

TEACHING GUIDE FOR FOSTERING HEALTHY
RELATIONSHIPS WITH CHILDREN WITH
ATTENTION DEFICIT / HYPERACTIVITY DISORDER
(ADHD)



CONCEPT
SANDRA
TURGEON

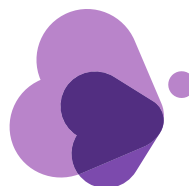


TABLE OF CONTENT

INTRODUCTION	2
WHAT IS ADHD?.....	3
ADHD AND SOCIAL INTEGRATION.....	7
HAVING A BROTHER OR SISTER WITH ADHD	8
CHILDREN WITH ADHD AT SCHOOL.....	9
INATTENTION.....	10
HYPERACTIVITY.....	12
IMPULSIVITY AND ITS INVASIVENESS.....	14
IMPULSIVITY AND MANAGING EMOTIONS	16
SUSTAINED EFFORT.....	19
TIME AND SPACE MANAGEMENT	21
CONCLUSION	23
GET MORE INFORMATION HERE!.....	24
REFERENCES CONSULTED	26
CONSULTANTS.....	28

INTRODUCTION

Children with attention deficit/hyperactivity disorder (ADHD) face a multitude of daily challenges. What's more, many ADHD-related behaviours are not well understood by their peers, family and friends. These behaviours are often misinterpreted and mistakenly attributed to other unrelated aspects, such as rudeness, laziness or disinterest. To better understand this disorder's characteristics and impact on children's daily lives, it is essential to demystify ADHD-related behaviours. Understanding enables us to intervene more effectively and act more caringly. By doing so, we are able to be more patient and tolerant of these behaviours and, most importantly, know how to deal with them better.

By better understanding the disorder and what children are experiencing, we can be more empathetic and can more easily recognize the behaviours they have difficulty controlling.

To complement the video clips, the aim of this guide is to help parents, teachers and everyone around children with ADHD to:

- better understand the behaviours associated with this disorder;
- better explain to children with ADHD the impact of this disorder on their daily lives;
- better explain this disorder to children without ADHD; and
- more effectively intervene with children with ADHD.

Children are not ADHD but they have ADHD, as they also have their own story, personality and individuality. Therefore, the behaviours and difficulties described in this document form a general description and may or may not apply to children with ADHD; each child is unique and different!

The educational content proposed in this guide is based on scientific evidence and the combined experience of experts in the field. The concepts are intended to provide tools to people around children with ADHD in order to promote harmonious relationships and optimal social integration, in the hope that these tools will help them overcome their daily challenges.

Please note that this guide's content differs from an individualized approach used during meetings with professionals. Under no circumstances is it intended for making diagnoses or implementing specific treatment.

WHAT IS ADHD?

Attention deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder: you can't catch it; you're born with it!

ADHD does not result from laziness, children's lack of interest or parents' lack of supervision. In reality, the brains of children with ADHD work a little differently. Their neural connections have developed atypically, which makes it more difficult to adjust; hence the inattention and/or hyperactivity and impulsiveness, which adversely affect their daily lives. Important! This does not mean that the children are less intelligent. As described by Dr. Annick Vincent (2017), the children only need a little more help to pay attention, just as a near-sighted individual needs glasses to see better.

ADHD is one of the most frequently diagnosed disorders in children.

In Quebec, about one in 10 people will have ADHD during their lifetime. In children, the ratio of boys to girls is **two to one** (Diallo et al., 2019). However, the female face of ADHD is often less visible; less hyperactive and more inattentive girls are often diagnosed later. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the diagnosis of ADHD is based on the appearance of a number of symptoms of inattention and hyperactivity/impulsivity (see box below), which persist for at least **6 months**, which are apparent **before the age of 12** in at least **2 different environments** (e.g., at school and at home) and which lead to **functional impacts**. Depending on the symptoms, three ADHD presentations are proposed in the DSM-5:

- Predominantly inattentive (6 or more symptoms of inattention*)
- Predominantly hyperactive/impulsive (6 or more symptoms of Hyperactivity/Impulsivity*).
- Combined (6 symptoms of inattention and 6 symptoms of Hyperactivity/Impulsivity*).



70% of school-aged children with ADHD have at least one other disorder such as oppositional defiant disorder, anxiety disorder, learning disorder, Tourette's syndrome or depression (CADDRA, 2018).

* For individuals 17 years old and older, the minimum number of symptoms is 5 instead of 6.

PREDOMINANTLY INATTENTIVE PRESENTATION – SYMPTOMS (DSM-5)

- A. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- B. Often has trouble holding attention on tasks or play activities (e.g., a conversation).
- C. Often does not seem to listen when spoken to directly (even in the absence of any obvious distraction).
- D. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.
- E. Often has trouble organizing tasks and activities.
- F. Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time.
- G. Often loses things necessary for tasks and activities.
- H. Is often easily distracted by external (and internal) stimuli
- I. Is often forgetful in daily activities (e.g., tasks, instructions, appointments).

PREDOMINANTLY HYPERACTIVE / IMPULSIVE PRESENTATION – SYMPTOMS (DSM-5)

- A. Often fidgets with or taps hands or feet, or squirms in seat.
- b. Often leaves seat in situations when remaining seated is expected.
- C. Often runs about or climbs in situations where it is not appropriate.
- D. Often unable to play or take part in leisure activities quietly.
- E. Is often “on the go” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time).
- F. Often talks excessively.
- G. Often blurts out an answer before a question has been completed.
- H. Often has trouble waiting their turn (e.g., while waiting in line during a game).
- I. Often interrupts or intrudes on others.

ADHD is characterized by behavioural, cognitive and emotional difficulties.

ADHD is actually a multidimensional disorder. **Behaviourally**, ADHD is with combined presentation or with predominant hyperactivity/impulsivity through the inability to stay still (i.e., motor hyperactivity, such as squirming in a chair), or talking (i.e., verbal hyperactivity, such as constant talking or singing), and behavioural impulsivity, which is difficulty controlling inappropriate verbal or physical behaviour. In other words, impulsivity means acting too spontaneously, without any hindsight or prior reflection (e.g., unfiltered chatter, interrupting, getting up in class without permission, without thinking).

Cognitively (i.e., mental skills), various aspects may also be affected, which explains difficulties with attention, organization and problem solving. **Emotionally**, ADHD is described as a syndrome characterized by emotional hyperreactivity and difficulties with emotional regulation. Children with ADHD may have difficulties with self-control, not only in terms of attention, movement and behaviour, but also in terms of the ability to control the intensity of their emotions and manage how they express them.

ADHD is not a curable disease but a frequently persistent disorder whose symptoms and impacts change throughout life.

