

Attention Deficit Hyperactivity Disorder

Grant L. Martin, Ph.D.

Look at any classroom, in any city or town. One thing will be consistent. Some children can't sit still. Others are highly distractible, forgetful, or inattentive. Some appear sidetracked by every little thing and don't seem to learn from their mistakes. Many of these children disregard rules, even when they are disciplined repeatedly. Others act without thinking, causing accidents and bringing on repeated reprimands. This collection of problematic features is called Attention Deficit Hyperactivity Disorder (ADHD).

ADHD is one of the most prevalent problems of childhood. The consensus of professionals is that approximately 3 – 5 percent of children have ADHD. The Diagnostic and Statistical Manual of Mental Disorders, for example, estimates that 5 percent of children have ADHD.¹ That translates to as many as two million school-age children. On average, there is one ADHD child in every classroom in the United States. And these children are no different at home. ADHD can make family life chaotic and stressful. No matter how hard parents of ADHD children try to do the right thing, these children persist in daydreaming, forgetting homework assignments, and neglecting chores.

Types of ADHD

Contrary to the popular stereotype of out-of-control children hanging from the rafters, there actually are several types of ADHD. Some children are primarily impulsive and hyperactive. Others are inattentive and distractible. Then there is a third group that has both impulsive and inattentive characteristics.

Children who suffer from the hyperactive type of ADHD are excessively noisy, disruptive, messy, irresponsible, and immature. They typically exhibit aggressive conduct problems, are impulsive, and may show bizarre behaviors. “Whirling dervish” or “Dennis the Menace” labels apply to these children. They have a higher risk for serious aggression or negative conduct and are more likely to act in antisocial ways.

In contrast, attention deficit children who are predominantly of the inattentive type tend to be anxious, shy, socially withdrawn, moderately unpopular, poor in sports, and have low school performance. This student is often seen staring into space, daydreaming, forgetting daily activities, and may appear to be sluggish or have little energy. He or she often has difficulty becoming sufficiently aroused to pay attention to academic tasks. Teachers and parents may describe him or her as a “space cadet” or “couch potato;” this child often seems lost in thought, apathetic, and lethargic. Less aggressive, impulsive, and overactive than the hyperactive types, these children have fewer problems in peer relationships. This category probably makes up the largest number of ADHD children, yet may be the most under-diagnosed because their problems do not scream out for help as loudly as those with hyperactivity.

Children may have a combination of both inattention and hyperactive-impulsive features. These children have most of the behavioral manifestations of inattention, such as failure to give close attention to details, careless mistakes, and easy distractibility by extraneous stimuli. In addition, they have trouble with hyperactive-impulsive behavior like fidgeting with their hands or feet, inability to remain seated, needing to be on the go, interrupting others, and finding it difficult to wait their turn.

Whether or not your child is diagnosed with ADHD depends on the degree and frequency of the symptoms. All children are sometimes inattentive, impulsive, or highly energetic. But with attention deficit children, these symptoms are part of the daily routine rather than the exception. Also, these behaviors tend to occur at school, church, grandma's house, and the grocery store, as well as at home. The general rule: these children are consistently inconsistent!

Causes of ADHD

ADHD is one of the most thoroughly researched conditions of childhood. Yet the exact causes are still not known. Major evidence as to the most likely cause of most forms of attention disorder points to diminished activity in certain brain regions due to heredity. In other words, most ADHD children seem to be born with brain functioning that impacts their temperaments in ways that make them difficult to manage.

Malfunctioning of certain neurotransmitters in the brain makes it harder for children and adults with ADHD to sort out or regulate internal and external stimuli, leaving them with difficulty concentrating and focusing on what is most important. The frontal region of the brain is responsible for inhibiting behavior, sustaining attention, initiating self-control, organization, memory, and planning for the future. Like a car engine that is not receiving an adequate supply of fuel, the brain's functioning is sporadic and uneven. Children without ADHD have an increase in activity in this portion of the brain when they attempt to concentrate. But when children with ADHD try to concentrate, this area of the brain actually has a decrease in activity!

