



# Understanding and Caring for the Child with ADHD

## What is ADHD?

Attention-Deficit/Hyperactivity Disorder (ADHD) is a condition that causes a person to be overactive and impulsive and/or have difficulty paying attention. These behaviors often appear in early childhood before age 7 but may also be detected when the child is older.

## Diagnosis

ADHD affects approximately 3 to 5 percent of all school-age children, possibly as many as 2 million children in the United States. ADHD is three times more common in boys than girls and tends to run in families. Many children continue to have behaviors of ADHD as adults. ADHD affects all socioeconomic, cultural and racial backgrounds. More than 20 percent of children with ADHD also have learning disabilities. However, having a diagnosis of either ADHD or learning disability is not related to intelligence.

Diagnosis of ADHD is made by a physician, psychiatrist, psychologist or licensed social worker, with close collaboration and input from the parents, teacher(s), and/or the child care provider(s). Children with ADHD demonstrate behaviors that generally fall into three different categories: inattention, hyperactivity and impulsivity.

### Examples of inattention (trouble paying attention) would include a child who:

- Makes careless mistakes
- Has difficulty paying attention in tasks or play activities
- Does not seem to listen to what is being said
- Does not follow through or finish activities or tasks
- Has difficulty organizing tasks and activities
- Avoids or strongly dislikes routine tasks or activities
- Is easily distracted and forgetful

### Examples of hyperactivity (being very active) would include a child who:

- Fidgets with hands and feet, or squirms in seat
- Has difficulty playing quietly

- Is “on the go” or acts as if “driven by a motor”
- Talks excessively
- Has difficulty waiting in line or for a turn

### Examples of impulsivity (acting before thinking) would include a child who:

- Blurts out answers to questions before they have been completed
- Has difficulty waiting in lines or waiting his turn
- Interrupts or intrudes on others

All of these behaviors are common for children at different ages and stages of development. For example, many 2-year-olds are “on the go” and seem to have short attention spans. For a child to be diagnosed with ADHD, some of the behaviors listed above must have appeared before the child was 7 years of age, have lasted for at least six months, and should be happening frequently enough to cause concern both at home and at school or the child care setting.

## Causes

Scientists have not been able to determine the exact cause of ADHD, though the research suggests that it may be caused by a chemical imbalance or a lack of certain chemicals in the brain which are responsible for attention and activity. There is also evidence that if one or both parents have ADHD, then their children are more likely to show symptoms as well. Exposure to toxins (including drugs and/or alcohol during pregnancy), brain injury and childhood illness may also contribute to the cause of ADHD. ADHD is not caused by too much television, poor parenting or poor schools.

## Treatment

All interventions for children with ADHD should help to build the child’s sense of self-esteem. A team approach using educational, psychological, behavioral and medical techniques is recommended and requires an effort by parents, teachers, child care and health care providers to find the right combination of responses.

Children with ADHD are typically “hands-on” learners and often will respond to:

- Stimulating or novel activities
- Lower adult-child ratios
- Predictable environments
- Individualized programming
- Structure, routine and consistency
- Motivating and interesting curricula
- Shorter activity periods
- Use of positive reinforcers
- Supplementing verbal instruction with visual aids.

Medication has been used successfully for children with ADHD as a *part* of the treatment plan—never alone. Stimulant medications have been found to improve symptoms such as attention span, impulse control and hyperactivity, with minimal side effects. Child care providers should work closely with families and health providers when a child is on medication and note any changes in behavior.

Counseling is also an important component of the treatment plan as it can help improve the child’s self-esteem, impulse control, and compliance with taking medications, as well as help address some of the behavioral issues. It may also be helpful to have the family involved in the counseling or support groups, as ADHD affects the whole family, not just the diagnosed child.

Physical activities can help the child with ADHD to improve coordination and self-esteem as well as provide appropriate outlets for extra energy.

Some parents may use special diets to eliminate foods that cause problems. Though there is no scientific evidence of specific foods or allergies causing ADHD, many families believe that eliminating certain foods has improved the child’s behavior.

## Tips for Child Care Providers

- Learn what you can about ADHD.
- Ask the child’s parents for suggestions and tips that they have found useful at home.
- Try to be consistent with the ways the child’s parents guide and manage his or her behavior.
- Let the child take regular breaks and have access to a quiet place to regroup.
- Provide step-by-step instructions.
- Have clear rules and consistent schedules for the child.
- Don’t forget to look for and praise good behavior.

## Is ADHD covered under the IDEA or ADA?

Children diagnosed with ADHD may be eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA). Children who do not qualify for special education services, but still need environmental or other modifications to the program and/or environment, may be eligible under Section 504 of the Rehabilitation Act of the Americans with Disabilities Act (ADA). For more information, children should be referred to their local school district to see if they qualify for services.

## References and Resources:

*ADHD Fact Sheet*. National Dissemination Center for Children with Disabilities (8/02) (NICHCY). [www.nichcy.org](http://www.nichcy.org).

American Academy of Pediatrics (1994). *Understanding the ADHD Child: Information for Parents about Attention Deficit Hyperactivity Disorder*. Elk Grove Village, IL.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> edition, revised, DSM IV). Washington, D.C.

*Attention-Deficit/Hyperactivity Disorder (ADHD)*. National Mental Health Association (2003). [www.nmha.org/children/children\\_mh\\_matters/adhd.cfm](http://www.nmha.org/children/children_mh_matters/adhd.cfm).

CHADD (1994). *Attention Deficit Disorder: An Educator’s Guide*. CHADD is a national organization representing individuals with ADHD, for education, advocacy and support. *CHADD Fact Sheet #1: ADHD* (2001). [www.chadd.org](http://www.chadd.org).

*Caring for Children with Special Needs: Attention Deficit Disorder*. National Network for Child Care, 2003. [www.nncc.org](http://www.nncc.org).

Americans with Disabilities Act (ADA). [www.ada.gov](http://www.ada.gov).

IDEA Partnerships. [www.ideapractices.org](http://www.ideapractices.org).

National Institute of Mental Health. [www.nimh.nih.gov](http://www.nimh.nih.gov).

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