



**Mom (ADHD):** 14 year old (ADHD)

**Teacher:** BEd (U of A) Minor: Special Education. Worked with students with: ODD, CD, FASD, ASD, ELL, gifted, LD and ADHD, adult education 2002-2015: Worked in: Public, Charter, and Private school systems

**Provisional Psychologist:** MEd (U of C) *Child & School Psychology*  
2015 – 2020: Conducted psychoeducational Assessments

**Manager Professional Development & Community Education:** Create and provide PD, online learning, and workshops for educators and families (2016 – Present)

**Sessional Instructor:** University of Calgary MEd Interdisciplinary Topics (Understanding Learning Disabilities)

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FOOTHILLS  
ACADEMY

# Coaching Kids with ADHD

## Unwritten Rules for the Game



By Tanya Keto  
BEd, MEd

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## FOOTHILLS ACADEMY SOCIETY

*Non-profit organization & registered charity*

- Founded in 1979
- We fundraise 1 million + dollars/year to support needs of families & community
- Extensive bursary program reduces cost barrier to access our services (both school and community services)



## FOOTHILLS ACADEMY SCHOOL

*School for students with Learning Disabilities*

- LD school program (275-300 students from grades 3 – 12)
- Small class sizes
- Extensive supports and strategies
- Consistent graduation rate of close to 100% annually

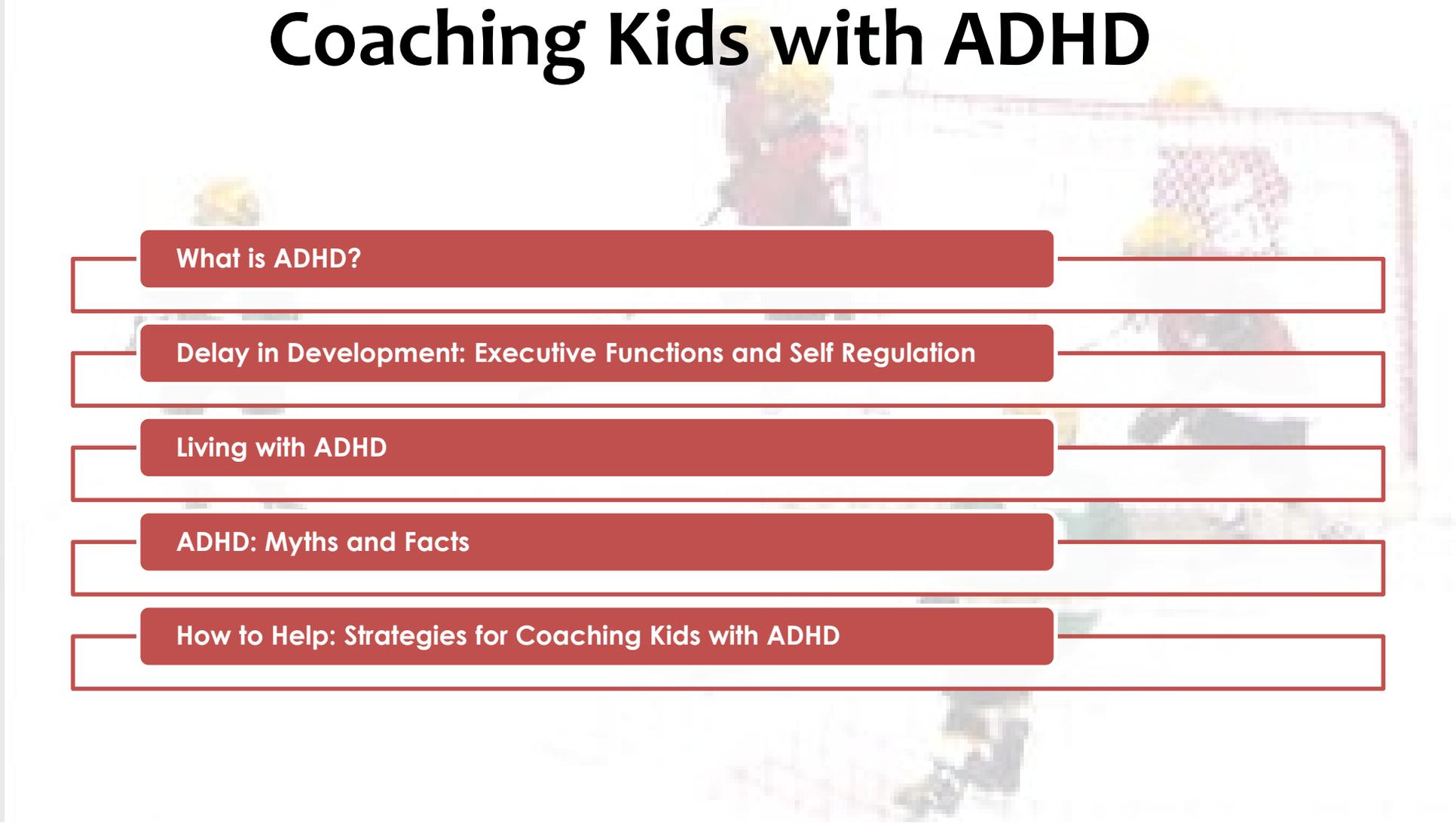


## ESTELLE SIEBENS COMMUNITY SERVICES

*Services for the public*

- Psychoeducational assessments & counselling
- Year round recreation programs & camps for students with LD and/or ADHD
- Read/Write: 1:1 remedial instruction
- Parent & Educator Workshops (in- person & online)

# Coaching Kids with ADHD



What is ADHD?

