

# Getting the care your child needs with an ADHD Care Plan

WHY YOU NEED ONE AFTER  
A DIAGNOSIS  
PLUS  
WHAT MAKES UP A CARE PLAN

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[WWW.LETSTALKKIDSHEALTH.ORG](http://WWW.LETSTALKKIDSHEALTH.ORG)



MY CHILD WAS JUST  
DIAGNOSED WITH

# ADHD

NOW WHAT?



It can be daunting to think about next steps after receiving a diagnosis of attention deficit hyperactivity disorder (ADHD). Maybe you had an inkling or a gut feeling something was amiss. Or maybe you had no idea, but a teacher or daycare provider brought their concerns to you about how your child is learning or behaving in the classroom. You and your child's teacher likely completed forms reporting on symptoms of ADHD.

As a behavioral pediatrician, I have seen and treated many families with children diagnosed with ADHD. Every child and family has unique needs but many have similar concerns.

What does having a diagnosis of ADHD mean for my child?

Did I do something to cause this?

Does this mean I will be asked to put my child on medicine?

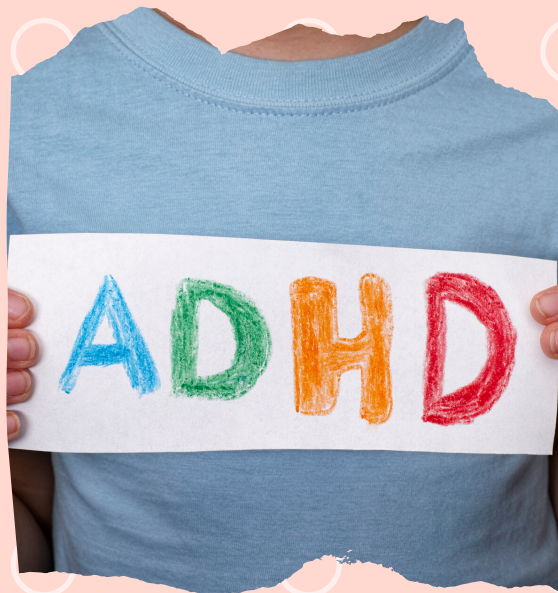
I am not sure yet about the diagnosis. What if it is just a kid being a kid?

I just want to do what is best for my child. What's next?



# If you have these questions and more, then this e-book is for YOU.

I WROTE THIS E-BOOK TO SHARE SOME ADVICE & RECOMMENDATIONS ABOUT HOW TO HANDLE THE ROAD AHEAD GIVEN THE NUMBER OF FAMILIES I HAVE SEEN WHO HAVE SIMILAR CONCERNS AND QUESTIONS.



Remember, advice contained in this e-book is NOT a substitute for talking with our child's pediatrician or family practitioner. This is because every child's situation is

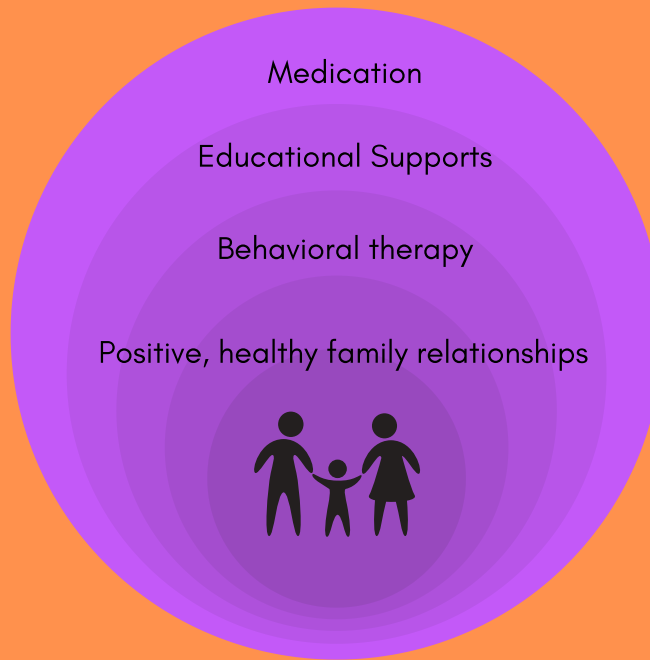
UNIQUE

In this e-book we will cover the 4 ELEMENTS of an **ADHD CARE PLAN**. These 4 elements are all part of the bigger "treatment" puzzle that you and your child need to be aware of.

