

WORKBOOK



 *Chaos Free ADHD*



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Risks of Poorly Managed ADHD

School Performance

- 3x more likely to be held back
- More intelligent than grades represent
- More frequent behavioral incidents

Self-Medicating Behaviors

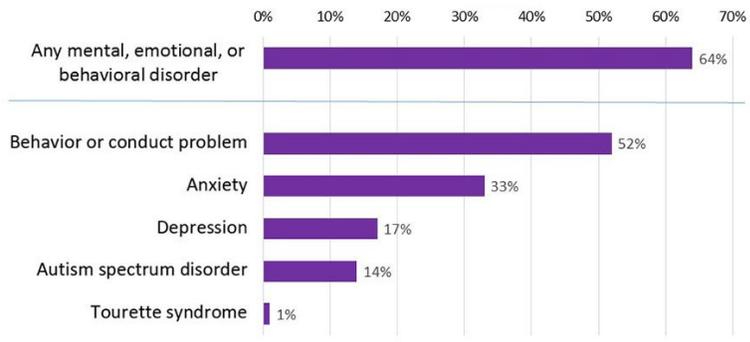
- Over-use of caffeine, smoking, vaping
- Illicit drugs, alcohol, diverted medication
- Cutting

Risky Behavior

- Sex, gambling, stealing
- Unsafe, adrenaline seeking behaviors

ADHD Never Walks Alone

More than 2/3 of individuals with ADHD will have at least one co-existing condition



Learning Disabilities

More than 40% of those with ADHD also have a learning disability.

- Dyslexia - reading
- Dyscalculia - math
- Dysgraphia - writing
- Dyspraxia – motor skills problems
- Dysphasia/Aphasia – language problems
- Auditory Processing Disorder
- Visual Processing Disorder

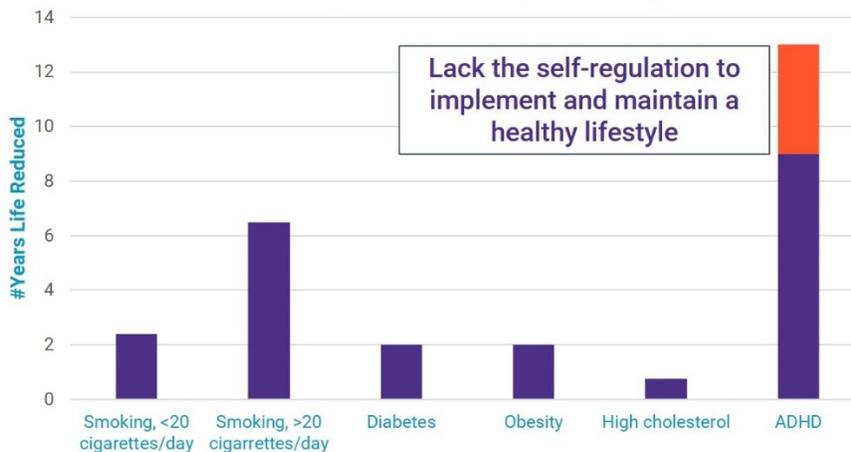


Rejection Sensitivity Dysphoria*

- Defined as experiencing extreme emotional pain when triggered by perception (real or imagined) of being rejected, ridiculed, or criticized by an important person one's life.
- Can be triggered by falling short of one's own high standards and expectations.
- A person with RSD can misread cues from others, withdraw, or become aggressive and be prone to tantrums.

*This is an intense condition that, so far, has only found effective treatment with medication.

ADHD Impacts Life Expectancy



“The saddest part of this is that ADHD is the most treatable disorder in psychiatry, bar none.”

– Russell Barkley, Ph.D.

The good news is that with early interventions, we can teach children and adults, to manage their ADHD effectively and literally save their lives.

