Going back to school or even starting school is filled with a mixture of hope and fear for parents of young children with AD/HD.

You hope that your child will get a great teacher, one who is knowledgeable about the disorder and has the patience of Job. There is the hope that your child will make new friends and adjust to the routine of getting up early and going off to school. And then you hope that other people will overlook or tolerate the imperfections and annoying behaviors, and see the charming, bright side of your child.

The fear sets in when parents realize that even with good teachers, going back to school or starting school for young children with AD/HD is one of the biggest challenges you will face together. You fear that the difficult behaviors you cope with at home will interfere with your child's success in kindergarten or first grade, that your child's impulsivity and hyperactivity will disrupt other children, and parents will complain. You fear that your child will be rejected or ignored because she is too boisterous or too bossy on the playground, or that her temper tantrums will create a scene and she won't fit into her new peer group. Other fears are that she will not be able to sit through circle time or won't learn to recognize letters and new words because she is so easily distracted.

This article offers practical advice for "Going Back to School." We'll look at what you can expect, how you can cope, attitudes that will help, and strategies for success in home and at school.

What to Expect

Preschool and early elementary school are major milestones for all young children. During this stage, children are learning to restrain their behavior when asked, control their impulses, attend for longer periods, persist at tasks, and become less hyperactive and restless (Teeter, 1998). Although these are developmental hallmarks, many preschool children have not achieved these milestones and remain highly active (Barkley, 1998), and as many as 40 percent of four-year-old children are considered inattentive (Palfrey, Levine,Walker, & Sullivan, 1985). On a bright note, Campbell (1990) found that most children with challenging behaviors improve, and most do not continue to show AD/HD symptoms three to six months later on follow-up. Furthermore, Palfey et al. (1985) reported that only about 10 percent of children with characteristics at three to four years of age develop significant attention problems at age seven. The caveat concerns children with early management problems (three years of age) that persist through age four, since these are more likely to be hyperactive and display behavior problems at a later stage (Campbell, 1990).

Entering preschool and kindergarten often becomes the defining marker for determining whether a young child's difficulties with attention and hyperactivity warrant a diagnosis of AD/HD. Teeter (1998) summarized the developmental correlates and hallmarks of AD/HD during the preschool stage, including:

(1) parental stress is at its zenith;

(2) hyperactivity and noncompliance are common;

(3) impulsive responding, hyperactivity during structured activities, and inattention and distractibility to tasks is high;

(4) peer rejection is common;

(5) environmental demands to sit down, be quiet and to follow directions in school increase and,

(6) the number of referrals to psychologists for difficult, challenging behaviors increases.

In early elementary school (grades one through three), there is an even greater demand for controlling one's impulses, for attending, complying to teacher and parent requests, staying motivated during tasks that may seem boring or repetitious, and developing appropriate social interaction skills with peers and adults.

Unfortunately, AD/HD puts a severe strain on these developmental changes and places the child at risk for a myriad of difficulties, including school failure, peer rejection, poor self-esteem and low motivation for schoolwork. Deficits in impulse control or executive functions (Barkley, 1998) tend to decrease problem solving skills, the child's ability to understand and make sense of his experiences, and to organize his experiences in some meaningful patterns. Deficits inhibiting or regulating behavioral responses make it difficult for the young child to suppress behaviors in the face of uncontrollable responses (e.g., fooling around with a buddy rather than listening and sitting still), and maintaining behavioral response patterns long enough to accomplish tedious academic tasks (recognizing and repeating the alphabet). Furthermore, deficits in self-control often result in irritability, excitability, impulsivity, carelessness, and problems planning and executing complex motor responses (writing the ABCs).

These are some things you might expect from your young child with AD/HD and some ways AD/HD might make starting school a challenging experience for both of you. How can you cope?