BUT WAIT? What IS an **ADHD CARE PLAN?**



An **ADHD care plan** is a document that the family + pediatrician or pediatric provider crafts after the diagnosis that makes sure all **4** elements are discussed and reviewed periodically.



All **FOUR** of these elements **MUST** be considered when thinking and developing your child's ADHD CARE PLAN. Your child's provider will help you take into account the following things:

- Your child's age
- Your child's strengths
- Your child's symptoms--how frequent & severe they are
- Your child's ability to do what he/she needs to do at home and school
- Your family's preferences, values and goals (this should always include your child)
- Your family history of other people with similar diagnoses



An ADHD Care Plan is actually very similar to an Asthma Action Plan for children with asthma. When children with asthma are doing well, they usually are only doing preventive medicine and making environmental changes once the family understands what TRIGGERS their child's asthma. However, when a child's breathing becomes harder because of a cold or trigger, care providers need to know what types of medications and actions need to be taken when.

With ADHD, the **CARE PLAN** helps those who care for the child know what to do to optimize your child's learning & behavior. It can be shared with your child's school, daycare provider, therapist, or other family members.

In other words, it gets people **ON THE SAME PAGE** when it comes to making sure your child is learning and behaving in ways that will let him or her **succeed**



Just because your child has ADHD doesn't mean that they aren't **SMART**, aren't **CAPABLE** or won't be able to **LIVE A FULL LIFE.**

*In fact, kids with ADHD*

**ARE JUST NORMAL KIDS (WITH ADHD)**

CHECK OUT OUR VIDEO  
#JUSTANORMALKID(WITH ADHD)

But, before the **CARE PLAN**, let's make sure we're all on the

**PAGE**

ADHD is the most common neurobehavioral disorder of childhood. ADHD stands for:

ATTENTION DEFICIT  
HYPERACTIVITY DISORDER

6.1 MILLION  
CHILDREN IN THE  
U.S. HAVE EVER  
BEEN DIAGNOSED  
WITH ADHD



There is not just one single cause. As with any behavioral or mental health condition, ADHD can run in families.



BOYS are more likely to be diagnosed with ADHD than girls



There are **3** subtypes:

- Primarily **inattentive** (used to be called, ADD/attention deficit disorder)
- Primarily **hyperactive-impulsive**
- **Combined** (both inattentive & hyperactive-impulsive)

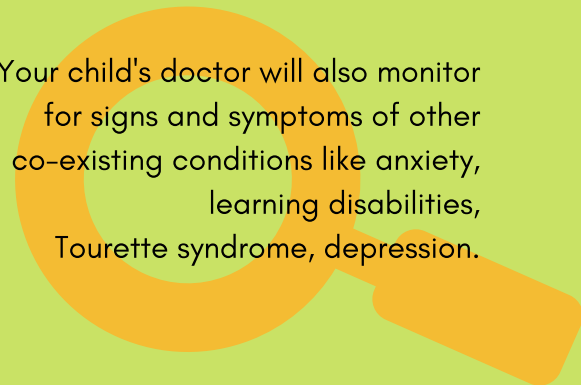


of children with ADHD have a behavior or conduct problem too



percent of children with ADHD have *anxiety*

Your child's doctor will also monitor for signs and symptoms of other co-existing conditions like anxiety, learning disabilities, Tourette syndrome, depression.



