

Supporting Scouts with AD/HD: Tips for Scout Leaders



Training Summary

Many Scouts demonstrate the hyperactivity, impulsivity, and/or inattention that are characteristic of Attention Deficit/Hyperactivity Disorder. The aims and methods of the Scouting program make it an outstanding opportunity for those with AD/HD characteristics to develop and enhance the skills that can lead to success in school, in relationships with others, and in life. The following training focuses on explaining these characteristics, demonstrating the challenges and opportunities they provide for Scout leaders, guiding them in developing strategies for supporting Scouts with AD/HD, and enabling them to assist Scouts in getting the most out of the Scouting program.

Time Required: 60 minutes

Learning Objectives

At the end of this session, the participants will be able to

- Recognize both the challenges and opportunities that the characteristics of Attention Deficit/Hyperactivity Disorder provide for the Scout and his Scout leaders.
- Develop strategies to assist AD/HD Scouts in getting the full benefit of their Scouting experience.

Training Formats

It is recommended that the presenter have training or expertise in the area of Attention Deficit/Hyperactivity Disorder in order to appropriately address the issues that are likely to come up during discussion sessions.

This training begins with an interactive “talk,” supported by PowerPoint slides. Buzz groups then discuss and brainstorm assigned scenarios and report back to the large group during a debriefing/Q & A session, facilitated by the presenter. An alternate skit or role-play activity for Cub Scout Leaders is also provided.

Required Materials

- Power Point presentation: Supporting Scouts with Attention Deficit/Hyperactivity Disorder: Tips for Scout Leaders
- Pamphlet: Supporting Scouts with Attention Deficit/Hyperactivity Disorder: Tips for Parents and Scout Leaders, 2006 revision. (one per participant) 1997 edition available at http://www.boyscouts-ncac.org/download/1322_scoutswadhd.pdf.)
- Handouts (one per participant)
 - AD/HD Scouts Have Great Attributes
 - Accommodations for Scouts with Attention Deficit/Hyperactivity Disorder
- Set of four Buzz Group Scenarios (one per small group)
- List of References and Resources (one per participant)
- Computer, LCD Projector and Screen for PowerPoint

Introduction

5 minutes

Begin by having the presenters introduce themselves, telling briefly about their role in Scouting and their interest/expertise in ADHD. If it is a relatively small group, ask participants to introduce themselves and tell what they hope to gain from the session. If the group is too large to do this, ask how many are parents, how many are Scout leaders, and ask for volunteers to tell what they hope to gain from the session. (This enables presenters to gear the discussion to the needs of the group and to acknowledge that there is much expertise within the audience).

Characteristics of Attention Definition/Hyperactivity Disorder

5 minutes

Ask the participants to describe behaviors and characteristics they have seen exhibited by individuals with ADHD.

Show Slide 2, depicting the most recognizable characteristics of AD/HD and acknowledging those that they mentioned: Hyperactivity, Impulsivity, and Inattention.

Explain that those are merely the “Tip of the Iceberg”; more complex factors and characteristics are “Hidden below the Surface.”

Slide 3. Note that a more in-depth description of characteristics will not be discussed here. The focus here is to illustrate that Scouts with AD/HD and their parents are often dealing with a complex combination of issues that are not always as easy to resolve as it might appear from the outside.

Physiological factors	Delayed social maturity	Coexisting Conditions
Weak “executive functioning”	Not learning easily from rewards & punishment	Learning Difficulties
Sleep disturbance		Low frustration tolerance
Impaired sense of time		

Slide 4. Acknowledge that Scouts with AD/HD have highly positive characteristics that can benefit the Troop when they are encouraged and supported by parents and leaders.

Tips

15 minutes

Slide 5. Emphasize that in order for Scouts with AD/HD to get the most out of Scouting, it is essential for parents and Scout leaders to work together collaboratively.

Slide 6.

Encourage parents to let you know if their Scout has AD/HD, so that you can find out what his needs are and develop a written action plan to support him if needed. Be sure to ask them what works well and what does not help.

Slide 7.