Delay in Development: Executive Functions and Self Regulation

Living with ADHD

ADHD: Myths and Facts

How to Help: Strategies for Coaching Kids with ADHD

# Famous Athletes with ADHD



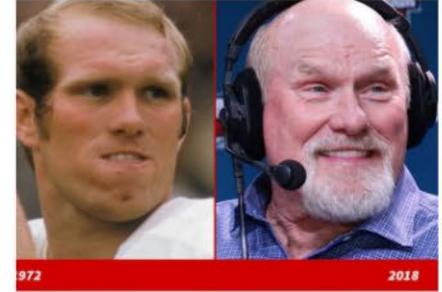
Cammi Granato  
US Olympic Hockey



Michael Phelps  
Olympic Swimmer



Brent Sopel  
NHL Player



Terry Bradshaw  
NFL Player



Shane Victorino  
MLB Player



Serena Williams  
Professional Tennis



Paul Rabil  
Major League  
Lacrosse



Michael Jordan  
NBA Player



**What is ADHD?**

# What is ADHD?

One of the most common neurodevelopmental disorders (NDD) diagnosed in children (5-8%). NDDs result when genetic and environmental factors come together to change brain development



NDD can impact learning, self-control, and memory. They also impact how a child thinks, feels, and behaves



Because NDD impacts the developing brain, we will likely see symptoms in early to mid-childhood. Average age for severe ADHD diagnosis is 4 years, moderate is 6 years, and mild is 7 years.



Research into the ADHD brain has discovered that there are some significant differences between an ADHD brain and a non-ADHD brain



Other examples of NDDs in children include: Learning Disabilities, Autism Spectrum Disorder, Intellectual Disability, Communication disorders, Vision and hearing impairments, etc.

# Core Symptoms of ADHD

When being assessed by a clinician considering the various elements of these 3 core symptoms, ADHD is divided into three formal diagnosed subtypes:



1. ADHD with 'Inattentive' sub-type: It may seem like the young person misses out or doesn't remember instructions, they have difficulty staying focused on some tasks, they tend to lose things, and they have struggles staying organized.



2. ADHD with 'Hyperactive-Impulsive' sub-type: These individuals are easier to spot because they are often moving or fidgeting and find it difficult to stay still. They may also be very talkative and tend to interrupt others.



3. ADHD 'Combined' sub-type: these individuals have both the 'Inattentive' and the 'Hyperactive-Impulsive' characteristics.

All children have some of these symptoms from time to time.

Children with ADHD have many symptoms in several areas of their lives (such as home, school, and extracurricular activities).

To the extent that interferes with their success and their happiness over an extended period of time.

# Causes of ADHD



**Heredity:** Evidence from family, twin, and adoption studies has suggested that ADHD is highly hereditary



**Maternal Toxin Use:** Use of drugs, alcohol, or smoking during pregnancy can increase the risk of the child developing ADHD



**Toxin Exposure After Birth:** Exposure to environmental toxins, such as lead (found mainly in paint and pipes in older buildings), PCBs, etc.