ADHD is a **LIFELONG** condition, but children **can learn to cope** with every day challenges







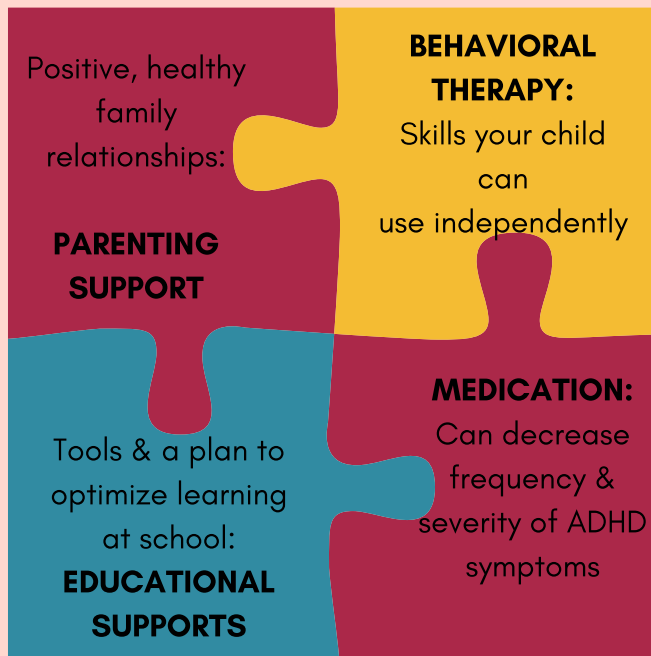
## Who should be on your team?

- Doctor/provider
- Teacher
- School counselor
- Tutor
- Therapist(s)
- Any other adults that care for your child



## Assembling your TEAM

IS IMPORTANT BECAUSE YOU  
CANNOT DO THIS ALONE



Having both a **TEAM** and a **CARE PLAN** helps everyone know how to best **support your child AND YOU**

A **care plan** should be developed after a diagnosis of *ADHD* is made

The **care plan** should be reviewed each **YEAR** (sometimes more often) to ensure the **RIGHT** mix of treatments and supports are improving how a child does at home **AND** school



**WHY?**

As kids mature & age, you need to re-examine each part of the **care plan** and re-calibrate as needed

THEREFORE, AN ADHD CARE PLAN

*is flexible & changes with your child over time as he or she learns skills & ways to manage life at home & school*



Positive, healthy family  
relationships:

## PARENTING SUPPORT



### POSITIVE & HEALTHY FAMILY RELATIONSHIPS

## Begin with good communication

Not just between parents/adults caring for a child with  
ADHD, but also between the child & parent

However, parents can also learn effective ways to interact  
with their child. Kids with ADHD will act out 2/3 of the time  
and parents will need to learn

**Consistency**  
**Structure**  
**Routine**  
**Follow Through**  
**Self-care and coping skills**

*Strategies will depend on the child's age and temperament, but also the  
parent's self confidence. That's where parent training comes in.*

Talk with your child's provider about  
parent training programs in your  
community. Small group instruction in a  
safe space with other parents who  
understand and have a child with  
ADHD is invaluable. Reading parenting  
books are a good start but so many  
things get in the way of effectively  
using those techniques consistently.



## BEHAVIORAL THERAPY:

2

Skills your child can  
use independently

*Kids with*



*have UNIQUE abilities but can also learn how to  
handle their learning & attention differences*

**ALL** parents want their child to **THRIVE**.

They want their child to **do well in**  
**school**,



be able to **navigate friendships**,



and most of all **BE HAPPY**



*Kids with ADHD need to  
undergo "on boarding" to  
what ADHD IS and ISN'T;  
to be reminded of their  
STRENGTHS & ABILITIES;  
& taught skills to overcome  
their DIFFERENCES*

**ALL** kids want to do WELL, BE HAPPY, HAVE  
FRIENDS **and be accepted for who they are.**

A child with ADHD **CAN DO** well in school,

**they can learn** social skills to navigate  
friendships,

they can learn **ORGANIZATIONAL SKILLS,  
PLANNING, and STUDY SKILLS,**  
as well as **emotional control & frustration  
tolerance,**

to **BE HAPPY** and **THRIVE**.