Although rare, children without genetic predisposition can develop ADHD through illness or injury. There is also very little evidence to suggest that ADHD arises purely out of social or environmental factors, such as family dysfunction, diet, toxins, or faulty parenting. It is true that parental frustration and negative reactions toward a child can aggravate the problem, but they do not actually cause ADHD. The ultimate cause of ADHD appears to be an inherited condition affecting the biochemistry of brain function.

Diagnosis of ADHD

If your child exhibits some signs of ADHD, don't immediately rush to the conclusion that your child has ADHD. But don't hesitate to seriously consider the possibility either. Take time to read articles or a book or two on ADHD. Talk to other parents who have an ADHD child. Prayerfully evaluate what you have learned about attention disorders and compare the information to the consistent behavior of your child. If the descriptions seem to match up, a professional evaluation may be appropriate. Below are some conditions or characteristics that suggest that an evaluation could be helpful.

- Many of the symptoms of inattention, distractibility, hyperactivity, or impulsivity described earlier have persisted for at least six months.
- ADHD-type descriptions are very prominent in the day-to-day life of your child.
- Other parents or relatives have suggested to you that there might be something out of the ordinary going on with your son or daughter.
- Teachers or caretakers have told you of frequent problems with inattention, distractibility, forgetfulness, noncompliance, daydreaming, impulsivity, problems with peers, underachievement, or incomplete assignments.
- As a parent, especially as the mother, you have had a nagging concern for some time that there might be a problem based on the high maintenance requirements of your child.

- There are too many days when you find yourself feeling continually frustrated and angry with your child, even to the point of not liking him or her very much.
- You see a steady decline in your child's self-esteem because of problems with self-control, social and/or school failure, or an inability to sustain an interest in activities that occupy most children.

Whether or not your child has ADHD, these things are blinking red lights telling you it would be wise to seek professional help to find out what is causing the problem and where to turn for help.

No one simple test determines that a child has ADHD. Diagnosis is a complicated process that requires the skill of a psychologist, psychiatrist, pediatrician, pediatric neurologist, or other mental health professionals that specialize in special needs children. And because the diagnosis is not always precise, a second or third opinion may be needed. A thorough diagnosis can: 1) assist you, your child, and his or her caregivers to understand the nature of the difficulties your child is experiencing; 2) clarify the specific problems involving his or her attention, conduct, and socialization skills; and 3) give direction and recommendations for your child's learning style, academic capabilities, and strengths and weaknesses. Understanding of all these factors will allow you and the professional team to plan an effective intervention program.

As the primary advocate for your child, you have to be the one to take the initiative and find the best help available. Don't be afraid to ask questions. Become informed and read everything you can get your hands on. This will allow you to ask your medical or psychological specialist about those things that don't make sense to you. You should be an active collaborator in the process, not a passive bystander.

When you call or meet with a professional, ask if he or she has experience in the diagnosis and treatment of ADHD. What kind of professional workshops has he or she attended? How many children has he or she evaluated? How involved does he or she become in the ongoing monitoring of treatment? If you or your child has a problem, how available is the doctor to respond?

You need to feel comfortable and confident with the practitioner. If he or she won't answer your questions or gives unclear answers, look elsewhere. When you are uncomfortable with a practitioner's personality or professional approach, confront the problem or find someone else. This is too important an issue to tolerate incompetence, an unwillingness to dialogue with you, or unprofessional conduct.

At the same time, let me remind you there are no immediate cures or quick solutions to the problem of ADHD. If you are looking for a doctor to immediately eliminate all stress and strain from your life, you will always be disappointed. Likewise, if a professional promises you quick fixes, charges unusual fees, and offers unorthodox methods, you should be extremely cautious.

Your local school district can be an additional resource for obtaining a diagnosis and prescription for classroom help. Ask your principal or school counselor if your school has the personnel to conduct an assessment of your child. You may also be able to obtain diagnostic help through a Christian counseling center, mental health agencies, university clinics, or homeschool associations in your area.

One great resource organization is Children and Adults with Attention Deficit Disorder (CHADD). Local chapters of CHADD can help you locate resources in your area for both diagnosis and multimodal treatment. If you need help in locating a local chapter of CHADD, contact the national office (<http://www.chadd.org>).