In the media, we hear a lot about different pharmacological treatments and other ways to manage this disorder. However, it is important to understand that these treatments do not cure ADHD, but instead allow children to compensate for their difficulties and thus reach their full potential. People living with ADHD sometimes need a variety of interventions that will vary throughout their lifetimes. In fact, prevalence and follow-up studies have shown that symptoms persist into adolescence in 70% of children with ADHD and into adulthood in over 50% of cases (Biederman and Faraone, 2006; CADDRA, 2018).

In early childhood, several ADHD symptoms may be observed without necessarily being diagnosed. According to Massé, Verreault and Verret (2011), some young children with ADHD will be identified due to their unruliness and difficulty with developing a routine, among other things. They will also tend to be more irritable, less tolerant of frustration and more difficult to console. During play, they often change activities and talk less with other children.

Regardless of age, many factors may mimic ADHD symptoms, such as lack of sleep, a language disorder, health problem or anxiety! It is therefore important to act with caution and consider all the possible reasons before jumping to conclusions. To eliminate any potential physical problems, a medical consultation is an excellent first step.

Most children with ADHD are identified at school age, since they face attention and self-control difficulties when they start school. In this context, there is greater pressure on children's abilities and therefore more acute symptoms, as the problems affect all areas of their lives, such as school and family life. Socially, the child's behaviours may be considered disturbing and cause peer rejection or can anger adults.

In adolescence and adulthood, there is usually a decrease in motor hyperactivity. Instead, there is motor restlessness, sometimes experienced as "nervousness." Cognitive agitation tends to continue, as do other symptoms of inattention. In some individuals, the functional impact subsides due to compensation strategies developed by the individual and career choices or activities that match their personal strengths and weaknesses. The majority of individuals continue to have disabling symptoms in adulthood. Moreover, when the disorder has not been identified early, ADHD in adults is often accompanied by emotional problems such as anxiety and depression, due to long-term efforts to compensate for their difficulties, and are sometimes accompanied by failed relationships and difficulty retaining employment. In addition, some adults living with ADHD report that their daily lives rapidly become routine and that they need to set new goals and change their plans or ways of doing things more often than others in order to meet their need for stimulation and overcome difficulties.

In short, studies have shown that ADHD may cause difficulties in school, family and social life, and later on, in professional life. This disorder is also a risk factor for sleep disorders, obesity, accidents, brain injuries, anxiety, mood disorders, substance abuse, and video game addiction. Screening and providing tools to children with ADHD at an early age may not only reduce the impact of current symptoms, but also decrease their likelihood of developing associated problems throughout their lives.

Where does ADHD come from?

Even today, the exact origins of ADHD are unclear. However, the scientific community seems to agree that it is an **interaction between genetic, neurobiological and environmental factors**.

From a genetic perspective, several factors seem to contribute to the development of the disorder, such as family history. About 25% of children with ADHD have parents who also meet the diagnostic criteria for this disorder (CADDRA, 2018).

From a neurobiological point of view, brain imaging studies (Cortese et al, 2012) suggest that ADHD is particularly associated with changes in connectivity between certain regions of the brain, including neuronal circuits that underlie attention, self-control and planning.

With regards to the environment, perinatal conditions, environmental toxins, dietary factors and psychosocial adversity (e.g., abuse) are all factors which, in conjunction with a predisposition for the disorder, may contribute to the development of ADHD. For example, low birth weight or the use of alcohol or tobacco during pregnancy may contribute to the development of ADHD-related symptoms in children. How children are raised or supported does not determine whether or not they have ADHD. However, this aspect has a major impact on how they find tools to better cope with their disorder, how they develop their self-esteem and how they develop their potential.



ADHD AND SOCIAL INTEGRATION

The functional impairments of ADHD have a significant impact on children's self-esteem and socialization. Between 50% and 70% of children with ADHD experience social conflicts related to their symptoms, including peer rejection for most of them (Massé et al., 2011).

According to Guèvremont and Dumas (1994), the social difficulties of children with ADHD are partly due to their intrusive behaviours and emotional impulsivity, especially present in children with combined or predominantly hyperactive/impulsive presentation. Thus, when they exhibit more disturbing behaviours, such as butting in on games and conversations, not waiting their turn, or constantly fidgeting/making mouth-sounds, they may be considered to be noisy, annoying or taking up too much space. Impulsivity and hyperactivity are particularly noticeable when children with ADHD are bombarded with stimuli, which can have negative social impacts during sports activities, group outings or children's parties, for example.

Children with predominantly inattentive presentation tend to withdraw socially and have unpredictable reactions. Their lack of attention may be misinterpreted as a lack of interest. Some children with ADHD may also be less receptive to changes or less flexible in their thinking, particularly if they feel anxious or confronted. This rigidity may affect their social relationships.

Difficulties with communicating and having two-way exchanges may pose other challenges in the social sphere of children with ADHD. In particular, these children may have difficulty understanding more abstract concepts that require a degree of maturity, such as ironic humour. They also tend to pay less attention to and not realize their peers' annoyance or misinterpret others' desires and intentions. Consequently, their behaviour may be inappropriate for a situation (for example, reacting aggressively in a neutral situation).

Some children with ADHD may also have difficulty accurately remembering past events. In fact, the symptoms of ADHD cause children to overlook all the details in a situation and only memorize certain parts. When children have to report what happened in a conflict, they may deny their responsibility or invent something, as they no longer remember the role they played. These situations represent another major challenge to the social relationships of children with ADHD.

By acting this way, children with ADHD unfortunately receive many negative comments that lower their self-esteem. As a result, some people develop negative expectations about their abilities, knowing that there are risks that they will not be able to properly complete a task. This fear of failure develops to the point that they no longer want to take risks or take up any new challenges, for fear of disappointing their social circle. Some even have difficulty receiving credit for their successes.

Moreover, the Regroupement des neuropsychologues pédiatriques points out that some children sometimes report feeling like scapegoats or being afraid of being falsely accused of an accident (such as breaking or damaging something). Due to their symptoms, it would be easy to blame them for such an event, since they stand out and people are constantly watching and monitoring them. This is why it is important to pay close attention to what is said during interventions with children with ADHD, since other children listen and repeat the terms used and may consider children with ADHD to be "scapegoats."

HAVING A BROTHER OR SISTER WITH ADHD

A study conducted in France (Novartis, 2010) reports that having a child with ADHD disrupts the family atmosphere in 79% of cases, i.e., in more than 3/4 of families! Coghill et al. (2008) point out that about two-thirds of families report particularly negative impacts on sibling relationships. Specifically, since the home atmosphere is not conducive to studying and sometimes relationships are chaotic, siblings may have difficulty completing homework or avoid inviting friends home.

Finding family and personal balance is a major challenge.

When a family is living with ADHD, better understanding fosters caring and resilience. Since having a child with ADHD can be exhausting for parents, siblings may be reprimanded more severely or receive less praise for their successes. Important! As a parent, give yourself time for yourself and for each of your children. Even if siblings require less attention, take the time to praise their accomplishments and have quality time with them as well as with the child living with ADHD.

