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Attention deficit hyperactivity disorder (ADHD): supporting children and pre-teens

Key points

- **Children and pre-teens with attention deficit hyperactivity disorder (ADHD) might need support to manage energy levels, learn, make friends and do everyday tasks.**
- **Children with ADHD and their families will work with health professionals on support plans.**
- **ADHD support plans should build on children's strengths and ways of doing things.**
- **Some children with ADHD might take medicines to help with focus and attention.**

Supporting children and pre-teens with attention deficit hyperactivity disorder (ADHD)

Children and pre-teens with attention deficit hyperactivity disorder (ADHD) (https://raisingchildren.net.au/school-age/development/adhd/adhd) might need support to learn, manage their emotions and behaviour, develop friendships, and do everyday tasks.

Support works best when it makes the most of children's existing skills and ways of doing things.

Support plans for children and pre-teens with ADHD

If your child is diagnosed with attention deficit hyperactivity disorder (ADHD), their paediatrician (https://raisingchildren.net.au/guides/a-z-health-reference/paediatrician), psychologist (https://raisingchildren.net.au/guides/a-z-health-reference/psychologist) or occupational therapist (https://raisingchildren.net.au/guides/a-z-health-reference/occupational-therapist) or another health professional will develop a support plan for them.

The support plan should **consider all aspects of your child's life**, including your child's strengths, needs and responsibilities at home, at school and in other social settings.

Your child's support plan might include:

- strategies for managing energy levels and tiredness
- adjustments at school to support learning
- strategies to help with organisation and everyday tasks
- help to develop friendship skills
- medicines to help improve focus and attention.

If your child is also autistic (https://raisingchildren.net.au/guides/a-z-health-reference/asd-overview) or has a learning disorder (https://raisingchildren.net.au/school-age/school-learning/learning-difficulties/learning-disabilities-signs-and-support), oppositional defiant disorder (https://raisingchildren.net.au/school-age/health-daily-care/school-age-mental-health-concerns/odd) or anxiety (https://raisingchildren.net.au/school-age/health-daily-care/school-age-mental-health-concerns/anxiety-in-children), strategies to help with these can be included in your child's support plan too. The plan will be regularly reviewed as your child grows and develops.

The support plan should also consider what works for your family.

It's a good idea to discuss your child's support plan with other members of your family and your child's carers and teachers. This helps people understand your child's strengths and areas where they might need more support. And if they have to give your child medicine, they'll know how much to give and when.

Your child's professionals will help you understand how to support your child and put the strategies in your child's plan into action. They will also help you learn more about ADHD and neurodiversity (https://raisingchildren.net.au/guides/a-z-health-reference/neurodiversity-neurodivergence-guide-for-families).

Managing energy and tiredness in children and pre-teens with ADHD

Everyone finds life easier when they can manage their energy levels and aren't tired.

Here are ways to help your child with attention deficit hyperactivity disorder (ADHD) **manage energy levels and maximise focus**:

- Build rest breaks into your child's activities.
- Make time for physical exercise breaks while your child is doing learning tasks like reading or homework.
- Give your child opportunities to let out energy and low-key activities to wind down.

And here are ideas for helping your child **avoid overtiredness**:

- Help your child get into good sleep routines (https://raisingchildren.net.au/school-age/sleep/better-sleep/sleep-better-tips), like getting to sleep and waking up at about the same time each day.
- Give your child healthy food options (https://raisingchildren.net.au/school-age/nutrition-fitness/healthy-eating-habits/healthy-eating-habits) for longer-lasting energy and concentration.
- Make sure your child's screen time (https://raisingchildren.net.au/school-age/family-life/family-media-entertainment/screen-time) is balanced with other activities during the day.
- Make sure all electronic devices are switched off at least an hour before bed.

Adjusting the school environment to support learning for children and pre-teens with ADHD

Children with attention deficit hyperactivity disorder (ADHD) can sometimes find it hard to learn at school. Teachers can make adjustments so your child can learn in ways that work for them.

Here are **adjustments you and your child's teacher could talk about**:

- Divide classroom or learning tasks into smaller chunks.
- Give your child one-on-one help when possible.

- Give your child a ‘buddy’ who can help them understand what to do.
- Plan the classroom so your child is seated near the front of the room and away from distractions.
- Make a visual checklist of your child’s tasks or keep a copy of the class timetable where your child can see it.
- Do more difficult learning tasks in the mornings or after breaks.
- Give your child extra time to finish tasks.