Coping Strategies

One of the most important things to do is to obtain a comprehensive evaluation of your child to determine the nature and extent of

her AD/HD problems. An accurate diagnosis is essential for developing a plan of action. For some children with AD/HD symptoms, it may be difficult to determine if her problems are on the high end of normal (i.e., slight variations in the development of impulse control), so some psychologists prefer to use a "working diagnosis of AD/HD" for very young children. A "working diagnosis" of AD/HD usually includes a detailed description of specific behavior difficulties which allow the clinician to develop a plan of action for decreasing your child's problems. In cases where AD/HD symptoms are mild, a carefully developed intervention plan can alleviate future problems, and you and your child's teacher can learn to manage challenging behaviors. In other cases, even a carefully designed and executed plan will not alleviate all the problems your child faces. For children with more severe and debilitating symptoms, an immediate diagnosis of AD/HD is warranted. The intervention plan may include several interventions including parent training, behavior management in the classroom, and in some cases, medication.

Once a diagnosis has been made, it is imperative that you become an "AD/HD expert." You should seek out reliable, scientifically based readings so that you can more fully appreciate the developmental course, the neuropsychological underpinnings, and the strategies for coping with AD/HD. Your child's psychologist or physician may aid in this process, and will be an excellent source for "parent friendly" books on AD/HD. Seeking professional advice at an early stage can be helpful to both you and your child. While it is not possible to cure your child's AD/HD, you can learn to cope with his problems and you can help reduce the negative impact of the disorder on later stages of your child's development.

Next, you will be thrown into the role of advocate for your child. This is a tough role to play and one that often extends into adolescence and even young adulthood. Too often, individuals may be critical of your request for special assistance at school or for your decision to medicate your child. It is important for you to know your child's educational rights in order to advocate for reasonable accommodations when appropriate. Check with your state Department of Public Instruction and the CHADD web site for more information. Finally, it is also important that you develop a strong support system to help you through these trying times. Seek out a CHADD chapter in your community and when one is not available, seek out other parent support groups in your child's school. It is important not to isolate yourself. There may be a tendency to avoid other parents or to avoid socializing with your friends because things seem so overwhelming when your child's behaviors are too difficult to control. Depression is high in mothers of children with AD/HD and it is important to maintain an active network of friends and to seek professional help when you need it. What attitudes can help in this process?

Attitudes that Help

First and foremost, it is important to remain positive. Despite your child's difficulties, she has many endearing qualities that are unique and special. Over the years I have realized that children with AD/HD are frequently the most interesting kids around. They are spontaneous and genuine. You always know what's on their minds. You will laugh

out loud at some of their antics and their way of seeing the world. It is important to expect good things from your child. Do look for and nurtureher talents and gifts, and help others see them too.

Second, it is important for you to support your child. If your relationship with your child is strained, work to make it stronger and more loving.You may be your child's only source of acceptance and reinforcement, so it is critical for you to provide positive feedback for her accomplishments and for simply being herself. Parental love and support can help your child weather days when teachers are overly demanding or critical, and peers are absent or annoyed by your child's impulsive or disruptive behaviors.

Techniques for Success - Strategies for Home

Parent training may be a necessity if you feel that your home is out of control or your child's behaviors are too disruptive. There are a number of sound parenting programs that are effective for modifying the behavior of young, defiant children (Barkley, 1997; Forehand & McMahon, 1981; Patterson, 1976). These programs teach parents how to establish a strong, positive relationship with their children; to play and interact without being critical and controlling; to understand the nature of noncompliance; to use positive reinforcements and differential attention for appropriate behaviors; to use "alpha commands" (i.e., short, direct and firm); to use time out for noncompliance; and to manage behaviors outside the home setting. Tremblay et al. (1995) found that early, extensive parent training with "pro-social skills" training for young disruptive children can reduce future behavioral problems in children.

