



About AD/HD in Children

WHAT IS ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (AD/HD)?

Inattention, hyperactivity, and impulsivity are the **symptoms** that define attention-deficit/ hyperactivity disorder (AD/HD). It is a condition that affects both boys and girls. Three to seven percent of school-aged children are affected by AD/HD. Compared to their peers, children with AD/HD have more problems with daily activities. They may have difficulty sitting still, waiting in line, or paying attention to details. Some children have difficulty remembering things they need for daily activities. Still others with AD/HD blurt out answers before hearing the full question and others act impulsively in other ways.

WHAT CAUSES AD/HD?

AD/HD is the result of dysfunction in certain areas of the brain. It is also known that close relatives of children with AD/HD are likely to have AD/HD. AD/HD is not caused by the way you bring up your children or by too much sugar in the diet. Parenting styles or life situations may make AD/HD better or worse, but they do not cause the disorder.

HOW DO YOU KNOW IF YOUR CHILD HAS AD/HD?

It is difficult for parents to tell if their children have AD/HD since all children may at times be distracted (inattention), display excessive physical activity (hyperactivity), and/or act suddenly without thinking about the consequences (impulsivity). For children with AD/HD some of the symptoms must begin before age 7 and must be more frequent or severe than in other children the same age. The symptoms do not occur during the course of other condition nor are due to another mental disorder. In addition, the symptoms must create difficulty

in at least two areas of life, for example, at school and at home. To be diagnosed with AD/HD, children must exhibit six of the nine symptoms in either “A” or “B” below or in both.

A. Inattention:

- Fails to pay close attention to details or makes careless mistakes in schoolwork, work, or other activities
- Has difficulty sustaining attention in tasks or play activities
- Does not seem to listen when spoken to directly
- Does not follow through on instructions and fails to finish schoolwork and chores
- Has difficulty organizing tasks and activities
- Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- Is easily distracted
- Is forgetful in daily activities

B. Hyperactivity:

- Fidgets with hands or feet, or squirms while seated
- Leaves seat in classroom or in other situations in which remaining seated is expected
- Runs about or climbs excessively in situations where this is inappropriate
- Has difficulty playing or engaging in leisure activities quietly
- Is "on the go" or acts as if "driven by a motor"
- Talks excessively

Impulsivity:

- Blurts out answers before questions have been completed
- Has difficulty waiting in line or taking turns
- Interrupts or intrudes on others

ARE THERE DIFFERENT TYPES OF AD/HD?

Yes. There are three types of AD/HD:

1. Attention-deficit / hyperactivity disorder, predominantly inattentive type.
2. Attention-deficit / hyperactivity disorder, predominantly hyperactive-impulsive type.
3. Attention-deficit / hyperactivity disorder, combined type. Children show symptoms of both inattentiveness and hyperactivity-impulsivity. This is the most common type.

WHO CAN DIAGNOSE AD/HD?

There are several types of professionals who typically diagnose AD/HD. These include: psychiatrists, pediatricians, neurologists, psychologists, family physician, social workers, nurse practitioners, and other licensed counselors or therapists, such as professional counselors, marriage and family therapists.

WHY IS THE EVALUATION IMPORTANT?

The evaluation will determine whether your child has AD/HD. In addition, it can:

- Rule out other possible reasons for the child’s behavior. For example, in some cases hearing and vision problems, anxiety, depression, and some learning disabilities can cause similar behaviors;
- Identify other disorders, such as learning disabilities, anxiety, conduct disorder, and depression that sometimes coexist with ADHD; and,
- Help health professionals and parents to develop a treatment plan that will provide the child and family with the school, health, and emotional support they need.

HOW IS THE EVALUATION CONDUCTED?

There is no single test to determine whether someone has AD/HD. The evaluation should include a careful history and clinical assessment of the child’s development and of his/her academic, social, and emotional performance. The evaluation of a child includes different tests, interviews of parents and teachers, and observations of the child’s behavior in school, at play, and at home. The evaluation process also includes the help of the parents, teachers, health care providers, and other AD/HD experts.

WHERE DO I GO AND HOW MUCH DOES IT COST TO HAVE MY CHILD EVALUATED?

You may take your child to the health care provider first. Generally, your child’s visit to the pediatrician is covered by your or your child’s health insurance. If you do not have health insurance, you can take him or her to a community clinic for consultation, which many times is free or low cost. You also can talk to your child’s teacher to discuss your concerns and other alternatives through the school.

WHAT IS THE ROLE OF THE SCHOOL REGARDING EVALUATION?