*These skills take time & depend on the child's age. In the meantime, parents can learn effective  
ways to handle challenges & promote problem solving & emotional regulation in their children.  
It is a TEAM effort.*



# Tools & a plan to optimize learning at school: **EDUCATIONAL SUPPORTS**



Parents can learn effective communication skills to **PARTNER** with their child's teacher, learn about their child's educational rights and become **ADVOCATES** for their child by voicing concerns, helping to connect the school and child's provider

## Parents can talk to your child's provider about Individual Education Plans (IEPs) or 504s

**FORMAL AGREEMENTS BETWEEN THE SCHOOL & FAMILY TO PROVIDE HELP TO CHILDREN WHO NEED EXTRA SUPPORT TO LEARN & SUCCEED**

*IEPs & 504s are similar but also DIFFERENT*

*Which one is appropriate for your child depends on a variety of factors.*

**Some of my favorite organizations to learn more on this topic include:**

- *Understood.org*
- *Healthychildren.org*
- *INSource & About Special Kids/ASK (specific to Indiana)*
- *Family Voices*
- *CHADD*
- *Learning Disabilities Association of America*

*In my research, I worked with family advisors and found out that they love hearing each other's stories, but that navigating the school system was a challenge. So, we created our "Choose Your Own Adventure" style informational handout that spells out the steps!*



**Head to my blog to read & download your copy of this handout**



# MEDICATION:

## Can decrease frequency & severity of ADHD symptoms

# 4



Medications are available to help treat the symptoms of ADHD.

It is NOT the first thing your child's doctor may suggest, especially if your child is preschool age or not yet 6 years old. Other options such as parent training and behavioral interventions are tried first.

Medications are meant to boost the levels of **DOPAMINE and NOREPINEPHRINE**, both of which help with attention and focus. The medications most often used for the treatment of ADHD are **STIMULANTS**. These medications help "stimulate" the pre-frontal cortex, an area of the brain responsible for coordinating **executive functioning skills**.

Stimulants have been studied extensively and shown to be safe in 100s of studies. Yet it is one of the hardest parts of the ADHD Care Plan for parents to come to terms with. We know medications can work but it can take some time and "trial and error" before finding the RIGHT medicine appropriate for your child.

Medicines are NEVER intended to make children not be themselves or be "zombies." In fact, if this should ever happen, it is likely the dose is TOO high and your child is experiencing a side effect. Luckily, most of the medications used to treat ADHD last for a specific period of time. Some range from a few hours (short acting/3-4 hours) to 24 hours or less (intermediate to long-acting preparations).

You, your child and your child's provider can talk about the various types of medicines available and decide which one to start with.

The medicine is usually started at a low dose to see how the child will respond (or not). As long as there are no side effects, most providers will increase steadily until positive responses are seen without side effects. Doctors will check your child's weight, height and blood pressure at each visit--usually monthly while actively finding the right dose.

Make sure to talk WITH your child's doctor about your concerns. Jot down any questions in between appointments. Have a plan for how to monitor your child's response to medicine and know how to report any concerns or side effects.







Now that we're at this part of the e-book, you KNOW the parts to a comprehensive **ADHD Care Plan**.

4

The best plan is one that is tailored just for your child and done with your child's doctor. YOU & your child should feel free to express any reservations, concerns or ask any questions at ANY time during this journey.

I hope that you found the information **HELPFUL** and can use this information to begin the discussion with your child's doctor and that you can start building your **TEAM** around you and your child.

Remember to take each day, step by step, as you **READ more, LEARN more, and CONNECT** with your **team of providers and educators who want to SUPPORT your child AND YOU**.

If you head to my blog, you can download TWO important handouts we give to families. A worksheet to plan your child's ADHD Care Plan (**Our Plan**) and **MY Today** worksheets that were developed to help you and your child talk TO EACH OTHER about their day, how they are feeling and begin to teach children self-monitoring skills for their mood, their reactions to medicines (if they are taking any), and their achievements and goals.