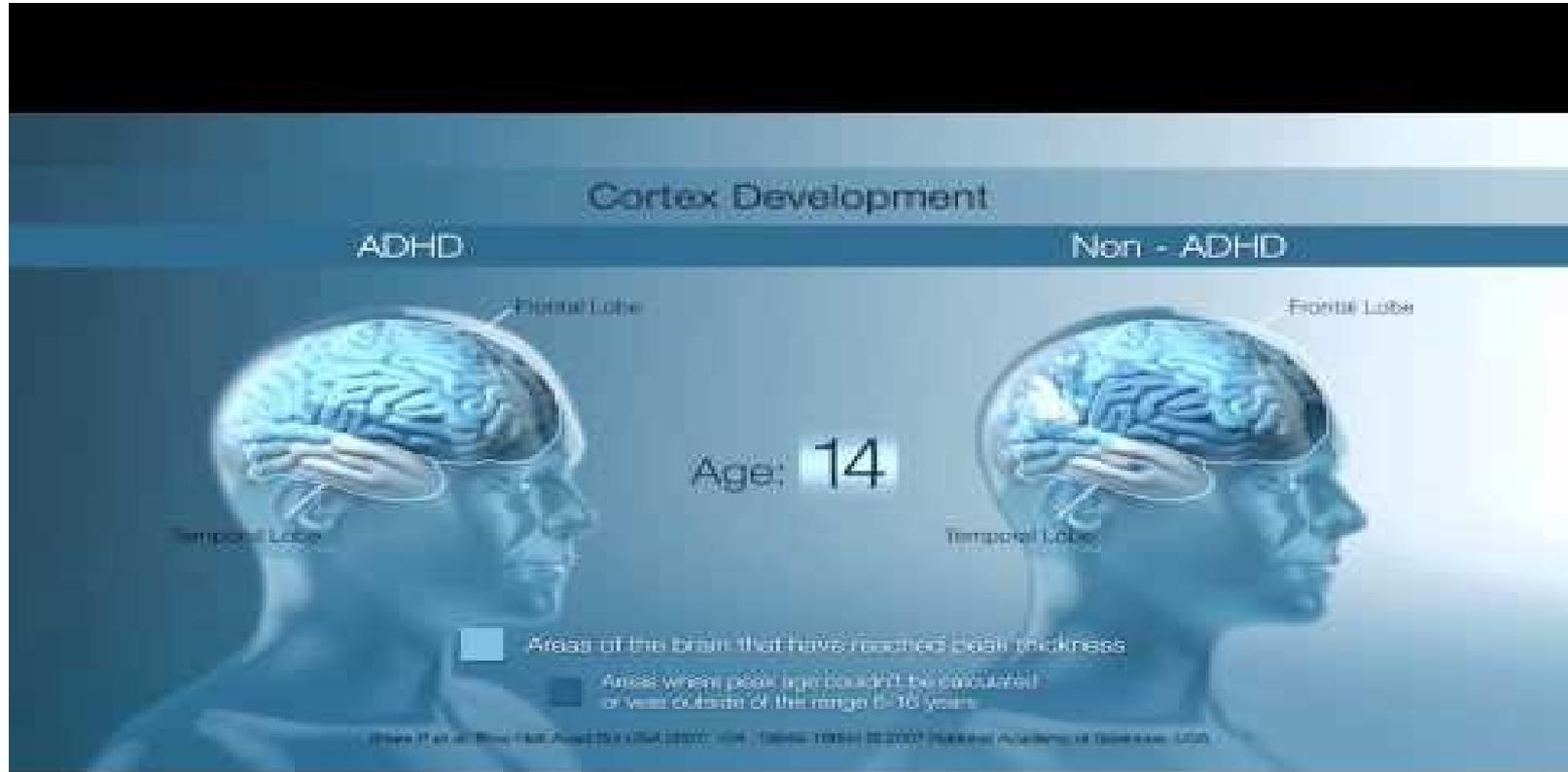


**Premature Birth:** Early preterm birth can disrupt the normal sequence of brain development processes and is associated with a higher level of ADHD symptoms



**Other Neurological Conditions:** A child diagnosed with epilepsy, Autism Spectrum Disorder, or having experienced a Traumatic Brain Injury are also at risk of having ADHD

# The ADHD Brain



# ADHD Diagnosis

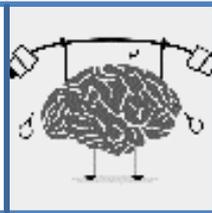
## INATTENTIVE Subtype of ADHD

Most common in females

**6** or more of the following symptoms

For at least **6** months prior to age 12

To a degree that is inconsistent with the child's age AND negatively impairs the child's social, academic, and behavioural functioning in 2 or more settings (e.g., home and school)



Makes careless errors/lacks attention to detail

Seems to not listen when spoken to directly

Does not follow instructions/ does not finish tasks

Difficulty sustaining focus

Difficulty organizing activities (i.e., steps, materials, time)

Avoids or dislikes tasks that require sustained mental effort

Loses things often

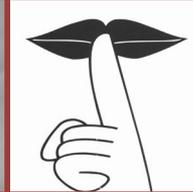
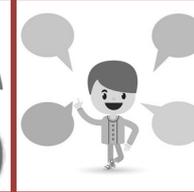
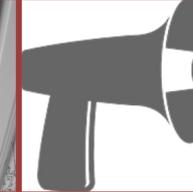
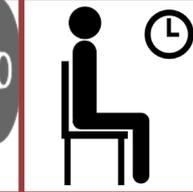
Easily distracted

Forgetful in daily activities

# ADHD Diagnosis

## HYPERACTIVE/IMPULSIVE Subtype of ADHD Most common in males

<b>6</b> or more of the following symptoms have persisted	For at least <b>6</b> months prior to age 12	To a degree that is inconsistent with the child's age AND negatively impairs the child's social, academic, and behavioural functioning in 2 or more settings (e.g., home and school)
-----------------------------------------------------------	----------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

								
Fidgets or squirms	Leaves seat when they should remain seated	Runs or climbs when not appropriate to do so	Unable to play or engage in tasks quietly	Described as "on the go" or "driven by a motor"	Talks excessively	Interrupts or intrudes on others	Blurts out answers	Difficulty waiting their turn

# ADHD Diagnosis

## Combined subtype of ADHD

**12** or more of the following symptoms have persisted

For at least **6** months prior to age 12

To a degree that is inconsistent with the child's age AND negatively impairs the child's social, academic, and behavioural functioning in 2 or more settings (e.g., home and school)

								
Makes careless errors/lacks attention to detail	Seems to not listen when spoken to directly	Does not follow instructions/does not finish tasks	Difficulty sustaining focus	Difficulty organizing activities (i.e., steps, materials, time)	Avoids or dislikes tasks that require sustained mental effort	Loses things often	Easily distracted	Forgetful in daily activities

								
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# ADHD Treatments

## Meditation and mindfulness

Leads to positive changes in the brain that can help build your child's ability to regulate their emotions

## Cognitive Behavioural Therapy (CBT)

Thoughts and feelings impact behaviour. CBT helps children to understand and regulate how they process their thoughts and feelings in the moment

## Medication

Can be very effective with self-control, but only in collaboration with doctor

## Exercise

Aerobic exercise has a positive impact on general ADHD symptoms, whereas mind-body exercise like yoga helps with self-regulation



# Delay in Development:

## Executive Functions and Self Regulation

# A Disorder of Self Regulation & Executive Functions

Research has revealed that the primary areas of difficulty for individuals with ADHD are:

## 1. Self-regulation

The ability to manage emotions to meet the demands of the situation

Being able to resist highly emotional reactions to upsetting stimuli, to calm yourself down when you get upset, to adjust to a change in expectations, and to handle frustration without an outburst

