

Helping Families with Kids with ADHD

Kay Marner, author of "My Picture Perfect Family," a blog about parenting a child with ADHD, recently took some time to talk with us about her family's relationship with her daughter's school nurse. Here's what she had to say about how their school nurse helps facilitate a successful learning environment for her daughter:

Q. Can you tell me a little bit about your child and what her experience has been like with her school nurse?

A. Natalie is 9 years old, and is a third grader. We adopted her from an orphanage in Russia when she was 2 1/2. She has ADHD, Sensory Processing Disorder and learning disabilities. She's been treated with medication since she was 5, and we've tried a variety of medications and dosages over the years. Right now she takes 40 mg of Ritalin LA when she wakes up, and another 40 mg at 1:00 pm, in the school nurse's office. She takes a 10 mg dose of short-acting Ritalin at 6:00 pm, then takes Clonidine an hour before bedtime to help with sleep. Natalie just started her fourth year at Sawyer Elementary School in Ames, Iowa. Anna Weber has been the school nurse throughout Natalie's time there.

Q. What has Natalie's school nurse done in the past that has made a difference to you and your child?

A. Anna has formed a caring, supportive relationship with Natalie. She's a calm, stable presence in Natalie's school environment, and checking in with her has become an important part of Natalie's daily rou-

tine--nearly as important, in Natalie's mind, at least, as the medication itself! In fact, last year we made a bunch of medication changes, and for awhile, Natalie wasn't taking medication at school. She developed a lot of headaches, ear aches and fevers—in her mind! She just wanted to visit Anna! She also got in trouble with her teacher one day. She delivered a note from her teacher to the office, then stayed to talk! Her teacher wasn't happy that she was gone so long, and kept asking where else she had gone besides the office. She hadn't gone anywhere—she just missed checking in with Anna and the secretaries—and they missed her!

Q. What are some behaviors (based on stories you have) that school nurses can be on the lookout for related to students with ADHD?

A. For Natalie, it's her anxiety level, and I think the same is true for many kids with ADHD. When Natalie is anxious, her behavior deteriorates. Naming her feelings, identifying what's going on in her environment, and giving her some reassurance and safety will go a long way toward calming her down. And, as I mentioned, the hypochondria--the school nurse becomes part nurse, part detective, part therapist when it comes to kids with ADHD and co-existing conditions.

Anna is great about calling me to check in before drawing a conclusion about whether or not Nat is actually sick, or if she's upset or anxious. We review how she's been for the past few days, compare what she's telling each of us, and try to

ferret out any precipitating events at school. One day, for example, Natalie came in from the lunch room crying hard; inconsolable. She told the lunch room monitor that she had a terrible headache. Turns out a child at her table had taken a poll—raise your hand if you don't like Natalie—and everyone had raised their hand. Her headache was really heartache. Kids with ADHD often have trouble fitting in socially, so social interactions become a part of the nurse-as-detective puzzle.

Q. What kinds of responses work well for students working with students who have ADHD?

A. Acceptance and support, not criticism and blame. Did the student forget to give mom the note saying she only has enough medication for 3 more days left? Well, sure she did. Organization and focus are part and parcel of her disorder! Help her with tips and praise to become more responsible, don't react negatively.

Q. Are there specific ways school nurses can reach out to students with ADHD, or their parents, that you have seen work well?

A. Just try to maintain good communication. Have a failsafe system for alerting parents when medication is running out. Check in by phone or email once in awhile to compare notes. Alert the parent if you see changes in the child's mood or behavior.

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