Encourage parents to consider getting trained to become Scout leaders themselves. Knowledge of the Scouting program will make it easier for them to communicate their Scout’s needs, and they will become an invaluable resource for other Scouts with similar needs and for their parents as well.

Slide 8.

Let the Scout know ahead of time what is expected. When activities are long or complicated, it may help to write down a list of smaller steps.

Slide 9.

Make eye contact with the Scout when giving directions. Repeat directions one-on-one when necessary, or assign a more mature buddy to assist the Scout with directions and organization.

Slide 10.

Compliment the Scout whenever you find a genuine opportunity. Don't follow the compliment with remarks such as "Why can't you always behave this way." Ignore minor inappropriate behavior if it is not dangerous or disruptive.

Slide 11.

Provide frequent breaks and opportunities for Scouts to move around actively; however, it is NOT helpful to keep AD/HD Scouts so active that they are exhausted. AD/HD Scouts usually have MORE difficulty focusing and controlling their impulses when they are exhausted, as most of us do.

Slide 12.

When it is necessary to redirect a Scout, do so in private, in a calm voice. Avoid yelling. The more you yell, the more likely it is that you will be tuned out when you must yell to communicate a safety hazard. Never use public humiliation to correct any Scout. Whenever possible, "sandwich" the correction between two positive comments.

Slide 13.

Be aware of "early warning signs" that the Scout is beginning to lose impulse control. Fidgety behavior may be a sign that Scouts have been sitting too long and need a more active activity. When this happens, use a private nonverbal signal to alert the Scout that he needs to focus. Proximity control (moving closer to the Scout) may also help until a more active task begins.

Slide 14.

During active games, be aware when a Scout is becoming too aggressive while playing. It may help to pull the Scout aside, suggest a drink of water, and give a "correction sandwich" to go with it. Unstructured transition times between activities may also be need to be monitored as it is may be challenging to control impulses at these times.

Slide 15.

Expect the AD/HD Scout to follow the same rules as other Scouts. AD/HD is NOT an excuse for uncontrolled behavior.

Slide 16.

Set up written expectation/rewards/consequences ahead of time. If it has not been possible to intervene pro-actively, and you must impose consequences for out-of-control behavior, use time-out or "cooling off."

Slide 17.

Offer feedback and redirection in a way that is respectful and that allows the Scout to save face. When Scouts are treated with respect, they are more likely to respect the authority of the Scout leader.

Slide 18.

Keep Cool and don't take challenges personally. Keep in mind that AD/HD Scouts want to be successful, but they need support, positive feedback, and clear limits.

Slide 19.

Find out from the AD/HD Scout's parents what his medical needs are and make sure you have what your council requires to enable you to meet those needs. Be sure the parent gives you written directions and consent if you are to administer prescribed medications, or that he or she comes along. According to BSA Policy, prescription medication is the responsibility of the Scout taking the medication and/or his parent or guardian. A Scout leader, after obtaining all necessary information, can agree to accept the responsibility of making sure a Scout takes the necessary medication at the appropriate time, but BSA policy does not mandate nor necessarily encourage the Scout leader to do so. Also, if state laws are more limiting, they must be followed. AD/HD Scouts often have difficulty remembering on their own to take medication in a novel situation. Under NO circumstances should Scouts be put in charge of administering medication to each other.

Slide 20.

If you must administer medication, make sure you present it as something to help the Scout focus, not to help him "be good."

Slide 21.

Keep the Scout active by offering opportunities for purposeful movement, such as leading cheers, performing in skits, assisting with demonstrations, and teaching Scout craft skills to younger Scouts may improve his ability to focus, raise his self-esteem, and benefit the troop as a whole.

Slide 22.

AD/HD Scouts are generally energetic, enthusiastic, and bright. Many have unique talents as well. Help them use their strengths to become leaders in your troop.

Buzz Group Scenarios**10 minutes**

Slide 23. Divide participants into small Buzz Groups of 3 to 5, giving each group a copy of the handout with the four Scenarios. **Assign** each group a specific scenario to discuss, brainstorm, and report back on, using the information and tips presented earlier. If groups finish early, they are free to discuss the remaining scenarios. **Circulate** among the groups to answer questions or provide assistance if needed.