## 2. Executive Functioning

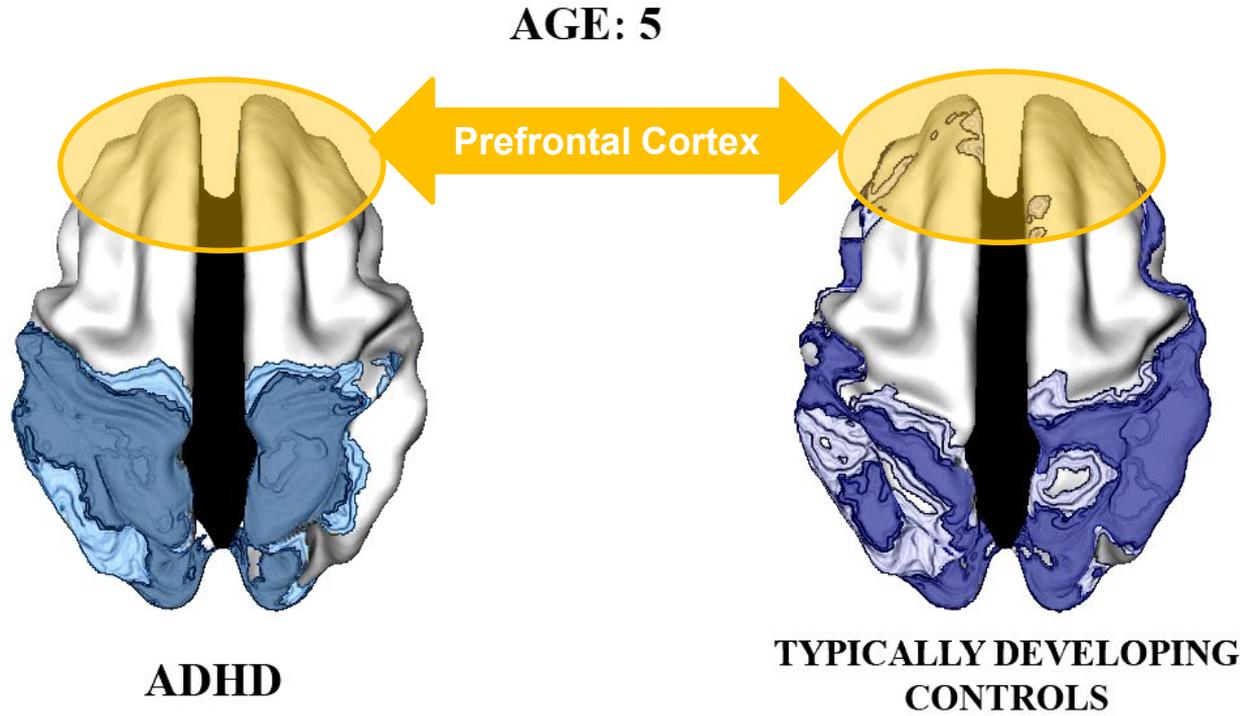
The brain's ability to guide thoughts and actions towards completing a goal

Being on time, completing a task, getting organized, sitting still when required, paying attention to details, behaving in an appropriate manner, etc

For children with ADHD, the parts of their brains responsible for these functions are not as developed as their same-aged peers

They end up **DOING** before their brains get a chance to stop and think about the consequences that may follow

# The ADHD Brain



# 1. ADHD & Self Regulation

The ability to manage emotions to meet the demands of the situation

Ability to adjust "speed" when driving

And to regulate driving without thinking about each small change



A person with ADHD is driving a car with underdeveloped gas and brake pedals

Makes it very challenging to efficiently and appropriately regulate speed to meet demands



They have difficulty detecting or being alert to warning signals in their environment

They miss key environmental cues

Often come to incorrect conclusions about what is going on around them



After all of this comes the process of "deliberate control". It is here that executive functioning becomes relevant. We'll introduce you to executive functioning next.

# 1. ADHD & Self “Dys”regulation

This excessive response is considered inappropriate for the developmental age of the child and the social setting in which it occurs.

These kids are "quick to anger", "emotionally sensitive", "overreactive", etc. We often hear that reactions don't seem to fit the situation.

These reactions can make it difficult to make friends, to function in a group setting and can be difficult for family members.

**Inability to manage the intensity and duration of negative emotions including fear, sadness, or anger.**

# 1. ADHD & Self “Dys”regulation

- Calming the initial emotion

Difficulty with self-soothing

Difficulty with re-focusing attention

- To disengage from the emotional event in the moment by distracting themselves (e.g., looking away, covering their eyes, etc.)

- Talking to themselves, reflecting through the details of the event, re-evaluating the importance of the event
- Often taught in Cognitive Behavioural Therapy

Difficulty with re-evaluating the event

Difficulty planning and using new/different emotions to meet their goals the next time this happens

- Remembering what they said, what happened last time, predicting different outcomes, choosing the best outcome, etc.
- Working memory issues can be a primary difficulty here



# 2. Executive Functions

Impact the skills of managing & regulating daily life



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- ORGANIZE, PRIORITIZE, ACTIVATE WORK
- MONITOR AND SELF-REGULATE ACTIONS
- UTILIZE WORKING MEMORY & SHORT TERM RECALL
- MANAGE FRUSTRATIONS AND MODULATE EMOTIONS
- REGULATE ALERTNESS, SUSTAIN EFFORT AND SPEED
- FOCUS, SUSTAIN AND ABILITY TO SHIFT TASK ATTENTION

## 2. Executive Functions: **Activation**

ORGANIZE, PRIORITIZE,  
ACTIVATE WORK

### Includes

- Getting and staying organized
- Getting started on tasks
- Attention to details
- Awareness of time (and **time-blindness**)
- Managing time

### Area of Difficulty?

- Preparation for a practice or game: players who show up to practice with plenty of time to do an off-ice warm-up and get ready, but are late to step on the ice
- In practice, after a coach runs through a drill on the board, getting the players to organize the drill and run it properly

## 2. Executive Functions: **Effort**

REGULATE ALERTNESS,  
SUSTAIN EFFORT AND  
SPEED

### Includes

- Being alert
- Staying alert

### Area of Difficulty?

- When players aren't putting in the effort required during practices or games (why do players put in more effort when they play better teams?)
- Athlete's perception of their teammates and coaches (if they feel they are better than their teammates or that the coaches have no idea what they are talking about then the effort required may not be there)

## 2. Executive Functions: **Focus**

FOCUS, SUSTAIN AND  
ABILITY TO SHIFT TASK  
ATTENTION

### Includes

- Focusing on one thing at a time
- Ignoring distractions
- Shifting focus (and **hyper-focus**)