Having a brother or sister with ADHD involves many challenges but it's not always negative.



By taking the time to explain to siblings that the needs of children with ADHD are different from theirs, they can better understand what's going on. This understanding can sometimes foster greater maturity and recognition!

CHILDREN WITH ADHD AT SCHOOL

To promote a positive experience in the school environment, it is important to encourage children to develop a sense of belonging to the school and their classroom. In children with ADHD, social problems tend to be more prevalent in less structured activities such as recess, free play, childcare, etc. Where possible, it may be beneficial for children with ADHD to participate in sports that will allow them to expend their energy while developing their social relationships. Other activities such as music or drama are also opportunities for self-expression and social interaction.

Compensating for ADHD symptoms can require significant energy and cognitive expenditure for children in learning situations. They need breaks to recover. Recess periods are essential for both their physical and psychological health and for fostering the social dimension. Recess should not be withdrawn as a consequence of inappropriate behaviour or to catch up on work. It is also advisable to prepare and provide tools to children for recess so that they have rewarding experiences from which they will be able to learn, and most importantly, which they will want to experience again!

Children with or without ADHD respond better to intervention strategies that encourage and praise positive attitudes and behaviours. Although certain behaviours expected in the classroom are particular challenges for children with ADHD, it is important for the teacher to choose reinforcement methods that apply to all students. In fact, the main sources of misunderstanding among children are when children with ADHD receive a reward after a specific intervention with them, while others do not receive any appreciation for having followed the same instruction or having acted in the same way. To reduce the feeling of unfairness that children without ADHD may experience, it is important to be aware of this aspect.

Parents and teachers form an essential support team for children!

Parents are experts on their children! They can be a good source of information when it comes to knowing which strategy is best for their children. It is therefore desirable that school staff develop and sustain a relationship with them throughout the school year. By promoting communication, they can praise the children's successes, talk about their difficulties and ensure that the important messages have been conveyed to parents, since the children may forget!

To foster harmonious relationships, it is important to explain to siblings and peers the behaviours and special needs of children with ADHD. To do so, various books listed in this guide are good tools to help teachers and parents explain the disorder.

To facilitate the social integration of these children into their different environments, we will demystify various ADHD-related behaviours in the following sections of this guide.

INATTENTION

In general, attention is the ability to focus on certain stimuli.

Attention is a fragile mental skill, influenced by many factors such as the type of task performed, its duration, a person's level of fatigue and ease of distraction. Compared to other children, children with ADHD have more difficulty with:

- Maintaining an appropriate level of effort and attention during a long-term task (Sustained Attention), for example, staying focused when the teacher gives an explanation or during an exam.
- Focusing on a task, ignoring distractions (Selective Attention), for example, reading a book in a room where people are chatting or near a window where what's happening outside is enticing.
- Paying attention to more than one thing at a time (Divided Attention), for example, listening to the teacher's explanations and taking notes on what's written on the blackboard.

But why?

The difficulty in sustaining attention seems to stem from several factors:

The brains of children with ADHD are more sensitive to distracting stimuli and have more difficulty sorting them out. In addition, their ability to stay motivated on task may be more fragile. The longer the task, the worse it is. This explains why children with ADHD lose interest faster and become accustomed to repetitive stimuli faster than children without ADHD. As a result, a task can quickly become routine and therefore not stimulating. When the task is no longer stimulating enough for them, the children lose focus and are easily distracted by external events (e.g., a nearby conversation) and internal events (e.g., their own thoughts). These distractors quickly provide the children with the stimulation that is lacking, and so they begin to have difficulty maintaining their attention on the initial task.

It's not due to a lack of interest, motivation or lack of effort; they are unable to do it!

So, if the context is not favourable, the children may have difficulty paying attention to a person who is speaking to them or reading a book for a while. It may happen that the children do not grasp some of the important information in class, misplace objects because they do not pay enough attention to the place where they left them, or have to reread the same page several times in order to understand the meaning. In other cases, the children are able to quickly grasp the concepts seen in class, but when it comes time to implementing them, they have great difficulty focusing. As reported by one parent, "The theory's there, the understanding's there, but the attention's in China!"

Signs of inattention:

- Has difficulty reading a book or following a conversation
- Has difficulty staying focused during class work (for example, drawing instead of listening)
- Does not seem to listen
- Is rather dreamy or distracted
- Goes from one activity to another
- Makes careless mistakes/forgets sections in assignments
- Forgets things



Explanation:

- Children with ADHD are very easily distracted! So, as soon as there is a little noise around them or an object within reach, they'll become interested in it, look at it and touch it. They can't resist. They can't help it! For example, if there's a beautiful drawing on the corner of their desk, they'll really want to look at it. But by doing so, they're no longer focused on what they were doing and stop the task they began.
- Their heads are also full of ideas that jostle like bumper cars! There are so many that sometimes their head buzzes and they focus on their thoughts instead of focusing on the task at hand. They sometimes seem distracted when someone is speaking with them or they forget things at school.
- When they have to do two things at once, it's hard for them to pay equal attention to both activities. For example, if they are colouring, they will have difficulty speaking with someone at the same time because they are focusing intently on their drawing. If they are very interested in both tasks, they may even play leapfrog and go continually back and forth!

Winning interventions at home:

- Create a distraction-free workplace (e.g., get rid of unnecessary objects on their desk, avoid screens, avoid being disturbed by siblings, pets, etc.).
- Establish a routine that allows for a break between school and homework.
- Break up the homework period by allowing frequent breaks.
- Clarify homework instructions before starting (encourage them to explain it in their own words).
- Use noise-cancelling headphones or white noise (i.e., background noise such as a fan, rain, etc.) during homework or tasks requiring concentration.
 - Playing music during individual work is sometimes beneficial.
- Avoid double tasks.
- Encourage and adopt caring attitudes to sustain motivation.

Inattention at school:

- Have a desk near people with few disturbances and where the children work best.
 - Not necessarily in front; some children turn around often!
- Use noise-cancelling headphones/earplugs during classwork when needed.
 - Playing music during individual work is sometimes beneficial.
- Change your tone of voice to get the children's attention.
- Decide on a discreet signal to bring the children back to their task when they are distracted.
- Call on the children to get them to participate (and not to catch them to see if they're listening!)
- Provide course notes with holes or photocopies.
- Use different coloured chalk/fonts to highlight key words in class or number the steps of an assignment.
- Avoid putting too much on the blackboard or walls (e.g., posters).
- Encourage and adopt caring attitudes to sustain motivation.
- If necessary, set aside additional time or do the exam in a different room (Ensure that the children don't feel singled out!).

HYPERACTIVITY

Inhibition allows children to take a time out in order to properly perform a task or behaviour that requires reflection time.