In an effort to help your child adjust to new experiences, you may also need to help interpret experiences and to explain things in more detail. In order to accommodate your child's temperament (i.e., low frustration tolerance, slow to warm to novel experiences) you need to do some advanced orienting for your child when he encounters new situations. Explain things ahead of time. Before your child has his first day at school, tell him what school is all about and outline the sequence of his day. ("Today you are going to catch the bus and spend the morning with Mrs. Young, your kindergarten teacher.") Explain what you expect from your child during the day ("I expect you to pay attention to Mrs. Young, to listen carefully and to do what she asks you to do. If she says it's time to stop playing, I want you to put down your toys and listen to her directions.") Explain how long your child will be at school ("School lasts four hours. The morning starts at 8:00 and you'll have recess at 9:30.You'll eat snack at 10:00 and then there will be two more hours until you catch the bus.") Tell your child what will happen if he follows the rules in class ("If you do a good job today, I'll fix your favorite dessert.") It is also a good idea to let your child know the consequences for breaking the rules. ("If you don't follow Mrs.Young's rules at school today, then you won't be able to play your Nintendo tonight.")

Always plan for mistakes, and make a back-up plan if there is a change in circumstances. ("Since today is your first day at school, I'll drive you and we'll go see Mrs. Young together. I'll help you find your room and put away your crayons and pencils.") Try to stay on schedule in the morning, and when the schedule must change, explain it to your child ahead of time. Be as consistent as possible and set a routine for your child so he knows what to expect every day.

Parenting classes are generally available at local universities, medical colleges, hospitals or mental health facilities that specialize in working with families with challenging behaviors at home (Teeter, 1998). In instances where your child qualifies for early intervention or special education programs through the public school system, family interventions are mandated under Public Law 99-457. It may also be helpful to seek out family therapy if things are too stressful, and you or your family members are unable to cope with these challenges. Therapy sessions often focus on improving the parent–child relationship and to increase the opportunity for warm, flexible and supportive parenting.

Strategies for School

Despite the need, very little research has been conducted to date that shows the effectiveness of therapeutic preschool programs for young children with AD/HD (Campbell, 1990). However, there are a number of techniques that are considered "promising practices" that may facilitate a successful transition into kindergarten or preschool for your young child.

The University of Massachusetts Medical Center (UMMC) developed a prevention and treatment program for kindergarten children with AD/HD. This program incorporates behavioral interventions including a "rich system of feedback" with reductive techniques such as response cost to reduce undesirable behaviors (Shelton, 1992 as cited in Teeter, 1998). Techniques such as proximity control, where teachers move close to the child and use nonverbal gestures (e.g., touch) to redirect children who are off-task or misbehaving can be effective. Private reminders to aid the child in following rules can also be helpful. (E.g., "We are going to start counting and sorting in just a few minutes so get ready to put your things away.") Finally, teachers attempt to prevent problems before they occur by helping calm the child down immediately before she loses her temper (rub on the back or private moment away from the conflict; Shelton, 1992, as cited in Teeter, 1998). Teachers decrease oppositional behaviors using three levels of color-coded warning signals so the child can redirect her own behaviors. If the child is unable to redirect, then a "doing task" is assigned (e.g., writing assignment) and when completed, the child may start earning positive reinforcements again. The UMMC program also includes social skills training that incorporates role-playing, modeling and problem solving to increase pro-social behaviors. Academic goals are individualized, and skills are taught in small groups and in one-to-one settings.

The extent to which these same techniques work in regular education classrooms has not been tested on young children to date, but there is reason to be optimistic because

many of these strategies have been shown to be effective for elementary-aged children. Other strategies, such as daily "home–school" notes have proven helpful in other non-clinical school settings for reducing disruptive behaviors, hyperactivity and inattention (McCain & Kelly, 1993). This intervention entails writing daily teacher notes that describe your child's work habits (e.g., on-task), behaviors (follows directions), and interaction patterns (complies with requests, plays well with others). Parents are asked to reward their child for behaving well at school and to help correct problems when they arise."Home–school" notes should be incorporated into a "reinforcement rich" home and school environment.This feedback system should not be used to punish your child, but should be used as an avenue to coordinate and reinforce efforts in both settings.

Although starting school can be stressful, you and your child's teacher can work together to help your young child with AD/HD be successful in the classroom. Remember, seek help, stay calm, be positive and have fun with this new transition.

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