Buzz Group Debriefing/Q & A**20 minutes**

Slide 24. Facilitate discussion as a representative from each group shares the group's assessment of the scenario. **Answer** questions as they come up.

Why Scouting is a Great Program for Scouts with AD/HD 3 minutes

Slide 25.

Slide 26.

Scouting is a well thought-out, highly structured program that provides a step-by-step sequence of skills for Scouts to master.

Slide 27.

Scouting promises Fun, Friendship, and Adventure, presenting new skills in exciting and motivating ways.

Slide 28.

Scouting offers frequent positive recognition, both formally and informally, for accomplishments, advancement, and participation. This is especially important for the AD/HD Scout whose self-esteem may have suffered from an excess of negative feedback.

Slide 29.

Scouting fosters the development of leadership skills and social skills through experiences in a supportive environment where Scouts can learn from their successes and failures. It is a *game with a purpose*.

Slide 30.

Scouting provides an extensive variety of activities, experiences, and challenges. Through systematic explanation, interactive demonstrations, and guided practice, Scouting enables AD/HD Scouts to discover and develop their unique strengths and interests.

Conclusion

2 minutes

Slide 31.

Conclude the session by thanking the participants for coming and acknowledging that their presence speaks volumes about their commitment to making the Scouting program a place where all Scouts can succeed. Remind them that ***small acts can have great consequences***. By taking the time and attention to respond to Scouts with AD/HD in a sensitive, supportive manner, they may be playing an invaluable role in their lives.

Slide 32.

Acknowledgements



This unit of supplemental training may be downloaded and copied, without change, for use in Boy Scout training courses and other Boy Scout activities. Please send any suggestion for change or improvement in this unit of supplemental training to supplementaltraining@netbsa.org.

ADHD SCOUTS HAVE GREAT ATTRIBUTES!

Engaging

Energetic

Clever

Happy-go-lucky

Eager

Excited

Enthusiastic

Dramatic

Creative



Bright

Carefree

Exceptional

Unique

Spontaneous

Easy-going

Inquisitive

ACCOMMODATIONS FOR SCOUTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Through the implementation of relatively simple and straightforward accommodations, leaders can adapt to the strengths and weaknesses of Scouts with AD/HD. Examples of accommodations for Scouts with AD/HD are grouped below according to areas of difficulty.

Impulsivity:

- Ignore minor inappropriate behavior; don't let yourself get drawn into an argument.
- Increase immediacy of rewards and consequences.
- Supervise closely during transition times.
- Provide structure.
- Avoid lecturing or public criticism. Give feedback privately.
- Attend to positive behavior with sincere compliments that are not followed by remarks such as "Why can't you always behave this way."
- Avoid yelling. The louder you yell, the more you will be tuned out.

Inattention:

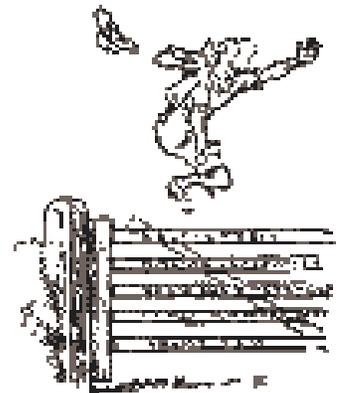
- Give clear, concise instructions while making eye contact.
- Avoid multiple-step directions.
- Break up task into workable and obtainable steps.
- Use a private signal to cue Scout to stay on task.
- Allow extra time when needed.
- Assist Scout in setting short-term goals.

Motor Activity:

- Provide opportunities for purposeful movement (such as having him help with demonstrations, hand out materials or move furniture, etc.).
- Allow Scout to stand while working.
- Teach self-monitoring (stop – look – listen).
- State the behavior that you want very specifically.
- Avoid activities that require long periods of sitting and listening.
- Anticipate dangerous situations.