An encouraging area of research on ADHD children is currently being done by Dr. Daniel Amen.² Dr. Amen is using a diagnostic process with radioactive isotopes that are taken up by the brain to show the actual metabolic activity and blood flow in each area of the brain. Dr. Amen and other colleagues around the

country have used this method called SPECT scans to correlate the functions of different parts of the brain to certain behaviors, including different types of ADHD symptoms.

Dr. Amen has identified six different types of attention deficits based on these brain-imaging results. He also found that each type of disorder responds to different medications. These types are:

1. Classic ADD – hyperactive, restless, distractible, and impulsive
2. Inattentive ADD – space cadets, daydreamers, couch potatoes
3. Over-focused ADD – trouble shifting attention, stuck, obsessive, and argumentative
4. Temporal Lobe ADD – aggressive, memory problems, headaches, and dark thoughts
5. Limbic ADD – depression, negativity, and a negative internal filter
6. Ring of Fire ADD – angry, overly sensitive, moody, and oppositional

This research shows a lot of promise for both diagnosis and treatment of ADHD.

Treatment of ADHD

If you learn your child has ADHD, don't be in too big a rush to make all sorts of changes. First, take some time to process your own feelings and reactions. Talk with God about how you feel and talk to some trusted friends or family members. There is "a time to weep and a time to laugh, a time to mourn and a time to dance" (Eccles. 3:4, New King James Version). There is every reason to have hope, but before you can start helping your child, you need a little time to come to peace with your own questions and reactions.

Remember that there are no quick fixes for attention disorders. In spite of claims to the contrary, special diets, electronic gadgets, or singular environmental alterations have not been proven to be helpful with significant numbers of ADHD children. The good news, however, is that there are many strategies and procedures that can improve your child's behavior, self-esteem, and overall quality of life. Here are five categories with some specific suggestions.

Understanding and Parenting an ADHD Child

Effectively parenting an ADHD child begins by increasing your understanding of ADHD. Literature, seminars, support groups, professional educators, and mental health professionals are sources of information to help you broaden your awareness of how ADHD impacts your child's behavior. Here are twelve specific tips for successfully parenting your ADHD child:

1. Provide consistency and structure. Above all, ADHD children need clear structure, definite descriptions of what they are being asked to do, specific consequences for their behavior, and consistent enforcement of these principles. They need an organized environment where the demands are clearly identified ahead of time. Surprises and the unexpected mean trouble. Try to keep daily events like bedtime, meals, and homework on a definite schedule. Be firm about limits and enforce them consistently. Limit the amount of TV since that brings even more distracting stimuli. Lots of rewards and praise for success and appropriate behavior are especially important.
2. Be sensitive to your child. Most children will be confused, discouraged, or upset when

they learn their ADHD diagnosis. They might think there is something terribly wrong with their bodies or brains. They may want to use their diagnosis as an excuse, saying, “I can’t help myself; I have ADHD.” Just like you, they will need time to adjust to the diagnosis. Your child needs a lot of special understanding and encouragement at this time. Although most children feel relieved, because now they know why they have struggled so much, they will also need hope for their future.