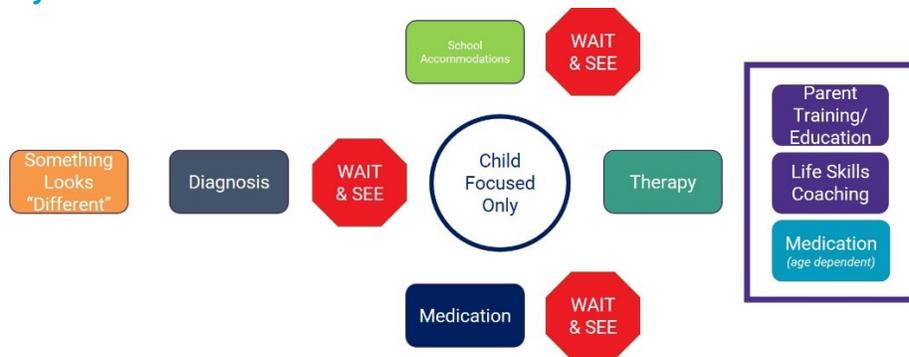


Standard ADHD Treatment

The American Academy of Pediatrics emphasizes the combination of symptom management and behavioral interventions to achieve the best long-term outcome for those with ADHD.

- **Preschool Children (4-5yo)** *Parent Training should be first-line of treatment before medication.*
- **Elementary age (6-11yo)** *The combination of Parent Training in Behavioral Management and medication has been shown to provide the best outcome.*
- **Adolescents (12-18yo)** *Use of approved medication preferably along with behavioral interventions, like coaching.*

The Journey I Witness



Parent training and life skills coaching are a key part of the treatment recommendation because they work!



Day 1

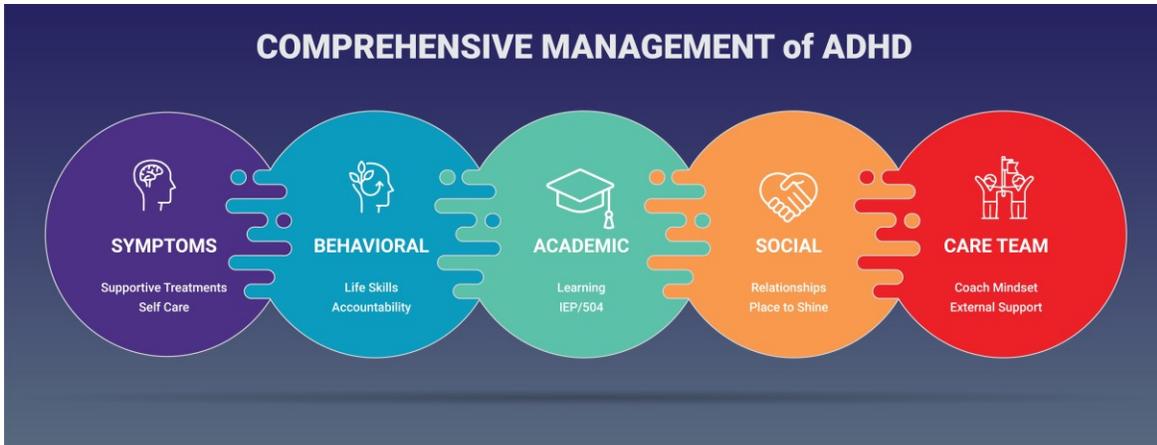
Best Practices for ADHD Management

Low Rate of Parent Training

Of the parents receiving the recommendation for behavioral management for the treatment of their child's ADHD

- 25% never enroll in Parent Training (PTBM)
- 26% don't complete PTBM
 - Enroll, but never attend
 - Don't participate
 - Don't complete assignments between sessions
 - Drop out before completion
- Regardless of socio-economic status

The reasons for low participation rates in Parent Behavioral Training look like the Executive Function challenges of those with ADHD. Since ADHD is highly heritable, it is presumed parent ADHD may be a significant contributing factor in these low rates.



The Comprehensive Management Plan for ADHD contains the elements of standard care – Symptom and Behavioral Management. It also incorporates the different environments in which your child performs – Academic and Social. The last element of the plan represents the Care Team involved in supporting the child.