Public schools must conduct an educational evaluation for each child being considered for special education and related services. In order to receive special education and related services, a child must be evaluated to determine (1) whether he or she has a disability and (2) whether he or she, because of the disability, needs special education and related services. Parents must agree to the evaluation but they do not have to pay for it. The results of an independent evaluation indicating a diagnosis of AD/HD does not automatically mean that a child is eligible for special education and related services.

WHAT IS AN EDUCATIONAL EVALUATION?

An educational evaluation assesses the extent to which a child's symptoms of AD/HD impair his or her academic performance at school. The evaluation involves direct observations of the child's behavior in the classroom as well as a review of his or her ability to complete class work and homework. The evaluation uses a variety of assessment tools and strategies. The parents of the child review the evaluation results with school personnel and determine whether the child is eligible for special education services.

SHOULD I REQUEST FOR THE SCHOOL TO EVALUATE MY CHILD?

Yes. You may ask the school at any time, but be sure to put your request for an evaluation for services in writing. Talking with your child's teacher to share your concerns before you prepare your request is always helpful. He or she may help you to strengthen your case.

IF I AND/OR MY CHILD DO NOT SPEAK, UNDERSTAND, OR READ ENGLISH WELL ENOUGH, WHAT CAN I DO?

Schools are required by federal law to conduct the evaluation and provide services in the language you and your child feel more comfortable using. If the school does not have bilingual professional staff, be sure to request a trained interpreter. It is okay to ask questions until you understand. Some of the words may have a different technical meaning. Your child's education and well-being are important.

WHEN IS A MEDICAL EVALUATION RECOMMENDED?

The law does not necessarily require a school district to conduct a medical evaluation to determine whether a child has AD/HD. If the school believes that a medical evaluation by a physician is needed as part of the evaluation to determine whether the child meets the eligibility criteria, the school must ensure that this evaluation is conducted at no cost to the parents.

IS THERE A CURE FOR AD/HD?

Currently, there is no cure for AD/HD.

WHAT KIND OF TREATMENT IS THERE FOR A CHILD WITH AD/HD?

Treatment should be tailored to the unique needs of each child and family. Children with AD/HD often require a combination of approaches that are referred to as "multimodal." They include:

- Parent and child education about diagnosis and treatment;
- Specific behavior management techniques (you can learn behavioral management techniques to support your child and receive counseling to support you);
- Medication (it is important to work closely with the prescribing health care provider to make sure that the child takes the medications that are most effective for him or her); and,
- Appropriate school programming and supports.

WHAT IS THE ROLE OF MEDICATION FOR CHILDREN WITH AD/HD?

For most children with AD/HD, medication is an important part of treatment. Medications are not used to control behavior. Instead, they are used to improve the child's attention span and ability to stay on task. Medications also lessen impulsive behavior. Stimulant medications are the most widely used medications for AD/HD. If the child does not respond to stimulant medications, the physician may try a nonstimulant medication or an antidepressant. The right medication and the right dose must be found for each child.

HOW CAN PARENTS AND FAMILY HELP A CHILD WITH AD/HD?

There are actions you can take to help your child. Some specific ways you and your family can help your child include:

1. Create a daily routine and regular schedule;
2. Keep items that are used on a daily basis in the same easy to find place;
3. Make lists to help organize assignments and tasks; and,
4. Provide consistent rules.

WHAT IF A CHILD HAS AD/HD AND DOES NOT GET TREATMENT?

Persons with AD/HD can have productive, creative, and successful lives when they receive proper treatment. Some problems that may arise if AD/HD is not treated include: failure in school, depression, social problems, bad behavior, low self-esteem, and substance abuse. Most children with AD/HD continue to show symptoms in their adult years and may have problems at work and at home unless they receive treatment.

WHERE CAN I OBTAIN ADDITIONAL INFORMATION?

Helplines

- National Resource Center on AD/HD:
1-800-233-4050
- Su Familia: The National Hispanic Family Health Helpline:
1-866-Su-Familia (1-866-783-2645)

Websites:

- Children and Adults with Attention- Deficit / Hyperactivity Disorder (CHADD):
<http://www.chadd.org>
- National Resource Center on AD/HD:
www.help4adhd.org
- National Institute of Mental Health:
www.nimh.nih.gov

Sources:

- Attention Deficit Hyperactivity Disorder 2003 (revised), NIMH, Washington, D.C.
- Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. DSM-IV-TR™.

- Identifying and Treating Attention Deficit Hyperactivity Disorder: A resource for School and Home 2003. U.S. Department of Education.
- Educational Rights for Children with AD/HD in Public Schools–Fact Sheet #4 Revision. CHADD, 2005.

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