Disorganization:

- Help prioritize activities.
- Place expectations/directions on chart.
- Be willing to repeat expectations and directions.
- Model what organization looks like.
- Pair with a buddy.



Four Buzz Group Scenarios

SCENARIO #1: Touchdown Terry

Touchdown Terry joined Troop 1000 about a month ago. Assistant Scoutmaster Ralph Reff has noticed that during most inter-patrol activities, Terry is excessively rough. He often pushes and shoves other Scouts in order to be first in line, to get the ball, or to win the game. He has even kicked and tripped other Scouts once or twice. Fortunately, no one has gotten hurt...yet.

The Senior Patrol Leader always yells at Terry to stop, and the adult leaders have removed him and asked him to sit out of the games, but he responds by yelling, saying it's not fair, and threatening to quit Scouts.

Ralph does not want Terry to quit because he was one of the best workers in the troop at last Saturday's mulch delivery fund raiser. He's also looking forward to having Terry around when they collect newspapers for recycling. But he's afraid he could end up hurting someone.

Ralph doesn't know what to do....

SCENARIO #2: Animated Andy & Exuberant Ernie

Scoutmaster Al Answers got a call last night from his frustrated SPL, Precision Patrick. Patrick complained that there are a number of Scouts, especially Animated Andy and Exuberant Ernie, who laugh and talk throughout the entire opening ceremony every week. Patrick has tried everything he can think of. He shouts "SIGNS UP!!!" really loudly dozens of times, but when they are able to hear him, they just raise their signs and keep right on talking. Patrick used to be good friends with Andy and Ernie, but now he is so angry at them he's asking Al to tell them that the next time they talk during his announcements, they're going to get thrown out of the troop.

Al has noticed that Patrick has been having a hard time running the troop, but he believes that boy leaders should learn from their mistakes and not have to put up with interference from the adults while they're running the meeting. Al can't throw Andy and Ernie out of the troop—their parents have key roles on the Troop Committee. He wants to help Patrick, but....

Al doesn't know what to do....

SCENARIO #3: Carefree Carl

Parent Allie Advocate has been bringing her son Carefree Carl to troop meetings for about six months. She sits quietly in the back of the room, trying not to interfere in the organized chaos. Allie has noticed that during skills instruction lectures and patrol meetings, Carl has difficulty paying attention, following directions, finding his handbook, and figuring out where he is supposed to be. He is not advancing as quickly as the rest of the guys in his patrol either. This never seemed to bother him before, and he really enjoys the camping trips. But last week Carl's Patrol Leader called him "stupid" when he couldn't tie a square knot in the knot relay. Although he didn't say anything, Allie could tell it bothered Carl a lot.

Allie knows her son focuses well in school and is even gifted in art. Her doctor told her she could try giving him an extra dose of his medication in the evening on Scout nights, but when she tried it, he was unable to sleep. Allie doesn't want to bother the Scoutmaster, but she is afraid Carl is beginning to get discouraged and may want to quit.

Allie doesn't know what to do....

SCENARIO #4: Eager Ed

Parent Fred Freedom has been dropping off his son Eager Ed with the troop for nearly a year. He doesn't come in because he heard that, unlike Cub Scouts, Boy Scout troops do not want parents to become involved. Fred makes sure that Ed never misses a meeting or a camping trip. He recently got a phone call from Scoutmaster Dan Discretion who informed him that Ed did not listen to or follow directions during the troop's canoe trip, and his impulsive behavior put himself and his canoe partner in danger. Scoutmaster Dan also took the opportunity to tell Fred about Ed's behavior problems on the ten other camping trips and said that if it happens again, he will have to ask him to leave the troop.

Fred does not want his son Ed to get kicked out of the troop; Ed loves Scouting and Fred has seen his self-confidence increase greatly in the last year. Fred is wondering if he should tell Dan about his son's diagnosis of AD/HD and whether he should check with his doctor about sending his medication on camping trips from now on. Fred worries that Dan will tell the other adults about Ed's diagnosis they will label him a troublemaker.

Fred doesn't know what to do....