Inhibition can be described as a brake that restricts inappropriate behaviours (e.g., squirming in a chair, interrupting) and helps stop ongoing behaviours that were appropriate but are no longer appropriate (for example, stop talking when a movie begins). In children with ADHD, this braking mechanism is often defective and requires more stimulation and effort to activate, which makes it more difficult for them to control their ideas, movements, words, behaviours and how they express their emotions. Fidgeting is the visible aspect of ADHD!

As mentioned in *Mon Cerveau a besoin de lunettes*: “ADHD isn’t a problem of willpower; it’s a question of not being able to do something” (Vincent, 2017, p.24).

In fact, it would be fair to say that children with ADHD have an overcharged battery; they're bursting with energy! The children make great efforts every day to curb their behaviour, but their brains like to drive at 100 miles per hour. Often, what's evident is just the tip of the iceberg, since their heads are full of ideas that jostle and seek to express themselves. Moreover, some children report that “it’s complicated inside my head,” “my head’s spinning” or “everything goes too slowly.” Their sleep may be affected, since they have difficulty relaxing enough to fall asleep.

In addition, children with ADHD have difficulty adjusting their level of excitement to various situations throughout the day. More specifically, after stimulating activities, they have more difficulty calming down to an appropriate level. For example, following a fire drill, the children can no longer focus for the rest of the period! Hyperactive children are often not invited back to friends' birthday parties, as they are considered too disruptive. Peers and adults tend to complain, as the restlessness of children with ADHD is irritating or complicates the management of the activity, which requires more supervision.

However, we must understand that the children are not trying to annoy their classmates or friends. On the contrary! Channeling their energy by moving allows them to be more attentive. Squirming in their chair allows them to be more focused; otherwise, they would make an effort to stay still and would no longer listen to the teacher.

Signs of hyperactivity:

- Gets excited, makes disorganized movements that are purposeless or inappropriate for the situation
- Stands up on the table or in class
- Squirms in their chair
- Touches everything / is extremely curious
- Makes lots of noise
- Talks a lot

Explanation:

- Children with ADHD are bursting with super energy, which tries to release, despite their efforts! When it manages to escape, they start moving, hopping and making noise, even if it's really not the appropriate time. They can sometimes even become a chatterbox. But they can't help it! They make a great deal of effort to stop moving or talking, but it's extremely difficult because their super energy is very powerful. Applying the brakes to control themselves is very demanding. If they stop moving, they get very tired and can no longer focus on anything!
- At school, the children try hard not to be disruptive. Drawing, working on their notebook or using an anti-stress ball can help them release their bursting energy!

Winning interventions for everyone:

- Allow them to do their work while standing, if possible.
- If possible, ignore vocal noises (if the children still seem focused on their task).
- Use their aids (determine the appropriateness of each adaptation depending on the child!)
 - Anti-stress balls
 - Weighted lizard
 - Elastic
 - Tangles
 - Chair cushion (Moving Sit)
 - Wiggle their toes, etc.
 - Bike desks (or a stationary bike at home)
- Reward the desired behaviours.
- Allow them to be your messenger and do errands for you (to boost their self-esteem!)
- At school:
 - Make the rounds to classrooms in order to empty the recycling/compost.
 - Help tidy up the storage area (in physical education).
 - For older children: help younger children (e.g., kindergarten) during lunchtime.
- Schedule physical activity periods
 - In class: Allow short breaks (a few minutes) for a motor activity or relaxing.
 - Outside school: Do extracurricular activities (e.g., recreational sports, discovery activities, circus experiences, etc.) to meet their need for stimulation.



IMPULSIVITY AND ITS INVASIVENESS

Impulsivity is not unusual; everyone can be impulsive at one time or another. But in children with ADHD, the frequency and intensity are different.

Above all, the most problematic behaviours for the social circle and relationships of children with ADHD lie in their impulsive behaviour (see page 4). They will sometimes tend to make decisions quickly and then act inappropriately depending on the context, without thinking before acting. Moreover, since their brakes are defective (see “inhibition” on p. 14), the children have difficulty refraining from reacting spontaneously to situations that require restraint. For example, they may answer the teacher’s question without raising their hand and thus cause a great deal of frustration among their classmates who wanted to answer.

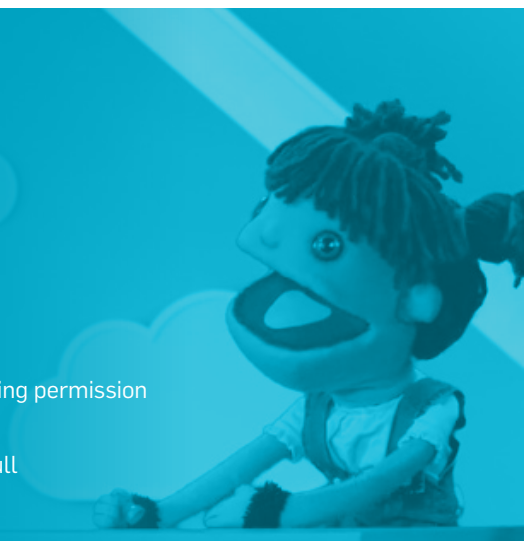
In ADHD, the functioning of the brain’s “reward system” seems somewhat impaired. Specifically, the children have difficulty tolerating delays in gratification, even if the long-term reward is greater. Children with ADHD tend to opt for immediate rewards and quickly seek that reward as soon as possible. It is common for them to be quite insistent when they want something immediately.

In general, children with ADHD make a huge effort to control themselves, but their social circle poorly perceives and misunderstands their impulsive behaviour, which may be confused with a lack of good manners, disrespect or bad upbringing. However, children with ADHD are not always aware of their words and actions! The children can increase their awareness: all it takes is a bit of time to explain the situation.

Be careful! It’s important that the same rules apply to children with ADHD as to their siblings and peers! Otherwise, they’ll feel a sense of injustice. The disorder explains why the children act a certain way, but it doesn’t give them a “free pass” for inappropriate behaviour to be acceptable.

Signs of impulsivity:

- Intrudes on games/activities without being invited
- Goes too fast/rushes
- Is impatient
- Has trouble waiting their turn (in a line or game)
- Butts in on conversations
- Interrupts
- Answers before the end of questions
- Abruptly takes objects from other people’s hands
- Begins to use the property of others without asking for or receiving permission
- Invades the space of others
- Starts answering exam questions without having read them in full
- Has difficulty obeying rules



Explanation:

- Children with ADHD have difficulty taking a step back before speaking or acting.
- They're going too fast and lack self-restraint, so much so that they don't have time to think about their actions. It's so fast that sometimes they don't even notice!
- To make an analogy, it's as if we're asked how often we blinked in the last minute: we don't know because it's a fast and natural action that we don't notice. However, we can become aware of it and count the number of times we blinked. It's the same for them: they don't even realize it; it comes naturally to them

Winning interventions for everyone:

- Have rules of conduct/class rules (with visual aids!)
- Show them how to wait 5 seconds before acting or answering a question. Alternatives:
 - Have a common sign chosen by the children (e.g., touching their ear), which reminds them to take their time.
 - Have a key phrase that they learn to repeat themselves (e.g., "Stop! Wait! Think! Go!")