Schools can also help by developing an individual learning plan (https://raisingchildren.net.au/school-age/school-learning/working-with-schools-teachers/individual-learning-plans-ilps-children-teenagers) for your child. The school should also work with you to review your child’s learning goals regularly.

You might need to advocate for your child (https://raisingchildren.net.au/school-age/health-daily-care/health-care/being-an-advocate) to get the support your child needs. This could involve talking to your child’s classroom teacher, the principal or the additional needs support officer about how they can support your child.

Helping children and pre-teens with ADHD get organised and do everyday tasks

Here are strategies to help your child with attention deficit hyperactivity disorder (ADHD) organise themselves and do everyday tasks:

- Give your child short, clear instructions (https://raisingchildren.net.au/school-age/behaviour/behaviour-management-tips-tools/requests-instructions). These could be written or verbal instructions. Or you could show your child what you want them to do.
- Set up predictable daily routines (https://raisingchildren.net.au/school-age/behaviour/behaviour-management-tips-tools/routines). These can help a lot at busy times of the day, like when your child is getting ready for school.
- Help your child learn how to do everyday tasks in a way that works for them. For example, your child might prefer written instructions or diagrams. Or they might prefer you to show them how to do tasks or

guide them as they do tasks.

- Match chores to your child's strengths. For example, if your child enjoys being active, they might enjoy chores that involve movement, like helping to vacuum the house or mow the lawn, rather than chores like drying the dishes.

Developing friendship skills in children and pre-teens with ADHD

Children with attention deficit hyperactivity disorder (ADHD) might need extra support with friendship (https://raisingchildren.net.au/school-age/development/adhd/friendships-children-pre-teens-adhd).

Here are ways you can help your child with ADHD develop their friendship skills:

- Help your child learn how to share (https://raisingchildren.net.au/school-age/behaviour/friends-siblings/sharing) and take turns – for example, by talking your child through the steps when you're playing a game together, and saying things like, 'Now it's my turn to build the tower, then it's your turn'.
- Help your child learn what to do if there's a problem with another child – for example, walking away or talking to a teacher.
- Help your child understand and manage their emotions (https://raisingchildren.net.au/school-age/development/school-age-social-emotional-development/understanding-managing-emotions-children-teenagers) and recognise other people's emotions.
- Give your child the chance to practise social skills – for example, by arranging supervised playdates.

Supporting children and pre-teens with ADHD can be a big job, but it's an important one. Looking after yourself helps you do the job well. That's because looking after yourself physically, mentally and emotionally (https://raisingchildren.net.au/grown-ups/looking-after-yourself/parenting/looking-after-yourself) helps you give your child what they need to grow and thrive.

ADHD medicines

Your child's doctor might prescribe medicines to help your child with focus and attention.

Stimulant medicines
Doctors will sometimes prescribe stimulant medicines to help children with attention and self-regulation.

Methylphenidate is the most commonly used medicine of this type. It's sold under the brand names Ritalin 10, Ritalin LA and Concerta.

Other stimulant medicines are dexamphetamine or lisdexamfetamine. Lisdexamfetamine is sold under the brand name Vyvanse.

Your child's paediatrician or psychiatrist will be able to work out which drug and dose will be best for your child.

Here are a few questions you might want to ask your doctor:

- How long will each dose last?
- What are the side effects of the medicine?
- How will my child be monitored while they're taking the medicine?
- How long will my child stay on this medicine?

Non-stimulant medicines
There are also some non-stimulant medicines for attention deficit hyperactivity disorder (ADHD). These include Strattera (atomoxetine), Catapres (clonidine) and Intuniv (guanfacine). These medicines can help to reduce anxiety too.

Side effects of ADHD medicines
These medicines can cause some side effects – for example, loss of appetite, which can affect your child's weight gain or growth. Other side effects might include difficulty getting to sleep, tummy upsets or headaches.

Because of these possible side effects, a health professional should closely monitor a child who's taking medicine for ADHD.

Most side effects are mild and don't last long. If there are side effects that don't go away, your health professional might change the dose or timing of the medicine or suggest a different medicine.

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References

American Psychiatric Association (APA). (2022). *Diagnostic and statistical manual of mental disorders* (5th edn, Text revision) (DSM-5-TR). American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9780890425787.