Alternate Role Play Scenario for Cub Scout Groups

20 Minutes

This role-play presents two versions of a typical situation that occurs at a Scout meeting. A leader is presenting information about an activity to a small group of Scouts, one of whom demonstrates characteristics of AD/HD. The first scene is intended to generate discussion from participants regarding alternative strategies that could have been employed by the inexperienced leader portrayed. The second is a replay of the first scene, with the leader modeling more appropriate strategies.

Choose role players ahead of time. Use a scripted version (below) or provide players with character descriptions. Caution those participating in role plays that while it is appropriate to inject some humor, care must be taken not to demean or make fun of Scouts with AD/HD.

Introduce scene from a den meeting, with a brand new den leader:

Scene I: Perilous Pine Wood Derby Preparations

Den Leader- Okay guys. The Pinewood Derby is coming up soon, and I am going to tell you how you go about building one.

Apple Polishing Paul- (Raises hand politely and keeps it raised)

Parent – (arriving late and flustered, does not fully enter the room) See you later, Ernie. Have fun! (rushes away)

Energetic Ernie - (disrupts scene getting oriented) What are we doing? (sits down)

DL – As I was saying, I am going to tell you how to build a Pinewood Derby car.

Ernie - (waving hand furiously and falling out of seat, etc.) Oh! Oh! I know how to make one! I'll tell them how! Etc.

DL- I said **I** would tell you how you do it. Your Tiger leader told me to watch out for you. You better pay attention so you will be able to explain this to your parents. Paul, do you have a question?

Paul- Last year I won first place in the Pinewood Derby with the car my dad built, I mean the car I built.

DL- That's nice. Now everyone sit still and listen while I read you the steps of how to make one (begins reading steps in a monotone, takes out materials in a clearly disorganized manner, does not look at Scouts).

Ernie- (fidgets, gets out of seat, turns around in seat, nudges Paul who is angelically listening, raises hand, waves hand, stands up and turns around in seat). I already know how to do this!!!

DL- (finally finishes reading list). Now here are some tools that you might need in order to make a pinewood derby car. Can anyone tell me what this is (holds up coping saw, or other appropriate tool)?

Paul- (Raises hand politely.)

Ernie- (Runs up to the front of the room and starts to grab the tool) I know how to use this. This is a coping saw!

DL- (Yelling) Ernie! I told you to sit in your seat! Don't touch that! You'll poke your eye out! Sit down!!! Why can't you be a good boy like Paul? Paul, why don't you come up and show us how to use the coping saw.

Ernie - (Having tantrum) That's not fair! He always gets to do everything! (continues yelling)

DL- Ernie! You're a bad boy!!! (Yelling) Stop that yelling or I quit!!!

Ernie - I never have any fun here! And I'm never coming back!!!

Paul- (grins smugly)

Parent – (enters) So, did you have fun?

DL - I think you better put your son on some medication!

Parent – (looks crestfallen)

Facilitate discussion of the first scene, referring to the pamphlet and handouts and highlighting these points:

- Scouting promotes kindness; leaders should not publicly humiliate Scouts, nor should they allow Scouts to respond to each other this way.
- When it is necessary to correct a Scout, talk to him privately about his behavior (e.g. "Grabbing the saw is dangerous because...") instead of labeling him (e.g. "You're a bad boy," etc.). Whenever possible, "sandwich" the correction between some positive comments.
- Correction should be presented in a respectful way that allows a Scout to save face.
- Find genuine opportunities to compliment the Scout.
- Anticipating dangerous situations can eliminate the need to react to them.
- Be aware of early warning signs that a Scout is losing impulse control so that you can intervene before he is out of control.
- Leaders are not in a position to tell parents to put their Scouts on medication. Decisions about medication are up to the Scout's physician and parent and are often made after a lengthy complex process of assessing behavioral concerns, benefits and side effects, and trials of multiple medications. Objective input presented in a sensitive, supportive manner by Scout leaders may be valuable in this process. Again, describe the behavior that is interfering with his getting the most out of activities, that is disrupting the program for others, or that is unsafe. Ask parents what strategies have worked for them.