Dr. Annick Vincent points out that the ADHD brain is a sprinter, not a marathoner. To help children better cope with ADHD, interventions and tasks need to be short, one instruction at a time, motivating and stimulating (see box below).

When giving instructions:

- Call the children by their first name
- Stand near the children and have eye contact
- Ask them to listen carefully
- State an instruction that is:
 - **Brief**
 - **Concrete and affirmative** (no questions or favours!)
 - With a **neutral tone**
 - **Positive** "I want you to walk" instead of negative "Stop running!"
- Ask them to repeat the instruction **in their own words**
- Give immediate feedback

IMPULSIVITY AND MANAGING EMOTIONS

For children with ADHD, emotions may come in waves and are sometimes expressed in extreme ways. They then struggle to control themselves and have difficulty distancing themselves from emotional events, sometimes not taking into account the emotions and desires of others in their interactions. Thus, the expression or manifestation of their emotions may sometimes be awkward or hurtful.

This instability of emotions seems to be due to inhibition difficulties of children with ADHD. The children have low frustration tolerance and their emotions are on edge; fatigue and excitement also change their level of tolerance. Since they have difficulty delaying gratification, the children may quickly get irritated or angry. When impulsivity is serious, the children immediately express their feelings, they lose control of their emotions and self-control, and then they may throw a tantrum. Other factors also increase this lack of inhibition, such as low self-esteem, prior emotion (e.g., children's anxiety), or emotionally charged verbal demands (e.g., shouting anxiously at the children, making them feel shame). In the school context, this poor control over their emotions may be harmful since, if they have a conflict during recess, the children may have difficulty focusing again to work in class, as they are still overwhelmed by their emotions.

This emotional reactivity is often misinterpreted by their social circle as a lack of respect and not as a symptom of the disorder. In fact, some peers take advantage of the fact that children with ADHD are overly reactive and have fun teasing or provoking them until they have a temper tantrum. This causes the children to be wrongly reprimanded for their exaggerated reaction, hence the importance of listening to the children's versions and watching what happens! Despite this difficulty in managing their emotions, it is essential to distinguish between the children's behaviour and their personality.

Children with ADHD are not "bad." On the contrary, they are often endearing and affectionate, but they sometimes get angry. The children must learn self-control, which is more difficult due to ADHD.

Important! ADHD is an explanation but it's not an excuse! It's still important for the children to take responsibility for their actions and words and make amends for them with their siblings or peers if they misbehaved or made hurtful comments to them. Hurtful behaviour is never acceptable; aggressive behaviour should not be tolerated.

Signs of emotional reactivity:

- Expresses their emotions without a filter.
- Is sensitive (they are short-tempered).
- Often has temper tantrums.
- Is a poor loser when playing games.
- Commits indiscretions, or makes comments without thinking about the consequences, for example, they may hurt others' feelings or hurt themselves.
- Immediately reacts with aggressive words or actions

Explanation:

- Children with ADHD aren't mean, but sometimes they're blinded by their emotions and may misbehave. They're like a balloon: a balloon is a pleasant object that we blow up for a fun activity, but when overinflated, it explodes, making an unpleasant noise that startles us. Although children with ADHD are nice, they may also explode and have temper tantrums, since they have more difficulty controlling themselves.
- When their emotions burst out, it's like a soft drink bottle that's been shaken: since it's bubbly, when it bursts, the soft drink splashes the person holding the bottle as well as the other people around. Although it wasn't intentional, everyone still got splashed.
- Sometimes they're also a little emotional sponge and they can absorb others' emotions and experience them intensely. They're then overwhelmed by their emotions!
- When they have a tantrum, it's like a storm! We have to let the storm pass and once they've calmed down, they'll come back and play with you as before.

What to say in conflict situations

(Massé, Verreault and Verret, 2011):

- **When "...":** Describe the situation or context that causes the emotion
- **I feel "...":** Name the emotion experienced or describe how I feel using "I"
- **Because "...":** Explain why I feel like this
- **I would like "...":** Specify what I'd like in order to feel good



Winning interventions at home:

For children with ADHD:

- Learn to recognize overwhelming emotion and identify an imminent crisis (rapid heartbeat, tense muscles, etc.)
- Calm down BEFORE you react:
 - Physically withdraw and go to a quiet place where they feel safe
 - Take long deep breaths
 - Focus on their breathing
- Once they calm down, talk about the situation and their emotions (see box above).
- Use self-talk (e.g., I'm staying calm, I can do it, etc.).
- Use alternatives to more appropriately release the frustration:
 - Scribble hard on some sheets with a wax crayon
 - Crumple sheets of paper
 - Clench your fists and say "I'm angry"

For parents:

- Take a break before reacting; don't immediately react!
- Help the children recognize the emotional wave.
- Help them to remain calm and isolate them if necessary (take the children to an isolated place).
- Once they calm down after the crisis and are receptive, review the situation with the children.
- Together find a way to repair an object (if it was broken).
- Supervise the children with clear rules and boundaries.

Impulsivity at school:

- Take a break before reacting; stay calm and don't immediately react!
- Provide the children with a place to withdraw.
 - Withdrawing allows them to calm down and maintain their dignity and self-esteem in front of their peers.
- Review the situation with the children after the crisis.
- Find solutions for the next time (that they can practise).
- Review the situation with the other classmate involved in the conflict and allow them to express themselves (see box above).



SUSTAINED EFFORT

Children with ADHD have difficulty maintaining a sufficient level of stimulation in order to stay focused and motivated over an extended period. In addition, a working memory deficit and a lack of self-control contribute to difficulties in sustaining effort.

Working memory is the ability to temporarily remember information while processing it (e.g., mental arithmetic) and requires a lot of attention.

Children with ADHD seem to have difficulty storing information in the working memory long enough, so they cannot properly process it. This partly explains why they have difficulty following steps that were just explained to them or repeating a story they just read. Moreover, if many details or steps are given during instructions, children with ADHD won't be able to focus on the important information to be remembered and will therefore have difficulty following these instructions. Fortunately, by showing children with ADHD how to effectively use memorization strategies, they can overcome their difficulties.

Self-control helps improve motivation for tasks that require a lot of effort and that are not immediately rewarding.

Children with ADHD are less likely to use self-talk (e.g., "I can do it") to self-control their behaviour and thus have more difficulty maintaining a sustained effort. By encouraging the children to use more self-talk, they can be taught how to overcome this difficulty. The children will then be able to start a task more quickly and stay on task even if it's difficult.

