



ADHD at Home

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What is ADHD?

ADHD is one of the most common *neurodevelopmental* disorders of childhood.

It is usually first diagnosed in childhood (boys early elementary, girls middle school) and often lasts into adulthood.

Children with ADHD may have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), or be overly active.



3 Types of ADHD

There are three different ways ADHD presents itself, depending on which types of symptoms are strongest in the individual:

- **Predominantly Inattentive Presentation:** It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
- **Predominantly Hyperactive-Impulsive Presentation:** The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.
- **Combined Presentation:** Symptoms of the above two types are equally present in the person.

Because symptoms can change over time, the presentation may change over time as well.



Causes of ADHD

Scientists are studying cause(s) and risk factors in an effort to find better ways to manage and reduce the chances of a person having ADHD. The cause(s) and risk factors for ADHD are unknown, but current research shows that genetics plays an important role. Recent studies link genetic factors with ADHD.¹

In addition to genetics, scientists are studying other possible causes and risk factors including:

- Brain injury
- Exposure to environmental risks (e.g., lead) during pregnancy or at a young age
- Alcohol and tobacco use during pregnancy
- Premature delivery
- Low birth weight

Research does not support the popularly held views that ADHD is caused by eating too much sugar, watching too much television, parenting, or social and environmental factors such as poverty or family chaos. Of course, many things, including these, might make symptoms worse, especially in certain people. But the evidence is not strong enough to conclude that they are the main causes of ADHD.



Diagnosing ADHD

Deciding if a child has ADHD is a process with several steps. There is no single test to diagnose ADHD, and many other problems, like anxiety, depression, sleep problems, and certain types of learning disabilities, can have similar symptoms. One step of the process involves having a medical exam, including [hearing](#) and [vision tests](#), to rule out other problems with symptoms like ADHD. Diagnosing ADHD usually includes a checklist for rating ADHD symptoms and taking a history of the child from parents, teachers, and sometimes, the child.

SCHOOLS CANNOT DIAGNOSE ANYTHING. ADHD IS A MEDICAL DIAGNOSIS.

Criteria for an ADHD Diagnosis

1. Inattention: Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:
 - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
 - Often has trouble holding attention on tasks or play activities.
 - Often does not seem to listen when spoken to directly.
 - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
 - Often has trouble organizing tasks and activities.
 - Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
 - Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
 - Is often easily distracted
 - Is often forgetful in daily activities.
2. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:
 - Often fidgets with or taps hands or feet, or squirms in seat.
 - Often leaves seat in situations when remaining seated is expected.
 - Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
 - Often unable to play or take part in leisure activities quietly.
 - Is often "on the go" acting as if "driven by a motor".
 - Often talks excessively.
 - Often blurts out an answer before a question has been completed.
 - Often has trouble waiting their turn.
 - Often interrupts or intrudes on others (e.g., butts into conversations or games)

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

- **Combined Presentation:** if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months
- **Predominantly Inattentive Presentation:** if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months
- **Predominantly Hyperactive-Impulsive Presentation:** if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.

Because symptoms can change over time, the presentation may change over time as well.



Treatments for ADHD

In most cases, ADHD is best treated with a combination of behavior therapy and medication. For preschool-aged children (4-5 years of age) with ADHD, behavior therapy, particularly training for parents, is recommended as the first line of treatment before medication is tried. What works best can depend on the child and family. Good treatment plans will include close monitoring, follow-ups, and making changes, if needed, along the way.

Types of treatment for ADHD include

- Behavior therapy, including training for parents; and
- Medications.

SCHOOLS CANNOT ADVOCATE FOR OR AGAINST MEDICATION. WE CAN ONLY MONITOR THE IMPACTS OF MEDICATING OR NOT MEDICATING.



ADHD at School

Communication

- Give frequent feedback and attention to positive behavior;
- Be sensitive to the influence of ADHD on emotions, such as self-esteem issues or difficulty regulating feelings;
- Provide extra warnings before transitions and changes in routines; and
- Understand that children with ADHD may become deeply absorbed in activities that interest them (hyper-focus) and may need extra assistance shifting their attention.