- Scouts in general, especially Scouts with AD/HD, need visual and hands-on activities. Expecting them to sit still and listen for more than a few minutes is unreasonable.
- When some brief oral explanation is necessary, giving AD/HD Scouts the opportunity for “purposeful movement” can direct their energy in positive ways.
- Ignore minor inappropriate behavior if it is not dangerous or disruptive.
- It is helpful for AD/HD Scouts to know ahead of time what is expected. Coming in late makes it more difficult for them to get fully oriented.
- When parents of AD/HD Scouts are involved with Scouting, they are familiar with the expectations and activities and what particular challenges they may present. This makes them better able help Scout leaders help their Scouts.
- When parents and Scout leaders work together, Scouting provides a supportive environment where young people with AD/HD can develop leadership skills and discover their own unique strengths and interests.

Return to the scene, after the den leader has gained some insight.

Scene II: Pleasant Pine Wood Derby Preparations

(Den Leader is in room, Ernie’s mother drops him off before others arrive.)

DL- Hey, Ernie! I’m glad you got here early. I’m going to need your help with the program today.

Ernie- Really? You need MY help?

DL- That’s right. And I want us to come up with a secret code for when I need you to listen really closely so you’ll know what I need you to do.

Ernie- A secret code? You mean that nobody else will know?

DL- That’s right! What should it be?

Ernie- Well, if you touch your ear, then I would know you mean I need to listen.

DL- Perfect!

DL- Okay guys. The Pinewood Derby is coming up soon. I know some of you have made cars before and I need you to tell the others what you did.

Paul- (Raises hand politely)

Ernie - (waving hand furiously and falling out of seat, etc.) Oh! Oh! I know how to make one! I’ll show them how! etc.

DL- (touches ear)

Ernie- (sees signal and quiets down and attends)

DL- Ernie, would you please pass out paper to everyone while Paul tells us about his car.

Ernie - (knocks over chair as he runs to front of the room)

Paul- Well, last year.....etc.

DL- (puts hand on Ernie's shoulder when he makes it to the front each time he tries to interrupt Paul.) Thank you, Paul. How about you, Ernie?

Ernie - Well my car was soooooo fast (demonstrates and knocks over stuff).

DL- That's great. We want to figure out how to make the car fast. I have a checklist of steps that I will give you to take home to your parents after the meeting. There are a lot of steps, but today we are going to do the first one. Paul, will you come up and read it for us?

Ernie- Hey!

DL- (touches ear) Today we are going to draw a sketch of what we want our cars to look like.

Ernie – (notices and becomes obviously attentive)

DL- Thank you, Paul. Ernie, will you pass out these markers to everyone?

Ernie- Sure! (gets markers, passes them out, returns to seat and begins drawing).

DL- Good job, everyone!

(Parent enters, looking hopeful)

DL- I'm glad you're here! (in front of Ernie) Ernie was a big help today!

Lead debriefing of strategies depicted, reinforcing the good ideas offered by participants.

REFERENCES AND RESOURCES

- A.D.D. Warehouse. <http://addwarehouse.com>.
- Amen, Daniel G., M.D. *Windows Into the A.D.D. Mind: Understanding and Treating Attention Deficit Disorders in the Everyday Lives of Children, Adolescents, and Adults*. MIndworks Press, 1997.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, Text Revision (DSM-IV-TR)*. 2000.
- Barkley, Russell. *Attention Deficit Hyperactivity Disorder: A Handbook to Diagnosing and Treatment*. New York: Guilford Press, 1990.
- Boy Scouts of America. *Scouting with Disabilities and Special Needs Fact Sheet*. http://www.boyscouts-ncac.org/download/1337_swdasn.pdf
- Boy Scouts of America. *Scouting Resources for Serving Youth with Disabilities Fact Sheet*. http://www.boyscouts-ncac.org/pages/225_scouting_unlimited.cfm
- CH.A.D.D. (Children and Adults with Attention Deficit Disorders) <http://www.chadd.org/> .
- Dendy, Chris A. Zeigler & Zeigler, Alex. *A Bird's-Eye View of Life with ADD and ADHD: Advice from Young Survivors*. Cedar Bluff, AL: Cherish the Children, 2003.
- Dendy, Chris A. Zeigler. *Teaching Teens with ADD and ADHD: A Quick Reference Guide for Teachers and Parents*. Bethesda, MD: Woodbine House, 1995.
- Ledingham, D. Steven. *The Scoutmaster's Guide to Attention Deficit Disorder*. Positive People Press, 1994.
- Levine, Melvin D. *Keeping A Head in School*. Educator's Publishing Service, Inc., 1990.
- Quinn, P. O. and Stern, J. *Putting on the Brakes*. Magination Press, 1991.
- Silver, Larry B. *Dr. Larry Silver's Advice to Parents on Attention-Deficit Hyperactivity Disorder*. American Psychiatric Press, 1993.