3. Explain ADHD simply. One of your most difficult tasks is to explain ADHD to your child. Without an explanation he or she may conclude, “I am bad” (or “dumb”). ADHD children need to know they are not inferior. They need reassurance that you realize it’s difficult to be still, to not interrupt, to focus on their work. They need to know academic problems are not their fault. Encourage your child to do well even when it is hard to concentrate and complete the work.
4. Phrase your explanation in word pictures your child can understand. Tell your child every person is unique and we all have strengths and weaknesses. Some people have vision problems and cannot see well. These people wear glasses to allow them to view their world more clearly. Some kids have teeth that need straightening. They wear braces and retainers to correct their teeth so they can eat correctly, play the horn, or whistle.
5. Let your child know he or she is not the only one with this problem. There are many children in their school who also have attention deficit. If someone else in your extended family has the same problem, share this fact also. Let your child know there are many parents, teachers, and very successful people who have attention problems.
6. Focus on what your ADHD child can do, not on the limitations. For example, your ADHD child may have difficulty reading silently alone, which is frustrating. It may be better to read aloud to someone, have someone read to him or her, or listen to audiobooks.
7. Remember the big picture. Schoolwork is important, but a child’s emotional and social adjustment and love for God are more important. Be thankful for all the things that are going well in your child’s life.
8. Teach and show your child by your life that mistakes don’t equal failure. Your child with ADHD may tend to see his or her mistakes as huge failures. You can model through good-humored acceptance of your own mistakes that errors can be useful and lead to new solutions. Mistakes and problems are not the end of the world.
9. Communicate that this is a team effort. Yes, children have to take responsibility for doing their chores, completing homework, and putting out their best effort. However, your child is not in this alone. Everyone will work together to make school and home life as successful as possible.
10. Pray together and work on projects as a family. Emphasize family traditions, stories, and legacies to help keep the problem of attention deficit in perspective. In the larger scheme of things, family, faith, and loving relationships are truly what is important.
11. Do not compare your child with siblings or peers. Accept your ADHD child as he or she is. Be the best cheerleader your child will ever see!
12. Take care of yourself. Most ADHD children are high maintenance. The constant advocacy, attention to details, remediation efforts, and patience needed for a child with attention disorders can easily wear you down. There will be days when you are at your

wit's end and you will feel like giving up and trading in the family minivan for a one-way ticket to anywhere! Find time for yourself. Talk with a friend. Maintain your sense of humor; laughter is good for the soul. Your home needs to be safe, supportive, and fun. Do all you can to become the kind of parent that creates that kind of home, so that your child will develop with security and self-esteem in spite of his or her ADHD problem.

Teaching Self-Control and Social Behavior

Once you have the basic parenting principles down, it's time to help your child develop better social skills and self-control. While most children can sit through a meal without a major incident, ADHD children will wiggle, rock, and squirm from first bite to last. And while most children can consciously focus their attention and resist the urge to move around, ADHD youngsters must learn how to do this. Parents must let their ADHD children know they can still choose their behavior. It's just a little harder for them than for their siblings or friends. But you and their teachers will be there to help them do it.

ADHD children need very specific, step-by-step instructions on how to control their actions. It will help if you enlist the aid of anyone who is involved with your child on a regular basis. Instruction in self-control in one situation will not carry over to a new setting unless the child's caretakers are very involved in the effort. Learn how to communicate your child's problems to others in simple, practical terms. Ask them to help you set limits and teach your child self-control. You can also use games and activities like Statue and Beat the Clock to help your child learn to ignore distractions and develop impulse control. (For more details on these activities, see Dr. Martin's book, *The Attention Deficit Child*.³)

Since the majority of ADHD children have experienced some social problems, immaturity, or aggression, you will probably also need to help your child develop better social skills. Two major goals of social skills training for ADHD children are for them 1) to become more knowledgeable about appropriate and inappropriate social behavior, and 2) to learn how to behave in socially sensitive ways with their peers and classmates. Many schools and clinics provide social skills training that can be a great help to ADHD children. These programs usually help children learn 1) how to enter or begin a social interaction, 2) conversational skills, 3) conflict resolution and problem solving, and 4) anger management.

Seeking Medical Support

More children receive medication to manage ADHD than any other childhood disorder. More research has been conducted on the effects of stimulant medications on the functioning of children with ADHD than any other treatment modality for any childhood disorder. Unfortunately, the sensationalist popular press has perpetrated a great deal of misinformation. Extensive research, however, helps us to be fairly definitive about the benefits and liabilities of medication.

In general, we can say medication intervention provides significant help to ADHD children. Between 70 – 80 percent of children with ADHD respond positively to medication with improvement in attention span, impulsivity, and on-task behaviors, especially in structured environments. Some children also demonstrate improvements in frustration tolerance, compliance, and even handwriting. Relationships with parents, peers, and teachers may also improve. Medication will not make ADHD children behave perfectly nor will it make them smarter. What it can do is reduce ADHD children's attention difficulties so that they can tackle their problems more successfully.