### OUR PLAN

*by child's name*

Time Zone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Notes & Questions:

#### 1. MEDICATIONS

| medication name               | instructions                      | started - ended | positive effects                           | side effects                                      |
|-------------------------------|-----------------------------------|-----------------|--|---|
| example: methylphenidate 5 mg | give at two times, with and after | started - ended | in a better mood, more alert, more focused | has had trouble sleeping, stomach ache, dry mouth |
|                               |                                   |                 |  |   |
|                               |                                   |                 |  |   |
|                               |                                   |                 |  |   |

#### 2. BEHAVIORAL THERAPY

| type of therapy | name of therapist | phone number | started - ended | child's response |
|-----------------|-------------------|--------------|-----------------|------------------|
|                 |                   |              |                 |                  |
|                 |                   |              |                 |                  |
|                 |                   |              |                 |                  |

#### 3. SCHOOL SUPPORTS & SERVICES

| type of support | contact person | phone number | started - ended | child's response |
|-----------------|----------------|--------------|-----------------|------------------|
|                 |                |              |                 |                  |
|                 |                |              |                 |                  |
|                 |                |              |                 |                  |

#### 4. PARENTING TECHNIQUES

| technique | for what behavior | child's response |
|-----------|-------------------|------------------|
|           |                   |                  |
|           |                   |                  |
|           |                   |                  |

### MY TODAY

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DAY: MON TUE WED THU FRI SAT SUN

My name: \_\_\_\_\_

I FELT LIKE THIS TODAY.  
Draw your face to show how you felt.

☐ I was calm today.  
☐ I was focused today.

MY BODY FELT LIKE THIS.

☐ I wasn't hungry.  
☐ My belly felt sick.  
☐ My head hurt.  
☐ I felt fine.

One thing I did today that made me proud:

One thing I could have done better today:

PARENT NOTES

☐ MEDICATION: Our Plan # \_\_\_\_\_ OTHER NOTES: \_\_\_\_\_

☐ WENT TO BEHAVIORAL THERAPY \_\_\_\_\_

☐ WENT TO TUTORING \_\_\_\_\_

☐ USED PARENTING TECHNIQUE \_\_\_\_\_



Remember, an **ADHD Care Plan** can help parents, children and members of their team communicate and review a child's progress on current treatments and plan for changes as needed over time.

# ABOUT THE AUTHOR

## Dr. Nerissa Bauer



Hi! I am a behavioral pediatrician, blogger, entrepreneur, Tweetiatrician and spokesperson for the American Academy of Pediatrics.

My philosophy is simple. Clear communication should always be at the heart of every medical encounter. I want parents and children to learn HOW to communicate clearly TO EACH OTHER in POSITIVE interactions, and to help parents and children UNDERSTAND each other. I also believe in ONBOARDING both parents and children when there is a diagnosis such as ADHD, anxiety, or depression. My tools, handouts and resources are meant to **EDUCATE, ENGAGE & EMPOWER families, and help providers feel more comfortable sharing this information.**

Before leaving academia in 2018, I co-developed the **TEACH program (Tailoring Education for ADHD and Children's Health)** while I worked in academia with my friend, colleague & child psychologist, Dr. Paula Sullivan. We worked closely with Dr. Dorota Szczepaniak to try the program in a general pediatric clinic at Riley Hospital for Children in Indianapolis, Indiana. The **TEACH Program** is a 6-session group visit program for primary care pediatric clinics. There are separate parent and child curricula.

I worked with parent advisors in a second study of TEACH, which also lead to a cool project called, "**Let's Chat ADHD**" - a series of 6 videos created by parents raising children with ADHD. There is a dedicated Facebook page where you can find these videos!

**The information contained in this e-booklet is an overview of TEACH program curriculum for PARENTS.**



Since 2019, I now work for myself. I have a part time behavioral health private practice in Indianapolis, Indiana. I like to create things, dream big and share these ideas and more on my blog. I also love to cook, read books, spend time with my family, travel and take tap dance and barre classes!

**For more information about ADHD, parenting concerns and more...head to my blog for family friendly handouts, children's and parenting book reviews and more!**



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