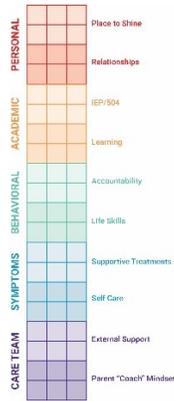
Day 1

Best Practices for ADHD Management

Current Comprehensive ADHD Management Assessment

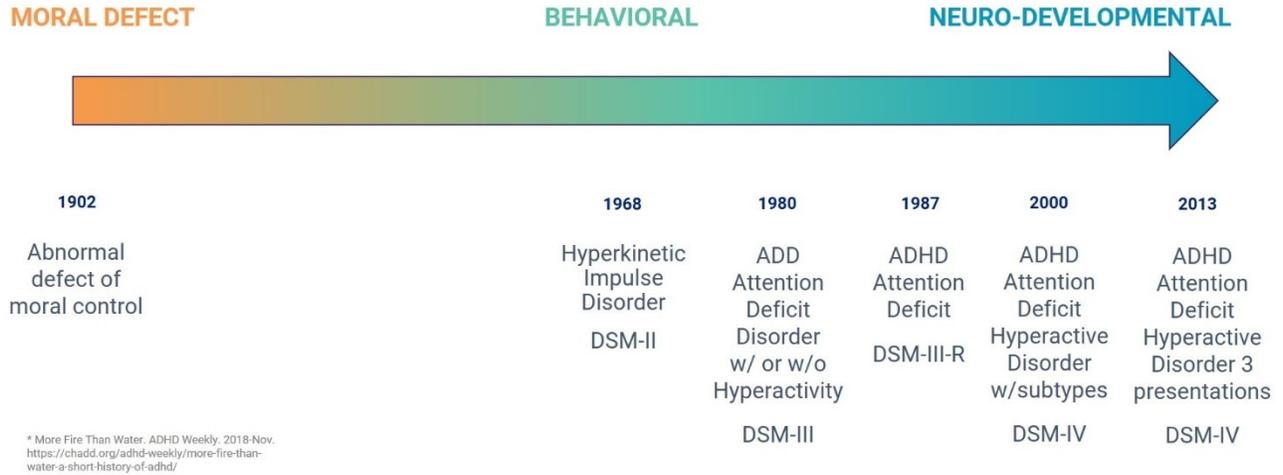
You can find this assessment in the Appendix of this workbook.

- *This assessment is not a report card on your parenting skills.*
- *This snapshot is the foundation for your emergence from chaos.*
- **In your manual, there is a self-assessment tool that looks like this. I want you to take that out and have it in front of you.*
- *No one expects you to make a solid tower overnight.*
- *Success in build a strong "tower" or management plan is accomplished by working step by step.*





Evolution of Understanding of ADHD



What We Know Now

ADHD is a neurodevelopmental condition characterized by

- Structural and chemical differences in the brain
- Delay in cognitive development
 - Executive Functions
 - Up to 25% of chronological age
- CAN'T not WON'T

The Executive Functions

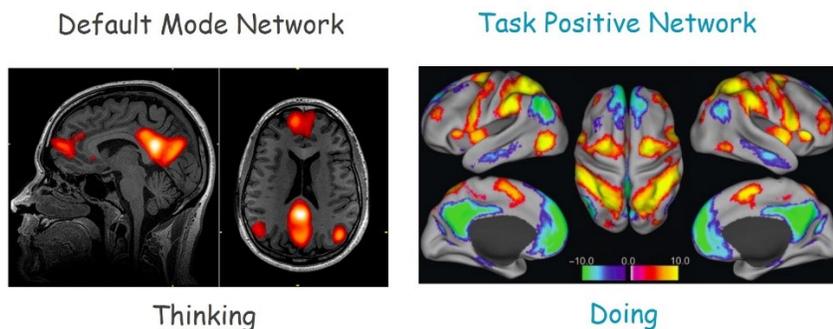


The Paradox of ADHD

- Skills are present, not consistently accessible
 - Can memorize every Pokémon character but not 10 vocabulary words
 - Routinely organizes art supplies but backpack is a mess
 - Remembers you said you would take them to Sonic 2 weeks ago but can't remember if they completed an assignment
 - Can jump on technology any time but takes 20 minutes to get in the shower.
- This paradox is as frustrating to the person with ADHD as it is for those around them.

Self-Regulation deficit

Brain Networks Affected by ADHD



Processes are carried out through the coordination of information along networks in the brain.