Unfortunately, this difficulty in initiating and maintaining effort is poorly understood and may be confused with a lack of discipline, a lack of cooperation or a lack of interest. It is therefore important not to identify this behaviour as laziness; it's due to the children's ADHD.

Signs of difficulties in sustaining effort:

- Difficulty following game rules (following game steps)
- Difficulty understanding instructions
- Has trouble remembering a story (including expressing ideas in a coherent order)
- Tends to procrastinate (put things off until later)
- Seems lost or on the wrong path
- Difficulty finishing or does not complete what they started
- Feels that the homework and lesson period is arduous and difficult (sometimes despite being easy to understand individually)
- Says they cannot remember well-learned concepts.



Explanation:

- Children with ADHD sometimes have difficulty remembering information that they were just told or just read.
- Imagine there's a little guy inside their head who has to write down with a felt pen all the information to be remembered. Well, it's as if the pen used by their guy didn't have any more ink! The guy can't write down anything and has to try using another pen. After several pens, he finally finds one that works and he can record the information! For this reason, it's sometimes necessary to repeat game rules several times to children with ADHD. Their guy just has more difficulty recording it!
- During a difficult task, the little guy has to spend a lot of energy and work hard because the felt pens quickly run out of ink! But he's a clever man: often he'll beat around the bush before starting a difficult task or he'll try to make a task easier and fun! That's why the children sometimes take a bit of time before starting a difficult task: they've got to bring their guy back to duty for him to start working!

Winning interventions for everyone:

- Subdivide/break down difficult tasks into smaller steps whenever possible.
 - By numbering them, it will be easier for the children to remember them.
- Take a break between steps as needed.
- Associate a fun activity with a difficult activity.
- Repeat the instructions more often, explaining the steps and making sure they understand; be patient!
- Establish and illustrate routines in the same order; it's easier not to skip steps.
- Give clear and simple instructions with examples as needed.
 - Writing them on the blackboard or having visual aids will help develop strategies to minimize the impact of their ADHD.
- Use alternative means during written assignments (a computer, concept maps, etc.).
- Focus on the playful aspect of activities to stimulate interest
 - Write dictation words on windows or on the sidewalk.
 - Educational games (e.g., hello teacher!).
 - Have family competitions during chores, etc.



TIME AND SPACE MANAGEMENT

Planning is described as the ability to organize, “to use effective strategies, set priorities, and anticipate and plan the steps of a task” (Association québécoise des neuropsychologues - AQNP).

In children with ADHD, their sense of time is not exactly the same! As ADHD is associated with poor planning and organizational skills, the children may have greater difficulty planning tasks or organizing their schoolwork. In addition, the children tend to be messy, spread out or lose track of time when doing activities. Routines are also a daily challenge for them and their family!

Children with ADHD also have difficulty developing effective strategies for problem solving. In fact, they don't always properly assess a task's requirements and, often due to impulsivity, they use the first solution found to a problem. Not knowing where to start, they proceed by trial and error until they find a solution that works, without really stopping to think about the problem and finding the best solution. However, it's important to recognize that children with ADHD may surprise you with their innovative ideas and imagination. Their answers can be quick or even “drafts,” but by giving the children time to dissect their entire idea, they may solve the basic problem in an original way. Hence the importance of nurturing their creativity and guiding them to further develop their projects, while reducing their risk of getting side-tracked.

It's not because they don't make any effort; children with ADHD need help and support, since they don't always know how to go about it themselves.

By helping them through their difficulties, the children will be able to develop effective strategies that will help them with these aspects of their daily lives. By organizing their environment, we can mitigate the impact of ADHD and improve their efficiency when performing certain tasks.

Signs of planning difficulties:

- Forgets a task to be done or an appointment
- Falls behind in schoolwork
- Has difficulty learning and following routines by themselves (e.g., sleep habits, morning routine for leaving school)
- Gets side-tracked when carrying out tasks or routines
- Impulsively starts a task without completing the previous one
- Wastes time looking for things that are essential for tasks that they've misplaced (e.g., pencil case)



Explanation:

- Due to their super energy, children with ADHD may want to go too fast, skip steps and are sometimes less organized. For example, if they want to do arts and crafts, they'll want to take out all of the material at the same time and lay it on the table. They don't realize they're taking up all the space! Having a small bin or a well-marked area to do their activity allows them to gather everything they need in one place.
- They also have trouble respecting the time to do a task. It's as if time passed faster for them than for us! Putting a clock or an hourglass on their desk helps them keep an eye on the time and thus take less time to do their work.
- Faced with a problem, children with ADHD don't know where to begin to find a solution because their thoughts are flying through their heads! They'll come up with original and sometimes far-fetched solutions, but they don't always solve the problem. However, they can do it with a little help! You simply have to help them organize their ideas. Some of their ideas may be brilliant!

Winning interventions at home:

- Establish clear and consistent routines (memory aids and checklists as needed!)
- Use a clock or an hourglass for homework.
- Schedule a time of day for homework: Choose a time when the children are more focused and not too tired.
- Decide on specific places where important objects are to be placed.
- Help them prepare and check their backpack and everything that's needed for the next day.

Time and space management at school:

- Use a clock/hourglass for work or activities to be done within a limited time (craft activity, lunch, etc.).
- Give reminders and count downs before the end of a work or exam period.
- On their hook, mark their space using coloured adhesive tape.
- Set up a storage system for their desk (e.g., predetermined places for their pencils, etc.) or use a storage bin.
- Use colour codes for their documents.
- Mark their work area on shared tables.
- Clear their work area between each activity.
- At lunchtime, organize the place where they have their meal (e.g., placemat with drawings for the various items).
- If they forget their homework, check their bag and the documents to be brought home.

Problem-solving method to be taught:

- 1) Define the problem
- 2) Analyze the various tasks to be performed
- 3) Seek alternative solutions
- 4) Consider possible outcomes
- 5) Choose a solution
- 6) Check its effectiveness



We should aim to empower children and involve them in seeking ways to solve problems.

CONCLUSION

In this guide, we have identified the most problematic ADHD-related behaviours in order to demystify them and foster harmonious relationships with the social circle of children with this disorder.

With all of these daily challenges, over the long term, children with ADHD may develop low self-esteem, low sense of competence and eventually become discouraged and give up on trying to succeed. So they don't lose their motivation, it's important to understand them and implement ways to overcome their difficulties and, by doing so, better cope with them! What's great is that all of the described strategies are also beneficial for children who don't have ADHD, so there's no discrimination; they can be used by everyone!



Everyone has potential; let's help children with ADHD to achieve it!