Assignments and Tasks

- Make assignments clear—check with the student to see if they understand what they need to do;
- Provide choices to show mastery (for example, let the student choose among written essay, oral report, online quiz, or hands-on project);
- Allow breaks—for children with ADHD, paying attention takes extra effort and can be very tiring;
- Allow time to move and exercise;
- Minimize distractions in the classroom; and
- Use organizational tools, such as a homework folder, to limit the number of things the child has to track.

Develop a Plan That Fits the Child

- Observe and talk with the student about what helps or distracts them (for example, fidget tools, limiting eye contact when listening, background music, or moving while learning can be beneficial or distracting depending on the child);
- Communicate with parents on a regular basis; and
- Involve the school counselor or psychologist.

Close collaboration between the school, parents, and healthcare providers will help ensure the child gets the right support.



No plan, 504 plan, Individualized Education Plan


ADHD impacts each student differently.

Some students experience no educational impact (no plan).

Some students are mildly impacted educationally and require accommodations (504 plan).

Some students experience significant educational impacts and require special education (IEP).

ADHD at Home



The following are suggestions that may help with your child's behavior:

- Create a routine. Try to follow the same schedule every day, from wake-up time to bedtime.
- Get organized—Encourage your child to put backpacks, clothing, and toys in the same place every day so that they will be less likely to lose them.
- Manage distractions. Turn off the TV, limit noise, and provide a clean workspace when your child is doing homework.
- Limit choices. To help your child not feel overwhelmed or overstimulated, offer choices with only a few options.
- Be clear and specific when you talk with your child.
- Help your child plan. Break down complicated tasks into simpler, shorter steps. For long tasks, starting early and taking breaks may help limit stress.
- Use goals and praise or other rewards. Use a chart to list goals and track positive behaviors, then let your child know they have done well by telling them or by rewarding their efforts in other ways. Be sure the goals are realistic—small steps are important!
- Discipline effectively. Instead of yelling, use removal of privileges for inappropriate behavior.
- Create positive opportunities. Children with ADHD may find certain situations stressful.
- Provide a healthy lifestyle. Nutrition, physical activity, and quality sleep matters!

After School



30 minutes of downtime. Set a timer. Give them a snack.

Make an intentional time for school day in review and homework.

- Go through their backpack nightly.

- Create a quiet space for homework completion (background noise).

- Make them log into their grade book and show you their Google Classrooms.

- Create a to-do list for anything missing.

- Folder trick for worksheets.

- Set a timer (beat the clock).



Completing Chores

Create a chore calendar (daily tasks that repeat).

If there are a series of chores, make them keep their shoes on!

Allow natural consequences: dirty laundry doesn't get washed if it isn't in the laundry room.

Change the way you provide them a directive:

DON'T: "Can you please take out the trash"

DO: "Do you think you can take out the trash before your show comes back on?" or "Do you think you can empty the dishwasher in less than 5 minutes?"



Giving Multiple Directions

Say their name (it gets their attention, make sure you have eye contact)

“Kelly-Before you go play video games you need to take out the trash, feed the dog, and put your laundry away, got that? Repeat that back to me....Right! Trash, Dog, Laundry!”



Cleaning their Rooms

Don't say: Go clean your room.

Do say: Kelly, you need to clean your room. Start by picking up all your dirty clothes.

Good, now make your bed.

It's looking good in here, but the trash needs picked up and emptied.

Nice work, now all your Legos need to be in the plastic bin.

You did a great job cleaning your room. Enjoy your_____.



Finally, use their phones to your advantage!

Set reminders and timers that go off to prompt them to complete tasks.

Look for apps to help them with areas of need (time management, goal setting, task completion, emotional regulation, etc).



Q & A

How can I help?

Give me a scenario and we'll work through some strategies to address the issue!

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