Default Mode Network (DMN or Thinking) This is the network our brain uses when we are thinking, daydreaming, even worrying. Few areas of the brain are active when this network is in use

Task Positive Network (TPN or Doing) This is the network our brain uses when we are actively involved in problem-solving, expressing creativity, or completing a task. Notice how many areas are lit up and working together.

When a person without ADHD goes to perform a task, the **Doing** network turns on and the **Thinking** network turns off. And, when the task is finished and the person just wants to chill out, the **Doing** network turns off and the **Thinking** network turns on.



However, in the ADHD brain, this switch is a little glitchy – sometimes they switch over cleanly and sometimes they don't.

- *This is why it can be hard for your child to start and complete tasks or pay attention.*
- *It's why it can be hard to control their little bodies and emotions.*

How Do We Get a Better Switch?



We help the brain switch cleanly using medication and behavioral management techniques.

Chemicals in the Brain Affected by ADHD (Neurotransmitters)

- *Dopamine*
 - *Helps nerve cells pass information*
 - *Helps tune into what is important*
 - *Increases motivation*
- *Norepinephrine*
 - *Increases our arousal; wakes us up*
 - *Improves ability to take in information*
 - *Both stimulate the Executive Functions*

Medication works to increase the amounts of these chemicals in our brain and to help our brains use them more efficiently.



Stimulants

These medications stimulate the production of dopamine and norepinephrine in the brain.

There are two types of stimulants

- **Amphetamines**
 - Adderall
 - Vyvanse
- **Methylphenidates**
 - Concerta
 - Focalin

Amphetamines have been used to control ADHD type symptoms since 1937 and methylphenidate used since 1954.

These are two of the most studied medications in the world.

These work so well that practically every stimulant medication used for ADHD today is a variation or formulation of these two compounds.

These medications have a variety of delivery systems:

- Pills
- pills that can be opened and sprinkled
- pills that can be chewed
- liquids
- transdermal patch
- Delayed release - taken at night to be active upon waking

They are prescribed and managed by doctors who understand your child's health and body.

They are prescribed in very low doses and when used as prescribed are safe when monitored by a doctor.

Stimulant-like (Non-stimulants)

These medications were developed as anti-depressants but can also raise dopamine and norepinephrine levels.

The downside is that they are not as effective as stimulants.



Day 2 New Understanding of ADHD

Other Medications Used

Then there are these other medications, the most popular being the Alpha 2 Agonists like Clonidine and Guanfacine.

These were developed as blood pressure medications and work mostly to calm agitation and aggression, emotional sensitivity. They can be used alone or with a stimulant.



Keys to Becoming a Coaching Parent

- Know the GAME (ADHD)
 - *Chronic and persistent*
 - *Fact based perspective*
 - *REALITY of ADHD*
 - *Multimodal Management Plan*
- Know the PLAYER (child)
 - *Current level of independence or performance*
 - *Balanced perspective of Strengths & Challenges*
- Know the value of COLLABORATION
 - *Always put the PARENT/CHILD relationship first*
 - *Teach more, consequence less*
 - *Collaborate where possible*
- Know your STAFF
 - *Doctor*
 - *School*
 - *ADHD/EF Coach*
 - *Extend Family*
 - *Activity Leads*
- Know the meaning of VICTORY
 - *Winning is defined by improvement*
 - *Gradual reduction of support ONLY after consistent demonstration of ability*

How Humans Learn



We do not learn by simply being told what to do. We need to experience what we learn.