The National Institute of Mental Health recommends a combination of medication and behavior therapy for

ADHD children, and family therapy, education, and skills training to help parents manage the children.⁴

In 1999, the National Institute of Mental Health released the Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder (MTA).⁵ This study was the longest and most thorough study ever completed comparing treatments for ADHD. The study found that medication in combination with intensive behavioral therapy was significantly superior to all other types of treatment.

Although medication alone was found to be more effective than intensive behavioral treatment alone, the combination of the two was necessary to produce a variety of improvements and also led to the use of somewhat lower dosages of medication. Also, for the improvement of social skills and anger management, behavioral treatment was found to be very beneficial and necessary. Medication alone, in other words, does not help a child make friends or know how to resolve conflict in appropriate ways.

The primary benefits of the combined use of medication and therapy are improvement of the core problems of ADHD – hyperactivity, impulsivity, and inattentiveness. Attention span seems to improve and there is a reduction of disruptive, inappropriate, and impulsive behavior. Compliance with authority figures is increased, and children's peer relations may also improve, primarily through reduction in aggression. If the dosage is carefully monitored and adjusted, medication has been found to enhance academic performance. Medication by itself will not rectify learning disabilities. If a child has visual or auditory processing deficits, for example, medication will probably not change the learning problem. But it can help children pay better attention, so that they can better apply their educational instructions more effectively.

The most important finding to emerge from the vast amounts of research about ADHD is that no single treatment approach is successful alone. Neither medical nor behavioral nor psychological nor educational intervention is adequate by itself. We must be conscious of treating the whole child or adolescent.

Some parents feel guilty about having their child take medication because they mistakenly think they are tranquilizing him or her. This is simply not true. Medication actually helps stimulate the parts of the brain that are needed to concentrate. The decrease in external movement does not mean the child has been tranquilized; it means he or she is able to focus more effectively.

All medical decisions, of course, need to be based on a comparison of the benefits, alternative treatments options, and possible side effects, such as insomnia, anorexia, loss of appetite, weight loss, and irritability. Most side effects appear at the beginning of treatment and only last about a week. Your child may be less hungry for a time. This effect may be less noticeable if the drugs are taken with or after meals, as the effects wear off before the next meal. Adjusting the dosage can usually alleviate this symptom over a week or two. Other mild, but less common side effects can include sadness, depression, fearfulness, social withdrawal, sleepiness, headaches, nail biting, and stomach upset. These symptoms will usually resolve spontaneously with a decrease in the dosage. Some of these symptoms are mild and can be considered acceptable side effects in light of clinical improvement. You or your child's physician will need to make the decision regarding the advantage of decreased distractibility versus a side effect such as nail biting. Alternatively, a trial of a different medication can be initiated.

There are no reported cases of addiction or drug dependence to date with these medications. Studies have also examined the question of whether children on these drugs are more likely to abuse other substances as teenagers, compared to children not taking stimulant medications. The results suggest there is no increase in the likelihood of drug abuse.

Another possible long-term side effect that has been considered is the suppression of height and weight gain. Presently, it is believed that suppression in growth is a relatively transient side effect of the first year or so of treatment and there is no significant effect on eventual adult height and weight. Nevertheless, it is

wise for your physician to monitor your child's growth while he or she is receiving stimulant medications.

Remember, medication is never the sole treatment program for ADHD. Medication is a very important aspect of a balanced treatment, but it cannot do it all. Medication, combined with other therapy and training for your child will determine the lasting benefits.

Ensuring Appropriate Educational Assistance

It is no wonder an ADHD student has problems in school. Nowhere else is your child required to concentrate so long in the face of so many powerful distracters. Students must learn class routines, conform to teachers' rules, and inhibit their impulses to do otherwise. They must control their body movements, maintain an appropriate level of arousal, and delay gratification until report cards are issued. You can see why the ADHD child experiences so much frustration and failure at school. This also explains why it is often the classroom teacher who raises the questions that bring about referrals for an ADHD evaluation. Unfortunately, while the teacher knows your child has a problem, he or she may not realize the problem is ADHD, and may not know what to do about it. Consequently, it may be up to you to initiate a thorough assessment and treatment plan, including seeing that some modifications are made in your child's learning environment.