Australian ADHD Professionals Association (AADPA). (2022). *Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder (ADHD).* AADPA. Retrieved 15 November 2022 from https://adhdguideline.aadpa.com.au/.

Boland, H., DiSalvo, M., Fried, R., Woodworth, K.Y., Wilens, T., Faraone, S.V., & Biederman, J. (2020). A literature review and meta-analysis on the effects of ADHD medications on functional outcomes. *Journal of Psychiatric Research, 123*, 21-30. https://doi.org/10.1016/j.jpsychires.2020.01.006.

Faraone, S. (2005). The scientific foundation for understanding attention-deficit/hyperactivity disorder as a valid psychiatric disorder. *European Child and Adolescent Psychiatry, 14*(1), 1-10. https://doi.org/10.1007/s00787-005-0429-z.

Hay, D. (2007). A twin study of attention-deficit/hyperactivity disorder dimensions rated by the strengths and weaknesses of ADHD-symptoms and normal behaviour (SWAN) scale. *Biological Psychiatry, 61*, 700-705. https://doi.org/10.1016/j.biopsych.2006.04.040.

MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. *Archives of General Psychiatry*, *56*(12), 1073-1086. https://doi.org/10.1001/archpsyc.56.12.1073.

National Institute for Health and Care Excellence (NICE). (2018). *Attention deficit hyperactivity disorder: Diagnosis and management*. NICE. Retrieved 15 November 2022 from https://www.nice.org.uk/guidance/ng87.

Pelham, J., William, E., & Fabiano, G. (2008). Evidence-based psychosocial treatments for attention-deficit hyperactivity disorder. *Journal of Clinical Child & Adolescent Psychology, 3*(1), 184-214. https://doi.org/10.1080/15374410701818681.

Posner, J., Polanczyk, G.V., & Sonuga-Barke, E. (2020). Attention-deficit hyperactivity disorder. *The Lancet, 395*(10222), 450-462. https://doi.org/10.1016/S0140-6736(19)33004-1.

Sonuga-Barke, E.J., Brandeis, D., Cortese, S., Daley, D., Ferrin, M., Holtmann, M., Stevenson, J., Danckaerts, M., Van der Oord, S., Döpfner, M., Dittmann, R.W., Simonoff, E., Zuddas, A., Banaschewski, T., Buitelaar, J., Coghill, D., Hollis, C., Konofal, E., Lecendreux, M., … Sergeant, J. (2013). Nonpharmacological interventions for ADHD: Systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. *American Journal of Psychiatry, 170*, 275-289. https://doi.org/10.1176/appi.ajp.2012.12070991.

Storebø, O.J., Krogh, H.B., Ramstad, E., Moreira-Maia, C.R., Holmskov, M., Skoog, M., Nilausen, T.D., Magnusson, F.L., Zwi, M., Gillies, D., Rosendal, S., Groth, C., Rasmussen, B.K., Gauci, D., Kirubakaran, R., Forsbøl, B., & Gluud, C. (2015). Methylphenidate for attention-deficit/hyperactivity disorder in children and adolescents: Cochrane systematic review with meta-analyses and trial sequential analyses of randomised clinical trials. *BMJ*, *351*, Article h5203. https://doi.org/10.1136/bmj.h5203.

Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. (2011). ADHD: Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics, 128*(5), 1007-1022. https://doi.org/10.1542/peds.2011-2654.

External links

- NPS MedicineWise – Concerta Extended-Release Tablets (https://www.nps.org.au/medicine-finder/concerta-extended-release-tablets)
- NPS MedicineWise – Intuniv (https://www.nps.org.au/medicine-finder/intuniv-modified-release-tablets)
- NPS MedicineWise – Ritalin LA Long acting capsules (https://www.nps.org.au/medical-info/medicine-finder/ritalin-la-long-

acting-capsules)

- NPS MedicineWise – Ritalin 10 Tablets (https://www.nps.org.au/medical-info/medicine-finder/ritalin-10-tablets)
- NPS MedicineWise – Strattera Capsules (https://www.nps.org.au/medicine-finder/strattera-capsules)
- NPS MedicineWise – Vyvanse Capsules (https://www.nps.org.au/medicine-finder/vyvanse-capsules)

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(https://raisingchildren.net.au/guides/raising-healthy-minds-child-mental-health)

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