Day 3 Becoming a Coaching Parent

Learning Period

Taking in information on how to perform the task. Examples would be

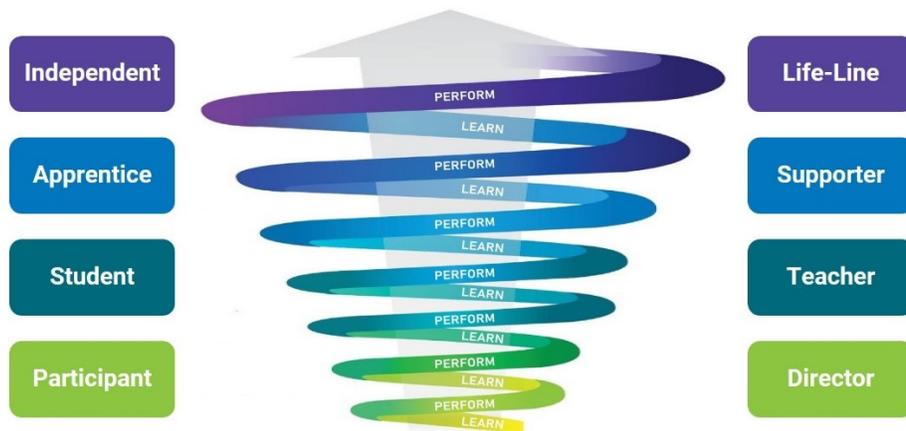
- Expectations
- Techniques
- Facts
- Strategies

Performance Period

We complete the learning cycle by demonstrating our ability to act on that information. This is also called practice!

Stages of Learning (Progressive Independence)

As we learn new skills, our learning cycle becomes an ever-widening learning spiral that moves us toward confident independence in that skill.



As a coaching parent, you need to be able to assess where your child is in that learning spiral, so you can determine what level of support they need and the next step in their growth.



Day 3 Becoming a Coaching Parent

When a child does not know a certain process, the parent takes on a **DIRECTOR** role making all decisions about how and when the process is to be performed. The child is mostly just a **PARTICIPANT** in the process. Remember directing is not teaching.

The Director parent often looks for clues the child is ready to learn or trying to perform some parts of the process on their own. At this point the parent becomes a **TEACHER** and focuses on teaching the child how to perform the steps in the process instead of just doing everything for them. Now the child becomes a **STUDENT**.

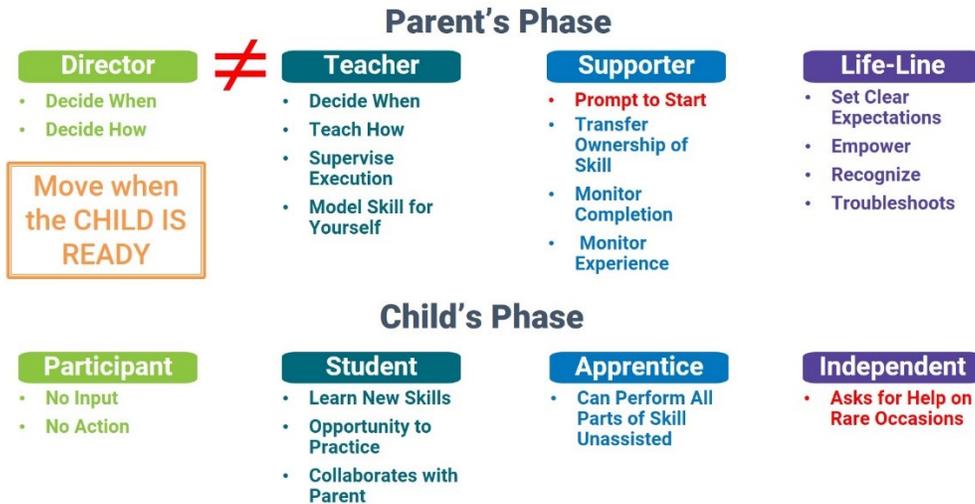
The Teacher parent remains present to let the child practice under their supervision. In the beginning, the teaching parent should expect to provide a lot of prompts to help the child complete the process successfully.

When the child begins to show consistent competence in performing all of the steps in the process, the parent begins to step back and act as a **SUPPORTER**. The Supporter parent may still have to remind the child to start the process and monitor completion, but the child is now an **APPRENTICE**, capable of performing each step of the skill on their own.

The child becomes an Apprentice only when the child can consistently perform all the steps in the process. The Supporter parent may still have to prompt the child to start the process or check for proper completion of the process.

The child is considered **Independent** for this process only when they can self-start and perform all steps of the skill completely. The only involvement of the parent in this stage is to act a **LIFELINE**, offering advice or assistance to overcome unusual circumstances.