### Area of Difficulty?

- This can be tough for younger players who can be distracted by what is going on in the stands during practice or a game
- May have trouble focusing on the bench between shifts (get distracted by the music, what is going on in the stands, etc.) and often aren't ready for their next shift

## 2. Executive Functions: Focus



## 2. Executive Functions: Emotion

MANAGE FRUSTRATIONS  
AND MODULATE  
EMOTIONS

### Includes

- Awareness of emotions (frustration, anger, etc.)
- Immediacy of emotions
- Controlling these emotions

### Area of Difficulty?

- When Player A feels a penalty should have been called on Player B: can result in a retaliation penalty from Player A as they feel they have been wronged (particularly if building up over the course of a game)
- If a teammate makes a bad play that results in a goal
- Bad calls by the referee

## 2. Executive Functions: **Action**

MONITOR AND  
SELF-REGULATE ACTIONS

### Includes

- Thinking before acting or speaking
- Reading social situations correctly
- Awareness of how others see you
- Hyperactivity and/or Impulsivity

### Area of Difficulty?

- How players interact with each other in locker room, during practice and games, outside of arena (social media)
- How players communicate with each other (Positively? Negatively? Condescending?) without realizing how they are being perceived by their teammates, other players, refs, etc.
- Impulsive behaviour resulting in penalties, suspensions, etc.

## 2. Executive Functions: **Memory**

UTILIZE WORKING  
MEMORY & SHORT TERM  
RECALL

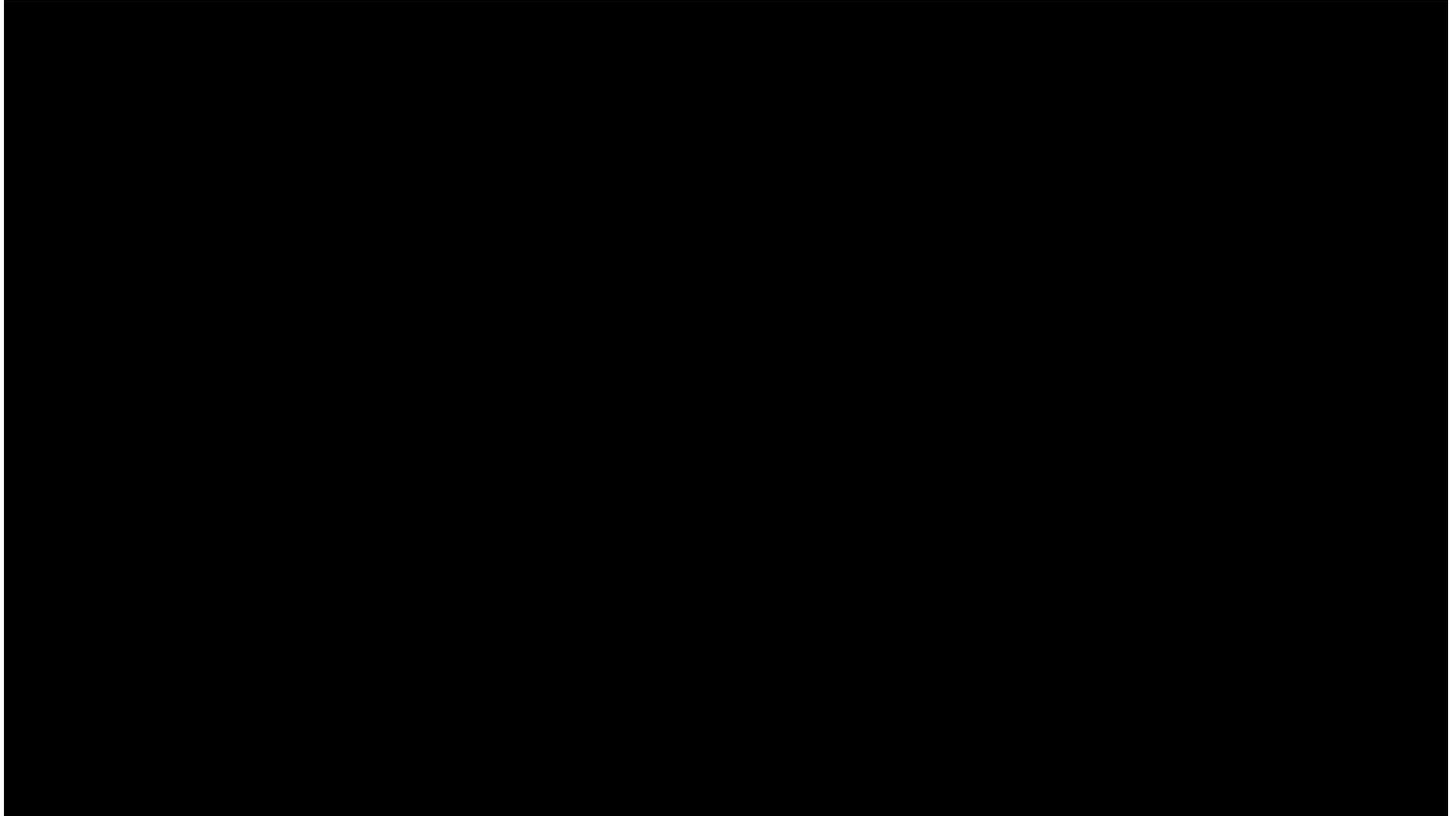
### Includes

- Holding information/instructions in mind (short-term memory)
- Doing something with that information while holding it in mind (working memory)

### Area of Difficulty?

- Difficulty remembering what to do after the coach has drawn a drill up on the board and explained what to do
- Receiving feedback after a shift and remembering to apply it on the next shift

## 2. Executive Functions: **Memory**



# Executive Function Development



From early childhood into adulthood

Some people may always have challenges in certain areas

Develops at different rates

Develops in a sequence

# Executive Function Development and ADHD

Individuals with EF Deficits have a developmental lag of 30%.

