



"Children and Challenging Behavior
Making Inclusion Work,"

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Handout: AD/HD—Hands On!

(Adapted from Russell Barkley, *Taking Charge of AD/HD*, 1995)

1. Children with AD/HD need *more immediate feedback and consequences*. Rewards, feedback, and consequences need to be provided when the behavior is happening.
2. Children with AD/HD need *more frequent feedback*. If the practitioner or parent needs reminders to do this, put smiley faces or stickers in places they look often. When the practitioner sees the smiley face, comment to the child what she likes about what they are doing well.
3. *Use larger and more powerful motivators*. The child with AD/HD requires more salient motivators than other children. This could include physical affection, special treats, and rewards time with a special activity or person.
Children with AD/HD are not influenced as much by the intrinsic rewards as other children are. Intrinsic rewards do not motivate a child to start work, to inhibit urges to do inappropriate things and to persist in their work. To encourage the child's positive behavior, use more rewards and tangible rewards.
4. *Use incentives instead of punishment*. The child with AD/HD is likely to misbehave much more often than a child without AD/HD, and could receive a great deal of negative consequences. Punishment, when used alone in the relative absence of ongoing rewards and positive feedback, is not very effective at changing behavior. It usually leads to resentment and hostility in the child.
The rule of using incentive before negatives is simple: When a practitioner wants to change an undesirable behavior, first decide with which positive behavior you want to replace it. This will instinctively lead you to start watching for that positive behavior. When it occurs, you will be more likely to praise and reward.
5. *Strive for consistency*. Practitioners and parents must use the same strategies for guiding the child's behavior every time. Applying consistency means four important things:
 - a. Be consistent over time.
 - b. Don't give up too soon when starting a behavior change program.
 - c. Respond in the same fashion even when the setting changes.
 - d. Make sure that everyone is using the same methods.

6. *Act, don't yak.* Sam Goldstein, Ph.D., a psychologist and expert on clinical work with AD/HD, said it beautifully when he advised parents to stop talking and use consequences: Act, don't yak. This is also true for practitioners!
7. *Plan ahead for problem situations.* Anticipate problem situations and consider ahead of time how best to deal with them. Develop a plan of action. Before entering that problem situation, share the plan with the child, and then follow through on the plan should a problem arise.
8. *Keep a disability perspective.* AD/HD is a disability. Sometimes it is hard to remember this perspective when the child's behavior is difficult.

One way for a practitioner to keep her cool is to try to maintain some psychological distance from the child's problems. Pretend to be a stranger and view the situation for what it really represents—an adult's attempt to deal with a child who has a behavior disability. A practitioner is likely to react to the child more reasonably, fairly, and rationally with this mindset. Remind yourself of the child's disability each day, perhaps even several times a day, and especially while trying to deal with disruptive behavior.
9. *Don't personalize the child's problems or disorder.* Parents and practitioners sense of self-worth and personal dignity can become wrapped up in whether or not she “wins” an argument or encounter with the child. No one is keeping score here. Stay calm if possible, and maintain a sense of humor about the problem.
10. *Practice forgiveness.* This is the most important principle, but often the most difficult to implement. Practicing forgiveness means three things:
 - First, forgive the child for transgressions. Let go of anger, resentment, disappointment, or other personally destructive emotions that have arisen that day because of one child's misconduct or disruptions. The child cannot always control what he/she does, and deserves to be forgiven.
 - Second, concentrate on forgiving others who may have misunderstood the child's inappropriate behavior that day and acted in ways offensive to you and the child, or simply dismissed the child as lazy or morally defective.
 - Finally, a practitioner must learn to practice forgiving herself for her own mistakes in the management of the child with AD/HD that day. This principle is the hardest to adhere to, but the most fundamental to the art of effective, and peaceful management of the child with AD/HD.

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