Progressive Independence Phases Explained



Directing is not the same as Teaching

Supporter parents still have to prompt the Apprentice child to start the process.

Independent children rarely ask for assistance.

Example: Progressive Independence Phases for Learning to Take a Bath





What is a transition?

A transition is any event where your child

- *changes from one activity to another, like getting off electronics and to eat dinner.*
- *moves from one location to another, like leaving your home to go to the store.*
- *changes the target of their attention, like putting one toy down to play with another.*

Signs Your Child is Struggling with Transitions

Common indicators that your child is struggling with transitions are

Distraction - "Oops! I did this instead"

The child starts an unintended task on the way to starting the requested task like stopping to play with the dog on the way to cleaning their room.

The child might stop the original task at first but not engage in the new task and return to the original task. Example: You ask your child to stop playing Legos and clean the playroom. The child stops at first, begins to clean but is then drawn back to playing with the Legos again.

Resistance - "No, not now"

Resistance is the apparent refusal to change. This is not the child saying "Oh I don't want to stop playing" as they turn off the game and make their way to the dinner table. This is the child saying "No, I do not want to stop now" as they continue to play.

Avoidance - "I'm not listening to you"

Some children will use avoidance as a tactic to remain in their current state. They may pretend not to hear even though you are standing close by.

(Note: This is not them saying they didn't hear you when you were yelling from the other room.)

Negotiation - "5 more minutes"

*Some children will take a more offensive approach by bargaining or *negotiating for your permission to remain in the original state. *They may ask for more time or promise to do something else for you later.*



Day 3 Becoming a Coaching Parent

Meltdown - loss of emotional control

And finally, there is the *meltdown or tantrum where your child experiences a total *loss of emotional control.

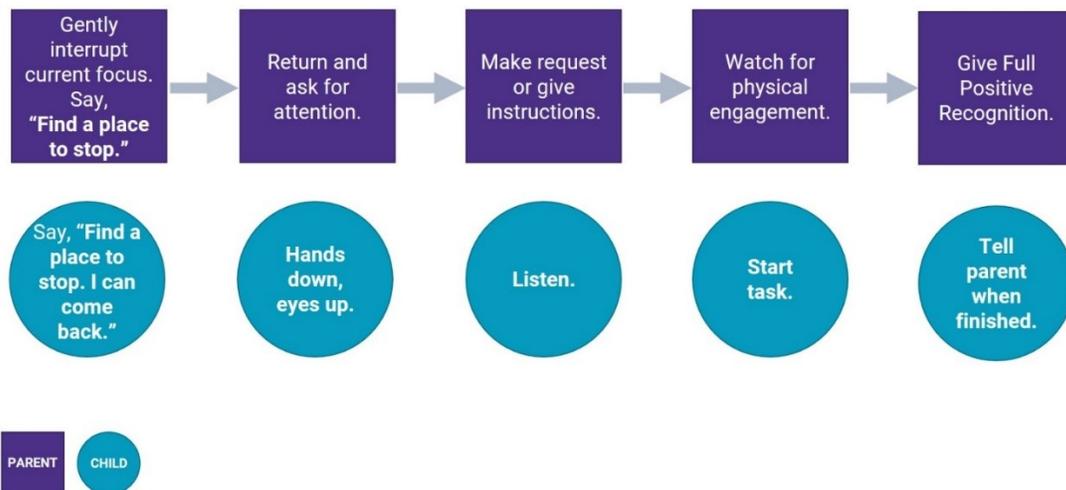
If your child frequently responds to your requests to change activity, places, or attention with any of these behaviors, your child is struggling with transitions.

Transition Process

This is a strategy that helps your child’s brain calmly and smoothly transition to the next task. No yelling. No crying.

A few things before we start.

1. Transitions can and often do create a reaction in your child. That reaction is going to send a little shot of adrenaline coursing through their little bodies resulting in a bit of stress. It is a reflex, and it is going to happen.
2. You need to wait 90 seconds for that adrenaline to dissipate and then another 30 seconds for your child to process what is happening and act on it. So, 2 minutes is the magic number. Giving them longer than 2 minutes may sound more compassionate, but it can actually give them time to slip back into hyper focus.
3. Under no circumstances are you to ever mention that “2-minute” number to your child.