Some children with combined ADHD presentation or predominantly hyperactivity/impulsivity may sometimes be giddy and bursting with energy. They are endearing children, sensitive and full of love! Their energy allows them to get involved in many activities and to be extremely engaging during social interactions. They will always have a lot to contribute to a conversation! In addition, they can have great ideas when they have to solve problems and they dare to think outside the box in the face of adversity.

So don't forget to praise their accomplishments and efforts! Give them positive feedback about their successes, encourage them to continue to learn how to cope with their super energy, help them develop appropriate strategies to focus their attention and implement a reward system that will satisfy them. Above all, have realistic expectations and schedule quality time with these children!

With all of their beautiful qualities, these children add colour to society. We hope this guide has given you the tools to promote healthy social relationships with these children, who are balls of energy and full of surprises.

Everyone needs to work as a team to find solutions to help these children. The good news is that you are also part of this team! (CADDRA, 2018)

GET MORE INFORMATION HERE!

RECOMMENDED WEBSITES:

<https://aqnp.ca/>

Association québécoise des neuropsychologues (AQNP)

<https://fondationalan.org>

Foundation that supports ADHD research

<https://www.fondationphilippelaprise.com/>

Foundation that supports innovative projects to help people with ADHD

<https://www.chusj.org/fr/soins-services/T/Trouble-de-l-attention>

<http://www.douglas.qc.ca/info/trouble-deficit-attention>

<https://www.aboutkidshealth.ca/>

Information from various hospitals

<http://www.attentiondeficit-info.com/>

<http://www.cliniquefocus.com/>

Websites dedicated to ADHD, information, tips and advice, and available online training

<http://www.savoirmieuxetre.com/>

Online training in the form of video clips, many of which deal with ADHD

www.TDAH.ca

Quebec website (in French) on ADHD intended for the general public

www.tdahquebec.com

Created by a Quebec doctor, website (in French) on ADHD aimed at the general public

<https://www.caddra.ca/>

Canadian ADHD practice guidelines

www.servicestdahetplus.org

ADHD services and more

www.associationpanda.qc.ca

Personnes aptes à négocier avec le déficit de l'attention (PANDA)

Phone: 450 979-7788 / Toll-free: 1 877 979-7788

www.aped.org

Association de parents de l'enfance en difficulté (APED)

www.hyper-lune.org

Community organization working with families and adults living with ADHD

www.tdahestrie.org

TDAH Estrie

www.tdahmauriciecentreduquebec.com

TDAH Mauricie - Centre-du-Québec

<https://www.facebook.com/infotdah/>

Facebook page to disseminate information on ADHD.



RECOMMENDED BOOKS:

For children:

Bos, E., Margolese, S (2019) ***Billy ne peut pas ralentir ! Histoire et outils pour gérer le TDAH.*** Montréal: Plant Love Grow.

Gervais, J. (2014) ***Le cousin hyperactif.*** 2^e éd. Montréal, Québec: Boréal.

Hammarrenger, B. (2017) ***10 questions sur le TDAH chez les enfants et les adolescents.*** Midi-Trente Éditions.

Hébert, A. (2016) ***Le TDA/H raconté aux enfants : J'ai un quoi ?*** Boucherville, Québec: Éditions de Mortagne.

Leroux-Boudreault, A. (2015) ***FRED: Vivre avec le TDAH à l'adolescence.*** Québec: Midi Trente Éditions.

Taylor, J. F. (2012) ***Guide de survie pour les enfants vivant avec un TDAH*** (traduit par J. Cardinal). Québec: Midi trente éditions.

Vincent, A. (2017) ***Mon cerveau a besoin de lunettes.*** Montréal, Québec: Éditions de l'Homme.

Vincent, A., Desgagné S., Beaudoin, L. (2019) ***Mon coffre aux trésors : J'apprends à me connaître.*** Montréal, Québec: Éditions de l'Homme.

Vincent, A., Desgagné S., Beaudoin, L. (2019) ***Mon carnet de bord : J'apprends à être responsable.*** Montréal, Québec: Éditions de l'Homme.

For adults who support children:

Bélangier, S. (2019) ***Trouble du déficit de l'attention avec ou sans hyperactivité.*** Montréal, Québec: Éditions du CHU Sainte-Justine.

De Hemptinne, D. (2016) ***Aider son enfant à être calme et attentif.*** Louvain-La-Neuve: De Boeck Supérieur.

Hébert, A. (2015) ***TDA/H, la boîte à outils : stratégies et techniques pour gérer le TDA/H.*** Boucherville, Québec: Éditions de Mortagne.

Guay, M-C (2019) ***Ces enfants qui apprennent autrement.*** Montréal, Québec: Éditions Trécarré.

Lussier, F. (2011) ***100 idées pour mieux gérer les troubles de l'attention avec ou sans hyperactivité (TDAH) et pour aider les enseignants, les parents et les enfants.*** Paris, France: Éditions Tom Pousse.

Massé, L., Verreault, M. et Verret, C. (2011) ***Mieux vivre avec le TDA/H à la maison.*** Montréal, Québec: Chenelière Éducation.

Saiag, M.-C., Bioulac, S. et Bouvard, M. (2018) ***Comment aider mon enfant hyperactif?*** Éditions Odile Jacob.

Sauvé, C. (2018) ***Apprivoiser l'hyperactivité et le déficit de l'attention.*** Montréal, Québec: Éditions du CHU Sainte-Justine.

Vincent, A. (2017) ***Mon cerveau a encore besoin de lunettes.*** Montréal, Québec: Éditions de l'Homme.

Vincent, A., Desgagné S., Beaudoin, L. (2019) ***Guide du parent capitaine : Stratégies familiales pour accompagner les enfants de 4 à 12 ans.*** Montréal, Québec: Éditions de l'Homme.

