keep A Disability Perspective.

Remember that your child has a disability that causes him to interact with the world in a certain way. Stepping back and reminding yourself that this child has a disability will help you seek a more reasonable, fair response.

9. Don't Personalize Your Child's Problems Or Disorder.

If a situation doesn't turn out the way you wish, or if something goes wrong in an interaction with your child, don't interpret it as a judgment on your success as a parent. *No one is keeping score.* Don't get trapped into judging your self-worth based on your ability to make a child act the way you want. You know you are doing this when you find yourself saying to yourself, "Why is this kid doing this to me? Why can't he just listen when I tell him to do something? He's embarrassing me in front of all these people. I have to show that I'm in charge."

10. Practice Forgiveness.

This means three things:

- 1) At the end of the day, review the day and forgive your child for his transgressions or misconduct. Start fresh the next day.
- 2) Forgive others who misunderstand your child. Don't get locked into anger, resentment or blame.
- 3) Forgive yourself for mistakes you have made and will continue to make. Try to improve, but know that children with ADHD will challenge you to your fullest. Mistakes are bound to happen. Start each day fresh!

ADHD

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Additional Resources

There is a wealth of information available that can help foster and adoptive parents learn more about the ever-changing information on ADHD. Some resources available include:

The Special Education Handbook available from the Division of Education and Early Childhood Education. For a copy, contact the DEED Special Education Office at (907) 465-8693. Or download an excellent summary of the Handbook from <https://www.stonesoupgroup.org/wp-content/uploads/ParentHandbook2016web.pdf>. You can also request this more concise version from Stone Soup Group's website.

Stone Soup Group 1-(877) 786-7327 (In Anchorage: (907) 561-3701 is a parent resource center focusing on support and service for families of children with disabilities. Stone Soup offers specific services around education and support around special education issues through their Alaska Parent Training and Information Center. Find them on the web at www.stonesoupgroup.org

STEP Center through the Anchorage School District has a lot of materials on Attention Deficit/Hyperactivity Disorder and related special Education topics. They can be reached by calling 742-3872 or contact your local school counselor to find out what information he or she recommends on this topic.

Children and Adults with Attention Deficit Disorder (CHADD) National Organization, 8181 Professional Place Suite 201, Landover, MD 20785 (800) 233-4050. FAX 301-306-7090. www.chadd.org

Alaska Center for Resource Families has a variety of materials related to Attention Deficit/Hyperactivity Disorder. You can contact them at 1-800-478-7307 for a current catalog or visit their offices in Fairbanks: 479-7307 or Anchorage: 279-1799.

**ALASKA CENTER FOR RESOURCE FAMILIES
SELF-STUDY QUESTIONNAIRE FOR FOSTER PARENTS**

SUBJECT: ATTENTION DEFICIT HYPERACTIVITY DISORDER

COURSE: FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS

3.0 TRAINING CREDITS

Please read the above-entitled self-study. Then complete the questionnaire found on the following pages. Try answering the questions first from your understanding of the material before referring back to the course. These questions pertain specifically to the course, which you have read.

After you have answered all the questions, please **send your completed questionnaire to the Alaska Center for Resource Families, 815 Second Avenue, STE 202. Fairbanks, Alaska 99701.** We will score your answers and add 3.0 training credits to your training record. A score of 70% correct or better will entitle you to receive training credit. In the event your score is less than 70% correct, we will contact you to determine if you wish to review the material and retake the questionnaire. If so, the book will be returned to you with a new questionnaire.

If you have questions or concerns about this self-study course, please call us on our toll-free line at 1-800-478-7307. Fairbanks/North Pole call: 479-7307; Anchorage: 279-1799.

The following section is an evaluation of the self-study materials. Please fill it out upon completion of the questionnaire, and return this page to us with the rest of the course materials. Thank you for your time and comments. It helps us provide appropriate training to meet the needs of foster parents.

*******EVALUATION OF SELF-STUDY MATERIALS*******

Please complete the following questions.

1. Did this self-study course meet with your expectations? YES NO

2. How would you rate the written presentation of information on the topic?
 Excellent Good Fair
 Poor

3. Did this course add to your knowledge and/or skills? YES NO

4. Comments/Concerns:

FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS**3.0 Credits****NAME:** _____ **PHONE NO.:** _____*Only one person per questionnaire. Feel free to make additional copies if needed.***ADDRESS:** _____*Street or Post Office**City/State**Zip***EMAIL:** _____

- YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for resource families)*

Are you a foster parent? YES NO If YES, what is your Foster Home License #: _____If NO, please check one: Pending Foster Parent OCS Birth Parent Adoptive Parent Residential Treatment Facility (License #: _____) Agency: _____ Other *(please specify)*: _____**CHECK YOUR UNDERSTANDING**

Check or fill in the appropriate answer to the following questions. First try to answer from your understanding of the material before referring back to the self-study. These questions address information specifically stated in the reading.