There are two parallel tracks of this process: one for the parent and one for the child.



Day 3 Becoming a Coaching Parent

What the parent will do:

1. Gently interrupt your child's focus by telling them to **"find a place to stop"**.
 - You should be within 3 feet of them – do not yell from another room
 - Use a clear and directive statement.
 - Don't mention anything about time
 - Don't expect a lot of engagement from your child at this point
2. Come back in 2 minutes. Announce that you need your child's attention.
 - Do not say anything further until your child puts their hands down and eyes on you.
 - If you forget to come back in 2 minutes, **START OVER**.
3. When hands are down and eyes are up, give your instructions.
 - Ask the child to let you know when the task is complete.
 - You are not finished yet!
4. Remain present long enough to see your child physically engage in the requested task.
5. When the child returns to tell you the task is complete, reward them with words of affirmation letting them know they were successful.

Explaining the Transition Process to Your Child

This process works better when your child knows what to do. Sit down with your child and explain this process to them.

Here is a sample dialog of what to say:

"I don't like it when I have to nag or yell to get you to do something so I want us to try something different.

1. I am going to tell you to find a place to stop.
2. You are going to tell yourself, "find a place to stop" and remind yourself that you can come back to this later.
3. Then, I will let you find that place to stop and come back to get you. (Don't say anything about time!)
4. Now, when I come back, your signal that you have stopped and are ready for me to give you instructions will be for you to put your hands in your lap and your eyes on me.
5. You will listen as I tell you what I expect you to do.
6. You will go do that and when you are done, you will come back and let me know you are finished."

Obstacles to Collaboration

Collaboration can be a scary concept, especially if there is a lot of tension in the parent/child relationship.

Children concerns:

- Do not want to share their needs because you might say no or think they are being silly
- Afraid you won't consider their ideas and continue to dictate the solutions you want them to use.
- Afraid collaboration means parents will increase expectations when they are struggling now.

Parent concerns:

- Child will try to manipulate them
- Child will ask for expectations to be set low
- Fear confrontation because their child has refused help in the past.

Allowing your child to be a part of the solution creates more buy-in to improving the process. It is their brain. Isn't it possible they might know a little about what is going on?

Different Perspectives of Need to Improve



One of the biggest obstacles to collaboration is when parent and child have different views of the child's performance.

One method to use to get everyone on the same page is to simply track the data for a period of time and let the data define the performance level.

The keys to making this work are:

- Enter the data on the tracking sheet together
- Keep the tracking sheet where it is visible to everyone

Possible results:

"It's not as bad as I thought. Let's work on something else."

"I didn't know everything my co-parent was doing to make this happen."

"I didn't realize my parent was prompting me so much."

Reset/Retry/Reward

This strategy is to be used to redirect your child from distracted or disruptive behavior. Examples include getting distracted by electronics during homework or jumping on the couch.

Please note, this variation of this process is not to be used for a meltdown.



RESET PARENT

When this type of incident occurs, the first thing you'll do is **RESET** yourself. Take a breath and enter this situation as calmly as you can. If no one is bleeding and the house is not on fire, you have time to do this.



Day 4 The Power of Collaboration

RESET CHILD

When you are ready, calmly **RESET** your child without using negative reinforcement. Be like a football referee. Tell them they have gotten distracted or they have acted inappropriately.

These three questions work great to reset your child, when delivered in a pleasant tone.

- What are you doing?
- What are you supposed to be doing?
- What will you do now?

Remember, this **RESET** is your child's opportunity to learn how to be mindful of their behavior and attempt to get back on track.

RETRY

Important. You must have the child **RETRY** the behavior. They need this opportunity to make things right and complete the task successfully. Learning does not occur at the **RESET**. It occurs at the **RETRY**!

REWARD

Finally, **REWARD** your child's success with **Full Positive Recognition** to reinforce the learning.

A statement of Full Positive Recognition includes **gratitude**, identification of **the valued behavior**, and **the result**.

"Thank you for jumping on the floor. It will keep the couch looking nice".