REFERENCES CONSULTED

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed.). Washington, DC: American Psychiatric Publishing.
- Association Québécoise des Neuropsychologues (<https://aqnp.ca/>).
- Biederman, J. and Faraone, S.V. (2006). *The effects of attention-deficit/hyperactivity disorder on employment and household income*. *Medscape General Medicine*, 8(3), 12.
- Caillies, S., Bertot, V., Motte, J. Raynaud, C. and Abely, M. (2014). Social cognition in ADHD, Irony understanding and recursive theory of mind. *Research in Developmental Disabilities*, 3(5), 3191-3198.
- Canadian ADHD Resource Alliance (CADDRA) (2018). *Canadian ADHD Practice Guidelines* (4th Ed.). Toronto, Ontario: CADDRA (caddra.ca).
- Charman, T., Carroll, F. and Sturge, C. (2001). Theory of mind, executive function and social competence in boys with ADHD. *Emotional and behavioural difficulties*, 6(1), 31-49. doi: 10.1080/13632750100507654
- Coghill, D., Soutullo, C., d'Aubuisson, C., Preuss, U., Lindback, T., Silverberg, M. and Buitelaar, J. (2008). Impact of attention-deficit/hyperactivity disorder on the patient and family: results from a European survey. *Child and Adolescent Psychiatry and Mental Health*, 2, 1-15.
- Cohen, R.A. (2011). Sustained Attention. *Encyclopedia of Clinical Neuropsychology*, 2240-2243. doi: 0.1007/978-0-387-79948-3
- Cortese, S., Kelly, C., Chabernaud, C., Proal, E., Di Martino, A. and Castellanos, F.-X. (2012) Toward systems neuroscience of ADHD : a meta-analysis of 55 fMRI studies. *The American journal of psychiatry*, 169(10),1038-1055. doi: 10.1176/appi.ajp.2012.11101521
- Davison, G.C., Blankstein, K.R., Flett, G.L. and Neale, J.M. (2014). *Abnormal Psychology* (5th Ed.). Canada: Wiley.
- Dumas, J. E. (1999). *Psychopathologie de l'enfant et de l'adolescent*. Brussels, Belgium: De Boeck Université.
- Diallo, F.B., Rochette, L., Pelletier, É., Lesage, A., Vincent, A., Vasiliadis, H.-M. and Palardy, S. (2019). *Surveillance du trouble du déficit de l'attention avec ou sans hyperactivité (TDAH) au Québec* (Publication n°119313). Consulted on the website of the Institut national de santé publique (INSPQ): <https://www.inspq.qc.ca/publications/2535>
- Gazzaniga, M.S., Ivry, R.B. and Manguin G.R. (2001) *Cognitive Neuroscience: The Biology of the Mind* Brussels, Belgium: De Boeck Université.
- Goldstein, B.E. (2015) *Cognitive Psychology – Connecting Mind, Research, and Everyday Experience* (4th Ed.) Canada: Cengage Learning.
- Guèvremont, D.C. and Dumas, M.C. (1994) Peer Relationship Problems and Disruptive Behavior Disorders. *Journal of Emotional and Behavioral Disorders*, 2(3), 164-172. doi: 10.1177/106342669400200304
- Kendall, J. (1999). Sibling accounts of attention deficit hyperactivity disorder (ADHD). *Family Process*, 38, 117-136.

Lee, S.-H., Kim, H.-B. and Lee, K.-W. (2019) Association between sleep duration and attention-deficit hyperactivity disorder: A systematic review and meta-analysis of observational studies. *Journal of Affective Disorders*, **256**, 62-69.

Massé, L. and Lanaris, C. (2003-2004) TDAH et Gestion de l'Impulsivité - *Agir ensemble pour mieux soutenir les jeunes. MEQ.*

Massé, L., Verreault, M. and Verret, C. (2011) *Mieux vivre avec le TDA/H à la maison*. Montréal, Canada: Chenelière Éducation.

Massé, L., Verret, C. and Boudreault, F. (2012) *Mieux gérer sa colère et sa frustration*. Montréal, Canada: Chenelière Éducation.

Matthews, M., Nigg, J.T., and Fair, D.A. (2014) Attention Deficit Hyperactivity Disorder. *Current topics in Behavioral Neurosciences*, **16**, 235-266. doi: 10.1007/7854_2013_249

Novartis. (2010). *Étude EMPATHIE : Trouble déficit de l'attention/hyperactivité : quel impact sur la famille?* Consulted on the website of Novartis: <https://www.proximologie.com/recherche/Les-proches-face-a-la-maladie/etude-empathie-trouble-deficit-de-lattentionhyperactivite/>

World Health Organization (WHO). (1993). *Classification of Mental and Behavioral Disorders* (ICD) (10th Ed.). Paris: Masson.

Purper-Ouakil, D., Wohl, M., Cortese, S., Michel, G. and Mouren, M.-C. (2006). Le trouble déficitaire de l'attention-hyperactivité (TDAH) de l'enfant et de l'adolescent. *Annales Médico Psychologiques*, **164**, 63-72.

Revol, O. (2015). La fratrie de l'enfant TDAH. *Réalités pédiatriques*, **193**, 58-59.

Vincent, A. (2017). *Mon cerveau a besoin de lunettes*. Montréal, Québec: Éditions de l'Homme.

Vincent, A. (2017). *Mon cerveau a encore besoin de lunettes*. Montréal, Québec: Éditions de l'Homme.

Wodon, I. (2013). *Déficit de l'attention et hyperactivité chez l'enfant et l'adolescent*. France: Mardaga..

CONSULTANTS

Thank you to our contributors and the second author who have graciously shared their knowledge and experiences in order to improve the content of this guide:

- **Regroupement des Neuropsychologues Pédiatriques**

- **Alexandre Brunet**

Adult with ADHD and father of a son with ADHD
Special Education Teacher

- **Cindy Beaudoin**

Mother of a daughter with ADHD
Neuropsychologist

- **Corinne D'Amours**

Elementary School Teacher

- **Audrey Girard Joyal**

Remedial Teacher

- **Geneviève Allard**

Psychoeducator

- **Michelle Bourassa**

Neuropsychologist

- **Dr. Stéphanie Sylvain-Roy**

Neuropsychologist

- **Dr. Martine Verreault, M.Ps., Ph.D.**

Psychologist and founder of Jeunes ÊTRE Clinique de psychologie located in Châteauguay and lecturer at Université du Québec en Outaouais (UQO)

- **Dr. Annick Vincent, M.D., M.Sc., F.R.C.P.C.**

Psychiatrist, Clinique FOCUS; Université Laval Clinical Professor; CADDRA Advisory Committee, author and lecturer

PARTNERS



CREDITS

ORIGINAL IDEA

Jasmin Roy

PROJECT LEADERSHIP AND COORDINATION

Jasmin Roy, President

Jasmin Roy Sophie Desmarais Foundation

Mylène Isabelle, Project Manager

Jasmin Roy Sophie Desmarais Foundation

SCENARIO RESEARCH AND WRITING

Jessica Lacombe-Barrios, B.Sc.

Clinical Neuropsychology Psy.D. Candidate

Jasmin Roy

WRITING OF THE TEACHING GUIDE

Jessica Lacombe-Barrios, B.Sc.

Clinical Neuropsychology Psy.D. Candidate

Dr. Bruno Gauthier, Ph.D. – Neuropsychologist

LINGUISTIC REVISION OF TEACHING GUIDE

Jean-Sébastien Bourré

TRANSLATION

Communications McKelvey

TEACHING GUIDE GRAPHICS

Carlos Paya, Révolution Publicité et Design

VIDEO PRODUCTION

Mc2 Concept

CAST

Jeanie Bourdages in the role of Leïla

Anne Lalancette in the role of Miley (puppet)

Richard Lalancette in the role of Julien (puppet)

Marcelle Hudon in the role of Annie (puppet)

PUPPET DESIGN

Sandra Turgeon

SET DESIGN

Anne-Marie Ross and **Serge Isabelle**