WHAT DOES THIS MEAN?

They have an executive age 30% below their actual age.

Readiness for milestones can be greatly affected by such a lag.  
(Dr. Russell Barkley)

- Age 11 x 70%
- Emotional age: 7.7

Puberty 

- Age 16 x 70%
- Emotional age: 11.2

Driving 

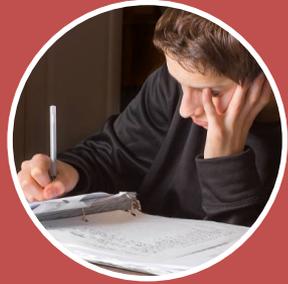
- Age 18 x 70%
- Emotional age: 12.6

Alcohol Post-Secondary 



# Living with ADHD

# ADHD Statistics



Educational problems resulting in lower rates of high-school graduation and completion of postsecondary education



Difficult peer relationships, higher rates of being isolated or bullied



Increased rates of motor vehicle accidents, accidental injuries, and substance misuse



Increased risk of additional mental health issues (e.g., Learning Disabilities, anxiety, depression, behaviour disorders)

ADHD is associated with significant adverse outcomes in childhood and adolescence, including:

# Untreated and Unsupported ADHD



## Preschool

- Behavioural disturbances



## School-age

- Behavioural disturbances
- Academic impairment
- Poor social interaction
- Co-morbid conditions



## Adolescence

- Academic impairment
- Poor social interaction
- Lower self-esteem
- Smoking/alcohol/drugs
- Antisocial behaviour
- Co-morbid conditions



## Early Adult

- Academic failure
- Not coping with daily tasks
- Occupational difficulties
- Low self-esteem
- Alcohol/substance abuse
- Injury/accidents

# Behaviour, Emotional, & Social Functioning



## Inattentive Subtype of ADHD

<b>Behaviour and Emotional Functioning</b>	<b>Frustrated with themselves when they miss important information</b>	<b>Social Functioning</b>	<b>Repeatedly asks for someone's name because they forgot</b>
	<b>Unable to tune out a distracting thought when trying to fall asleep or study</b>		<b>Does not pay attention to someone when they talk</b>
	<b>Panic when not able to find something that they lost</b>		<b>Says off-topic comments in a conversation</b>
	<b>Shame when they miss an important deadline</b>		<b>Asks questions and then does not listen to the response and has to repeat their questions</b>
	<b>Withdraw from situations that make them feel sad or rejected</b>		<b>Unsure of rules or breaks rules because they didn't hear them, didn't understand, etc.</b>
	<b>Sensitive/over-reactive to criticism, rejection, or teasing as they often experience feelings of failure despite their best efforts to avoid making the same careless errors</b>		<b>Makes the same careless errors over and over again</b>
			<b>Does not notice negative social cues that typically curb socially undesirable behaviours</b>

# Behaviour, Emotional, & Social Functioning



## Hyperactive/Impulsive Subtype of ADHD

### Behaviour and Emotional Functioning

Acts on every or nearly every emotion

Becomes easily excited to the point of acting extremely silly

Difficulty calming energy levels to fit the situation (e.g., going from gym to math class)

Becomes easily angered when things are taking too long and they have to wait

Retaliates out of anger when they feel wronged

Difficulty controlling their worries

Reactions do not fit the situation

Trouble calming down after feeling upset

Can become hyper-focused on accomplishing a task that seems important, and cannot move on until the task is done

### Social Functioning

Changes conversations to things that only interests them, dominates conversations

Nags or bosses others

Says things without thinking about how that behaviour will impact a relationship

Often interrupts others when they are talking

Clowns around, acts as the class clown

Acts impulsively based on their own interests without considering others

Difficulty waiting their turn or rushes to get what they want

Leaves a group without any notice

Fidgets in a distracting way (e.g., pencil tapping, kicking chairs, makes excessive noise, etc.)

**Combined Subtype: Combination of both Inattentive and Hyperactive/Impulsive behaviours**

# Living with ADHD



**ADHD is brain-based. It is NOT willful misbehavior. Kids do well when they can, not because they don't want to do well.**



**A common experience of those with ADHD is that their symptoms can define them.**



**Instead of digging deeper, people make assumptions.**



**Some might say the child is "weak", "unmotivated", "lazy", "socially awkward", etc., it would not be a fair assessment.**



**By the age of 12 years old, a child with ADHD will receive 20,000 more negative messages than a child without the disorder.**



**In some cases, a child's reputation precedes them and they feel hopeless about their future success and how others will see them.**



# Meet Jack



7am: “Jack, what do you want for breakfast?”. Jack is looking at his dad but doesn’t answer. “Jack! Cereal or yogourt? Which one?!” Feeling pressured, Jack blurts out “cereal”, but it gets soggy before he realizes that is what he really wanted. Now Dad is annoyed that Jack might miss the bus.

8:45am: Jack is looking forward to his class job today: helping the gym teacher set up the volleyball nets. Jack returns to class 20 minutes late, missing most of his science lesson, because he needed more time to process through the various steps of his class job.

10am: Mad Minute...this is the absolute worst. Jack knows his multiplication facts, but he needs more time to think of the answers. He feels bad when the teacher reminds the class that those students who finish first can have free time, because Jack knows he probably won’t get through one column before time runs out.

12pm: Lunch recess is only 20 minutes, and it takes Jack awhile to decide what he wants to do. He joins the kids playing on their cells, which are banned on the playground. Jack is slow to notice that the other kids are scrambling to hide their cells from the supervising teacher. She sees Jack with his phone and he is the only one to get into trouble.