Depending on the situation, you may have to go through a few resets before you get a successful retry.

Benefits of Collaboration

- Develops cognitive skills of problem-solving and metacognition.
- Builds self-confidence, self-esteem, and self-advocacy skills.
- Improves the parent/child relationship by working together. The child feels their ideas are valued. This increases the child's buy-in to the improvement process.



APPENDIX

Everything you need for your Break From Chaos can be found in this workbook or in the Break From Chaos Facebook group.

Join us for each Break on ZOOM or Facebook Live:

Zoom link: <https://us02web.zoom.us/j/89976621167>

Facebook Group: [facebook.com/groups/4daybreakfromchaos](https://www.facebook.com/groups/4daybreakfromchaos)

Here's where everything can be found in the Facebook Group:



..... About Discussion Guides Announcements Rooms Members Events Media

What's on your mind, Laura?

About This group

- Manage notifications
- Pin group

DISCUSSION
The main feed in the group where all posts are made. All live sessions can be found streaming into this main feed of the group.

ANNOUNCEMENTS
The go-to spot for important information.

EVENTS
A group event will be created and posted for each day. The scheduled sessions are April 26-29 at 8:00 PM CST. Add them to your calendar NOW.

GUIDES
All sessions, recordings, digital content, and any bonuses will be found neatly organized here by day.

Update your settings to make sure you don't miss anything.

Step 1. Click the three dots
Step 2. Click Pin Group
Step 3. Click Manage Notifications
Step 4. Select All Posts

Notification Settings

- All Posts Every post in the group
- Highlights Friends' posts and suggested posts
- Friends' Posts Only your friends' posts
- Off Only mentions and important updates to group settings or privacy

Member Request Notifications Get notifications when friends ask to join

Cancel Save

Comprehensive ADHD Management Assessment Tool

CARE TEAM				External Support
				Parent "Coach" Mindset
				Place to Shine
				Relationships
SOCIAL				IEP/504
				Learning
				Accountability
				Life Skills
BEHAVIORAL				Self Care
				Supportive Treatments
SYMPTOMS				

On a scale of 0 to 6, rate your current comfort or satisfaction level for how you are managing each component of your child's management plan. "0" means "I am in no way comfortable or satisfied" and "6" means "I am totally comfortable and satisfied".

Things to consider as you fill in your assessment include:

External Support

- Medical care providers
- Teachers
- Coaches/Therapists
- Activity Leaders
- Extended family

Parent "Coach" Mindset

- Modern understanding of ADHD
- Focus on teaching before punishment
- Use Continuous Process Improvement tools
- Use ADHD friendly structure in home

Place to Shine

- Opportunity to demonstrate creativity/talent/passion
- Opportunity to explore new interests
- Activities outside home
- Activities not led by own parents

Relationships

- Parent/Child
- Sibling(s)
- Extended family (*grandparents, aunts, uncles, cousins, etc.*)
- Friends/classmates/neighbors
- Authority figures (*teachers, friend's parents, activity leaders, etc.*)

IEP/504

- School aware of diagnosis
- Accommodations are in place and used consistently
- Accommodations routinely monitored for effectiveness
- Parent collecting documentation for next ARD meeting

Learning

- Child has been screened for learning disabilities
- Effective homework process in place
- Turns work in on time
- Attends tutoring when needed

Accountability

- Follows rules/Is compliant
- Easily redirectable when distracted
- Achieves realistic expectations with appropriate support

Life Skills

- Relatively trouble free life processes (*morning, evening, homework, hygiene, simple chores, etc.*)
- Puts responsibility before privilege
- Keeps a personal calendar (*older children*)

Self Care

- Sleep routine that provides recommended amount of sleep
- Diet focused on protein with few processed foods and lower carb intake
- Moderate exercise/physical activity routine at least 30 min/day
- Appropriate screen-time limits
- Practice mindful quiet time for stress relief

Supportive Treatments

- Discussed ADHD symptom treatment options with care provider
- Made an informed decision on use of approved ADHD medications
- Use medications for co-existing conditions (*depression, anxiety, etc.*)
- Consistent adherence to supportive treatment plan



Your finished assessment will look something like this.