Here are a few guidelines for making educational interventions with your child:

1. Be sure your child's school staff accepts the legitimacy of ADHD.
2. See that your child is in a classroom that is structured and predictable, but not punitive or sterile. The ADHD student needs clear rules and consistent scheduling. Assignments should be clearly communicated.
3. Distractions should be minimal. This may mean seating your ADHD child close to the teacher and away from obvious distracters, such as windows, active classmates, gerbil cages, or pencil sharpeners.
4. Immediate and frequent feedback is required. Your child will periodically need to be given directions or instruction so that long periods of unproductive activity are minimized.
5. The ADHD student needs both verbal and tangible, positive consequences for attention to tasks and completing assignments. Other meaningful, positive and negative consequences will be needed to assist the student in learning appropriate classroom behavior.
6. Directions and instructions must be clear, concrete, and concise. A few directions at one time with as much visual, auditory, and hands on demonstration as possible will be most helpful.
7. The curriculum needs to be adjusted to allow the ADHD student to be successful, that is, instruction methods need to accommodate the child's difficulty in paying attention and concentrating.
8. Help with organizational skills is necessary. Some flexibility is needed to allow for the student's low frustration tolerance. Assignments may need to be shortened.
9. Computers can be used to compensate for poor handwriting ability. Assignments might be divided in smaller parts to help the ADHD student feel successful and to give more frequent opportunity for feedback.

10. It is crucial for the entire team of educators, mental health professionals, medical personnel, and parents to maintain regular communication. Everyone must work together toward the common goal of ensuring the ADHD student the best educational experience possible.
11. Maintain an advocate status with the school. There are many other students to take up the school personnel's time. Don't wait for the six-week progress reports. Become very familiar with your child's teacher and the classroom routine. Be courteous and tactful but maintain a constant vigil on your child's behalf.
12. Know the legal rights of your ADHD student. The federal government has established several provisions that affect the education of children with attention deficit disorder. One of these is the Individuals with Disabilities Education Act (IDEA), and the other is Section 504 of the Rehabilitation Act of 1973. These laws require schools to make modifications or adaptations for students whose ADHD results in significant educational impairment. Qualifying children with ADHD must be placed in a regular classroom to the maximum extent appropriate to their educational needs, but they must also receive supplemental aids and services, if necessary.

Sustaining Spiritual Support

Not long ago a little boy with ADD asked his mother, "Mom, why can't something be wrong with my arm and not my brain?" Later he added, "My broken arm will get better, but you can't fix my brain."

You may have had the same kind of questions, along with, "Why my child?" or "Why would God allow this to happen?" I certainly don't have the answers to these why questions any more than I would claim to understand the mind and long-range plans of God.

I do, however, believe ADHD children have potential to live very creative and fulfilled lives. There is every reason to be optimistic about their abilities to mature, yield fruit in season, and prosper in whatever they do (Ps. 1:3).

Parenting is difficult with any child, and even more challenging for a child with special needs. That is why the spiritual resources of a Christian parent can make all the difference in the world. You don't face this task with only your own strength and understanding. You have God's promises of direction and power.

Pray regularly for your child. God has made some rather remarkable promises – he will answer your prayers (Mark 11:24). God has never failed to keep his promises (1 Kings 8:56). He does not lie. Remember these promises and claim them as you pray for and parent your ADHD child. God probably will not miraculously remove your child's ADHD, but he will help you grow in patience, sensitivity, and other parenting skills.

If part of God's purpose is to help a parent develop patience and long-suffering, then blessing you with a child who has attention deficit is a guaranteed way to meet that goal! And, if parenting any child is worth a college education, then raising an ADD child should give you a Ph.D.! The task is continuous and the challenge is great. But a solid spiritual foundation gives the Christian father and mother additional resources and a basis for hope even when some progress reports will be temporarily discouraging. God can provide encouragement and guidance for you and your child. And he can lead you and your child to rich, rewarding, and successful lives.

"Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight" (Prov. 3:5-6, New International Version). These verses capture

the essence of every parent's need.

Resources

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