1. What do the initials ADHD stand for?

A _____

D _____

H _____

D _____

2. What are the subtypes of ADHD? (CHOOSE ALL THAT APPLY)

_____ a. Inattentive

_____ b. Conduct Disorder

_____ c. Hyperactive/Impulsive

_____ d. Oppositional Defiant Disorder

_____ e. Combination of Inattentive, Hyperactive and Impulsive

3. There are several causes of ADHD that seem to be supported by research. Choose the causes that were mentioned in the self-study. (CHOOSE ALL THAT APPLY.)

_____ a. Additives in food

_____ b. Genetic factors or heredity

_____ c. Too much sugar in a child's diet

_____ d. Prenatal drug or alcohol exposure

_____ e. Diminished activity in certain brain regions

CHECK YOUR UNDERSTANDING

PAGE 2 – FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS

4. To be diagnosed ADHD, hyperactive or inattentive symptoms that cause impairment must be present in a child before _____ years of age. (FILL IN THE BLANK.)

5. Name two (2) of the conditions mentioned in the self-study that might be co-morbid or often co-exist with ADHD in a child.

a. _____

b. _____

6. A diagnosis of ADHD automatically qualifies a child for special education.

_____ a. True

_____ b. False

7. Teachers and social workers are able to diagnose a child with ADHD.

_____ a. True

_____ b. False

8. Ritalin and Cylert are considered _____ medications.

_____ a. Depressant

_____ b. Anti-depressant

_____ c. Antibiotic

_____ d. Stimulant

9. Taking Ritalin or another medication will cause a child to behave better.

_____ a. True

_____ b. False

10. Name two (2) possible side effects that a child might experience from Ritalin.

a) _____

b) _____

CHECK YOUR UNDERSTANDING

PAGE 3 – FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS

11. Between _____ percent of children with ADHD respond positively to stimulant medications.
- _____ a. 20 to 30 %
 - _____ b. 30 to 40 %
 - _____ c. 50 to 60 %
 - _____ d. 70 to 80 %
12. Write out two (2) questions you learned from the self-study that you should ask a doctor if he or she is putting your child with ADHD on medications.
- a. _____
 - b. _____
13. When a foster parent gets angry with a child who has oppositional and defiant behavior, it is more likely to increase the opposition, instead of decrease it.
- _____ a. True
 - _____ b. False

**FOR SCORING AND 3.0 TRAINING CREDITS,
PLEASE RETURN THIS QUESTIONNAIRE TO:**

**Alaska Center for Resource Families
815 Second Avenue Suite 202
Fairbanks, AK 99709**

OR FAX TO: 907-479-9666

**ALASKA CENTER FOR RESOURCE FAMILIES
SELF-STUDY QUESTIONNAIRE FOR FOSTER PARENTS**

SUBJECT: ATTENTION DEFICIT HYPERACTIVITY DISORDER

COURSE: FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS

3.0 TRAINING CREDITS

Please read the above-entitled self-study. Then complete the questionnaire found on the following pages. Try answering the questions first from your understanding of the material before referring back to the course. These questions pertain specifically to the course, which you have read.

After you have answered all the questions, please **send your completed questionnaire to the Alaska Center for Resource Families, 815 Second Avenue, STE 202. Fairbanks, Alaska 99701.** We will score your answers and add 3.0 training credits to your training record. A score of 70% correct or better will entitle you to receive training credit. In the event your score is less than 70% correct, we will contact you to determine if you wish to review the material and retake the questionnaire. If so, the book will be returned to you with a new questionnaire.

If you have questions or concerns about this self-study course, please call us on our toll-free line at 1-800-478-7307. Fairbanks/North Pole call: 479-7307; Anchorage: 279-1799.

The following section is an evaluation of the self-study materials. Please fill it out upon completion of the questionnaire, and return this page to us with the rest of the course materials. Thank you for your time and comments. It helps us provide appropriate training to meet the needs of foster parents.

*******EVALUATION OF SELF-STUDY MATERIALS*******

Please complete the following questions.

1. Did this self-study course meet with your expectations? YES NO

2. How would you rate the written presentation of information on the topic?
 Excellent Good Fair
 Poor

3. Did this course add to your knowledge and/or skills? YES NO

4. Comments/Concerns:

FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS**3.0 Credits****NAME:** _____ **PHONE NO.:** _____*Only one person per questionnaire. Feel free to make additional copies if needed.***ADDRESS:** _____*Street or Post Office**City/State**Zip***EMAIL:** _____

- YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for resource families)*

Are you a foster parent? YES NO If YES, what is your Foster Home License #: _____If NO, please check one: Pending Foster Parent OCS Birth Parent Adoptive Parent Residential Treatment Facility (License #: _____) Agency: _____ Other *(please specify)*: _____**CHECK YOUR UNDERSTANDING**

Check or fill in the appropriate answer to the following questions. First try to answer from your understanding of the material before referring back to the self-study. These questions address information specifically stated in the reading.

1. What do the initials ADHD stand for?

A _____

D _____

H _____

D _____

2. What are the subtypes of ADHD? (CHOOSE ALL THAT APPLY)

_____ a. Inattentive

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PAGE 2 – FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS

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PAGE 3 – FOCUSING ON ADHD: A GUIDE FOR FOSTER PARENTS

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