# Meet Jack



2:45pm: The end of the school day is so stressful. Jack is always the last kid in his class to finish writing down the homework that's on the board. No one can be dismissed until Jack finishes. Writing is always hard for him, but it's even harder when his peers keep shouting at him to "Hurry up!"

4:15pm: Jack loves shooting hoops. He's particularly good at 3-pointers. But the coach is a fast talker, and Jack can't keep up with what he's saying quickly enough. His teammates are annoyed that Jack keeps forgetting the drills. And his long pauses when someone talks to him make them feel awkward when they try to have a conversation with him.

9:30pm: Jack's homework is supposed to take half an hour, but he's been working on it for nearly 2 hours and it still isn't done. To get a good night sleep, Jack really needs to start his bedtime routine now. But Mom isn't sure what to do...*Should I help my child finish his homework or make sure he gets enough sleep?*

How does Jack feel at the end of a day?



# ADHD: Myths and Facts

# Myths & Facts

**ADHD is not real**

- ADHD is the most prevalent childhood psychiatric disorder in Canada and has been clinically observed for more than 200 years
- ADHD remains under-recognized and underdiagnosed even though it is the most treatable psychiatric disorder in Canada
- Overwhelming scientific evidence has led all major medical associations and government health agencies to recognize ADHD as a medical disorder

**ADHD is caused by bad parenting**

- Children with ADHD are frequently labeled as problem children rather than children with a medical problem
- The quality of parenting does not cause ADHD, although some parenting styles can exacerbate symptoms while other styles can assist with symptom management

**"It's not ADHD because the child can focus on video games for hours!"**

- ADHD is not a lack of attention, it is the inability to regulate attention to meet the needs of a given situation.
- Hyper-focusing occurs when they can't pull their attention away from something, usually when a task is extremely interesting or stimulating.
- With ADHD, performance and motivation are influenced by 3 major factors:
  - Degree of interest in the activity
  - The difficulty of the activity
  - The duration of the task
- Certain tasks may be extremely easy for a child with ADHD to engage in while other, more challenging tasks result in task avoidance, distractibility, procrastination, etc.

# Myths & Facts

**“They just need to try harder”**

- Behaviours are often labeled as lazy, avoidant, etc. Negative labels are frequently attributed as a character flaw or to intentional misbehaviour rather than the ADHD.
- If it were as simple as trying harder, they would have already changed their behaviours. Children do well when they can.

**Sugar causes ADHD behaviours**

- ADHD is a neurological condition that can be influenced by diet but not caused by diet. Symptoms are persistent and pervasive. They do not just occur when a child eats sugar.
- According to the Mayo Clinic, there's no reliable proof that sugar causes ADHD-like symptoms. Many issues in childhood can lead to difficulty sustaining attention, but that's not the same as ADHD.
- Often times, it is the situation where sugar is more available that creates excitement rather than the sugar itself (e.g., birthday parties, Halloween, celebrations, etc.). Routines are off, bedtimes are later, structure is limited, etc., all of which impact behaviour

**Doctors over-diagnose ADHD**

- The incidence of ADHD being diagnosed is increasing, but so is increased demands for performance - academic, athletic, etc. - shines a spotlight on weaknesses.
- We also have a greatly increased awareness of the condition.

# Myths & Facts

**ADHD is  
outgrown with  
age**

- ADHD is a lifelong condition for most individuals but improvements can occur over time.
- 90 % of adults continue to experience some degree of symptomology.
- Symptoms will likely still be present, but may become more manageable or the individual has developed strategies and supports to deal with the symptoms.
- Additionally, symptoms may become less noticeable, such as hyperactivity, but will likely still impact an individual's life.
- For some people, improvements may be significant enough that their ADHD is considered to be "in partial remission".

**ADHD doesn't  
have long-term  
effects**

- People with ADHD are at increased risk for health issues such as obesity, asthma, diabetes mellitus, hypertension, injuries, sleep problems, epilepsy, STIs, immune and metabolic disorders.
- They are also at increased risk for low quality of life, substance use disorders, accidental injuries, educational underachievement, unemployment, gambling teenage pregnancy, difficulty socializing, criminal activity, suicide, and premature death.
- Studies of economic burden show that ADHD costs society hundreds of billions of dollars each year, worldwide.



# How to Help:

Maximizing success for kids with ADHD

# How to Help

## Giving Feedback



Cammi Granato  
US Olympic Hockey

- **Emphasize the positive.** Notice and point out the positives every day, even if you really have to search. This is “money in the relationship bank” and builds confidence and trust. Teach them to think positively about themselves too.
- **Timing and Audience:** Who can hear you and see you? Give critiques one-on-one whenever possible
- **Timing of Feedback:** When is the best time to let them know? Do they need time to process or do you need to catch them in the moment?
- **Be aware of how feedback is being delivered (e.g., tone, cadence, etc.)**
- **Lead with the Positive:** Praise effort first, give feedback second
- **Keep your speeches very short:** Lecturing doesn't work. Even with short talks, ask them to repeat back what they heard. Post or hand out visual reminders of what they need to remember.
- **Use physical proximity:** Make sure you have their attention before you start speaking

# How to Help

## Consistency in Practices & Games



Michael Phelps  
Olympic Swimmer

- **Set up familiar routines and strategies, and stick to them:** Talk to all kids about tools for staying organized and in control — e.g. calendars, lists, breathing, arriving at practice early to warm up and help. A special daily job (setting out the cones, bringing over the kickboards) can also keep kids engaged and feeling useful.
- **Keep the flow of practice the same week to week:** For games, use pre-game, game, and post-game routines
- **Send out practice drills from Drill Hub ahead of practice**
- **Allow for longer stretches in one position before changing to another**