ACKNOWLEDGEMENTS

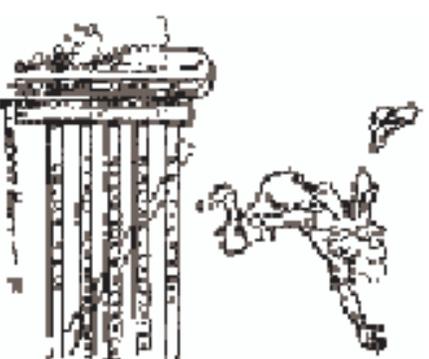
Harris, John M. and Meehan, Terence S. assisted in developing the role-play.

Why Scouting Can be Great for Scouts with AD/HD

- Scouting is a well thought-out, highly structured program that provides a step-by-step sequence of skills for Scouts to master.
- Scouting promises Fun, Friendship, and Adventure, presenting new skills in an exciting and motivating way.
- Scouting offers frequent positive recognition, both formally and informally, for accomplishments, advancement, and participation. This is especially important for the AD/HD Scout whose self-esteem may have suffered from an excess of negative feedback.
- The values of Scouting promote an atmosphere where Scouts may feel secure enough to take risks and try new skills without fear of ridicule.
- Scouting fosters the development of leadership skills and social skills through experiences in a supportive environment where Scouts can learn from their successes and failures.
- Scouting provides an extensive variety of activities, experiences, and challenges; the opportunity is there for each Scout to discover his unique strengths and interests.

Ginger McClure
BSA Troop 187
Fairfax, VA
NCAC Wood Badge 82-68, 1997
Revised 2006

Supporting Scouts with Attention Deficit/ Hyperactivity Disorder



What is AD/HD?

Compared to the average person, someone with Attention-Deficit/Hyperactivity Disorder may be significantly more distractible, active, and impulsive. Some individuals with AD/HD are not as hyperactive and impulsive, but have great difficulty focusing attention. AD/HD Scouts may move from one task to another without finishing what they have started, act without thinking, get frustrated easily, lose their tempers quickly, call out and not waiting for a turn, have difficulty getting organized and following directions, forget easily, fidget a lot or disrupt group activities. Most people do one or more of these things from time to time, but individuals with AD/HD do more of them, more of the time, and it interferes with their abilities.

Most researchers believe that AD/HD is a physiological problem. There are many strategies for helping the AD/HD individual. Treatment often involves a combination of medication, counseling, behavior modification, and parenting. Medication can give the Scout a chance to better focus while learning and developing new skills. Other treatments can provide specific strategies and reinforcements for improving focus and impulse control. With support from parents and Scout Leaders, Scouting offers excellent opportunities for AD/HD Scouts to enhance the skills that will enable them to be successful in school, with peers, and in life.

