



## **ADHD / ATTENTION-DEFICIT / HYPERACTIVITY DISORDER FACT SHEET**

**ADHD** is an illness characterized by inattention, hyperactivity, and impulsivity.

**ADHD** is the most commonly diagnosed behavior disorder in young persons.

**ADHD** affects an estimated three to five percent of school age children.

**ADHD** affects all areas of a child's or youth's life – home, work, school, and social life.

### **CLINICAL SYMPTOMS**

### **WHAT DOES A PARENT/CAREGIVER SEE?**

#### **Inattentiveness**



Appears not to be listening; needs instruction repeated; obeying rules and following instructions are difficult; disorganized; doesn't finish what is started; easily distracted by external surroundings; often seems to be daydreaming; careless; forgetful

#### **Impulsivity**



Acts before thinking; constantly pestering; cannot keep hands to self; often clumsy and accident prone; interrupts or intrudes on other's conversations and games; talks too much; talks too often and loud; difficulty waiting for turn

#### **Hyperactivity**



Seems irritable; impatient; unable to tolerate delay or frustration; fidgety; makes noises or distracts others; squirms; taps feet; shakes legs; always on the go

#### **Combined Hyperactive / Impulsive**



Significant difficulty in home, social or school settings beginning before age seven; cannot function in two or more settings; symptoms are not due to another illness

**EVIDENCE-BASED PRACTICES** are treatments that have shown through clinical research to produce positive outcomes for children and their families.

**The most common effective treatments for ADHD are:**

- **Psychoeducation**
- **Praise**
- **Problem-solving**
- **Tangible rewards**
- **Stimulus Control / Antecedent Management**
- **Time Out**



**The most common effective treatments for ADHD are:**

**Psychoeducation**

Psychoeducation is teaching children/adolescents and their caretakers about their mental illness. The purpose is to help children/youth and their families understand how the illness affects them and what kind of activities or treatment might help. Psychoeducation helps children/youth and their families understand that there are others who have similar problems and that there are treatments that work. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child/youth will play in the treatment, and that they will be a team that will work on problems together.

**Praise**

This strategy teaches parents how to effectively use words to reward behaviors. Many times caregivers forget to let their children/youth know when they are on track. Remembering to praise children/youth when they behave well can improve their behavior. Praising them for their specific actions (rather than things they can't control) can build their self-esteem.

**Problem-Solving**

Children and youth with mental illnesses often think their problems are too big to handle. Problem-solving is a strategy that teaches a child how to clearly identify a problem, look at all possible solutions, and choose a solution. They also learn to evaluate their choices, and, if necessary, come up with different solutions. This strategy teaches children and youth how to use problem-solving in their day-to-day activities.

**Tangible Rewards**

Tangible means using actual objects or activities as rewards for children and youth when they behave as requested. This can include gum, stickers, computer time, or small toys. (Intangible rewards are not objects and include things like praising or hugging the child/youth.) Tangible rewards can be helpful in promoting desired behaviors, particularly those that are more challenging for a child or youth to perform. Tangible rewards are often used at the same time as praise so that gradually the reward can be faded out and the praise is enough to continue the positive behavior.

**Stimulus Control / Antecedent Management**

This strategy helps the caregiver identify events that lead to good or bad behavior. Antecedents are things that happen right before a behavior. Often requests or commands can be the stimulus for a behavior. Teaching the caregiver to think about behaviors before they happen helps them to learn to manage their child's/youth's reactions. (In other words, managing the antecedents.) Over time, the caregiver is able to control the environment in a way that makes it more likely that the child/youth will behave more appropriately.

**Time Out**

Sometimes children or youth need a break to calm down. Time out is a strategy that removes the child/youth from all activities and attention. Time out works best if it is relatively brief, and the child/youth has clear directions about what is expected. It is also helpful if the child/youth can learn to use this strategy to self-monitor behavior. (That is, learn to remove oneself as a way to calm down.)