# How to Help

## Giving Instructions & New Drills



Brent Sopel  
NHL Player

- **Get them moving before:** Have all of your kids skate hard before you talk or give directions (so no one is singled out). This gets the brain ready for instruction
- **Use visual descriptions and processes:** whenever possible
- **Keep it brief:** short, simple and direct instructions spoken at a pace that everyone can follow
- **Explain the relevance of the drill to the game**
- **Have them demo after instructions:** Pair player with ADHD with a more mature player for practice, get them to explain the drill to another player, check for understanding
- **Allow the players with ADHD to observe first, then act**
- **Instruct first, then practice:** Do not give instructions DURING the drill – this only bogs down their cognitive resources

# How to Help

## Get Them Moving



Shane Victorino  
MLB Player

- **Get them moving after issues where tempers flare:** When these kids get derailed, wait to address what happened. Get them moving instead (in a positive, not punitive way). They won't hear you anyway until they've calmed down. Once calm, talk to them one-on-one in a non-combative manner.
- **Let them fidget:** Athletes with ADHD get bored and restless really fast. Find a way for them to fidget appropriately while you're talking or while they're waiting a turn (maintaining balance on one foot, standing up in the back, fiddling with the puck). Keep idle time to a minimum

# How to Help

## Skill Building



Serena Williams  
Professional Tennis

- **Given the delay in brain development, do not assume the child knows how to perform the task at hand:** For example, a player who has done the same drill several times but still doesn't get it right; adjusting to a new position and the responsibilities/skills that go along with it; players who constantly go to the back of the line for drills (this gives them additional observation time)
- **Verbal reprimands, punishments, and negative consequences are common adult reactions:** Do everything in your power to NOT do these things
- **Check in with the player one-on-one:** Do they actually know HOW to do the desired skill? If not, take the time to teach, review, model, etc.
- **The bottom line:** don't scold or reprimand the player for having a skill-based deficit; instead, teach the skill

# Skill Building

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**Start by picking one skill that you would the player to work on**

**Bring awareness to the skill:**

**Highlight the skill you want the player to work on**

**This is most successful when you work with the player one-on-one (to avoid embarrassment)**

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**Like any skill, it takes time and dedication to develop (some may take more time than others)**

**Model the skill through your own actions:**

**Demonstrate the skill or have another player do it**

**Hint: If you are teaching a player to regulate their temper while on the ice, be sure you are modeling this same skill**

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**Use external cues**

**Make learning the skill easier by removing the brain power needed to mentally picture the skills and the steps needed to complete it**

**For example, use a visual example (e.g., draw on a whiteboard, show a video, etc.) to demonstrate what success looks like for that skill and review this as often as needed**

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**Increase motivation and reinforce through practice**

**Once they start experiencing success, motivation often increases and kids keep up habits because of how the habit makes them feel.**

# How to Help

## Adjust your expectations

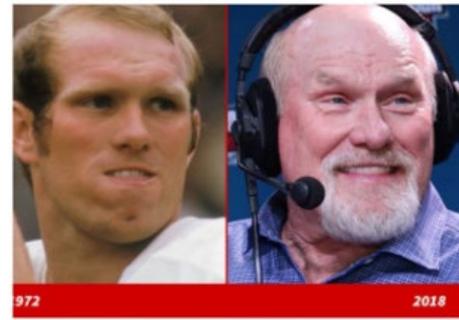


Paul Rabil  
Major League  
Lacrosse

- **Kids with ADHD CAN be successful:** Particularly when those who know and work with them understand their needs, demonstrate patience, and adjust their expectations to meet them where they are at (they are also funny, smart, engaging, creative, etc.)
- **Meet them where they are:** Let go of standard expectations for where you think they should be based on age, size or talent. We want to maintain developmentally appropriate expectations for our children with ADHD, but those will not necessarily be based upon their chronological age (30% Executive Age rule) Help them set attainable goals, broken down step by step.
- **Don't threaten or punish.** It won't work. These athletes live in the moment. This can make it harder to learn from past experience or look to the future. But they will, eventually, learn from natural consequences — "I didn't learn the plays, so I didn't get to start."

# How to Help

## Decrease Conflict

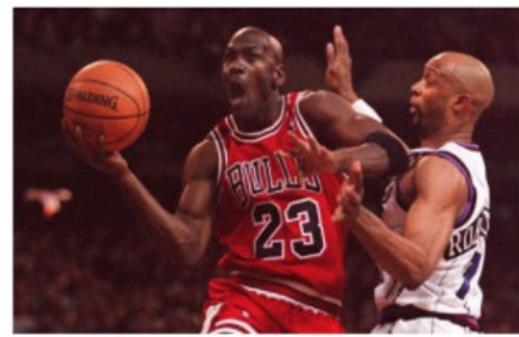


Terry Bradshaw  
NFL Player

- **Choose your battles:** what is your ultimate goal?
- **Collaborate on expectations:** have a meeting when everyone is calm
- **Avoid power struggles:** use humor, distraction, and delays to de-escalate emotional situations
- **Tag behaviour:** identify the concern, but don't set consequences when you are upset

# How to Help

## It's All About Relationships



Michael Jordan  
NBA Player

- **Get to know them really well:** Find out from the athletes or their parents (depending on age) what has worked, what definitely doesn't work, how to recognize the early signs of frustration and how to get them back on track
- **Address any issues in private:** Never call them out in front of the group.
- **Tone down the volume and be mindful of your facial expressions:** The sensitive brains of kids with ADHD can hear softly spoken constructive criticism as angry screaming and see a frustrated glance as a furious glare. Like all kids, they will model your emotional energy-calm or otherwise.



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