Tips for Parents and Scout Leaders

Tips for Parents

- If your Scout has AD/HD, let your Scout leader know. Discuss the strategies you have found to work best so that he can provide your son with what he needs to focus on, to benefit from, and to enjoy Scouting. Also let him know what strategies do not work.
- If your Scout takes medication to help him focus at school, it may help him focus better during Scout activities as well. You may want to discuss this issue with your Scout's physician.
- If your Scout is going on a day trip, a weekend camping trip, or a week of summer camp, be sure to let your Scout Leader know what his needs are. There are many things the leader can do to make sure your Scout has an enjoyable and successful experience — if he is informed.
- According to BSA Policy, prescription medication is the responsibility of the Scout taking the medication and/or his parent or guardian. A Scout leader, after obtaining all necessary information, can agree to accept the responsibility of making sure a Scout takes the necessary medication at the appropriate time, but BSA policy does not mandate nor necessarily encourage the Scout leader to do so. Also, if state laws are more limiting, they must be followed.

Tips for Scout Leaders

- Let the Scout know ahead of time what is expected. When activities are long or complicated, it may help to write down a list of smaller steps.
- Repeat directions one-on-one when necessary, or assign a more mature buddy to assist the Scout with directions and organization.
- Provide frequent breaks and opportunities for Scouts to move around actively; however, it is NOT helpful to keep AD/HD Scouts so active that they are exhausted. AD/HD Scouts usually have MORE difficulty focusing and controlling their impulses when they are exhausted, as most of us do.
- When it is necessary to redirect a Scout, do so in private, in a calm voice. Never publicly humiliate any Scout. Whenever possible, "sandwich" the correction between two positive comments.
- Be aware of "early warning signs" that the Scout is beginning to lose impulse control. Fidgety behavior may be a sign that Scouts have been sitting too long and need a more active activity. Proximity control (moving close to them) or private signals can help.
- During active games, be aware when a Scout is becoming too aggressive while playing. It may help to pull the Scout aside, suggest a drink of water, and give a "correction sandwich" to go with it.
- Complement the Scout whenever you find a genuine opportunity.
- Expect the AD/HD Scout to follow the same rules as other Scouts. AD/HD is NOT an excuse for uncontrolled behavior.
- If it has not been possible to intervene pro-actively, and you must impose consequences for out-of-control behavior, use time-out or "cooling off."
- Find out what the medical needs are, and make sure you have what your council requires to enable you to meet those needs. If you realize the Scout has not taken his medication, make sure you present it as something to help him focus, not to help him behave.
- Present correction in a way that is respectful and that allows the Scout to save face. When Scouts are treated with respect, they are more likely to respect the authority of the Scout leader.
- Keep Cool and don't take challenges personally. Keep in mind that AD/HD Scouts want to be successful, but they need support, positive feedback, and clear limits.
- AD/HD Scouts are generally energetic, enthusiastic, and bright. Help them use these strengths to become leaders in your troop. Activities such as leading cheers, performing in skits, and teaching Scoutcraft skills to younger Scouts may improve his ability to focus, raise his self esteem, and benefit the troop as a whole.

References

Amen, Daniel G., M.D. *Windows into the A.D.D. Mind: Understanding and Treating Attention Deficit Disorders in the Everyday Lives of Children, Adolescents, and Adults*. Mindworks Press, 1997.

Barkley, Russell. *Attention Deficit Hyperactivity Disorder: A Handbook to Diagnosis and Treatment*. New York: Guilford Press, 1990

Boy Scouts of America. *Scouting for Youth with Learning Disabilities*, 1987.

Boy Scouts of America. *A Scoutmaster's Guide to Working with Scouts with Disabilities*, 1985.

Boy Scouts of America. *Disabilities Awareness*. BSA Merit Badge Series, 1995.

Ledingham, D. Steven. *The Scoutmaster's Guide to Attention Deficit Disorder*. Positive People Press, 1994.

Levine, Melvin D. *Keeping A Head in School*. Educator's Publishing Service Inc., 1990.

Quinn, P. O. and Stern J. *Putting on the Brakes*. Magination Press, 1991.

Silver, Larry B. *Dr. Larry Silver's Advice to Parents on Attention-Deficit Hyperactivity Disorder*. American Psychiatric Press, 1993

Acknowledgements

Genis, Marlene; Santiago, Virginia; Sebben, Adele. Fairfax County Public Schools.

Smith, Virginia, Ph.D. Licensed Clinical Psychologist, Vienna, VA
Willner, Henry S., M.D. Fairfax, VA.