Attention-Deficit/Hyperactivity Disorder (ADHD)¹
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Introduction
Attention-Deficit/Hyperactivity Disorder (ADHD) is a behavior disorder characterized by a pattern of attention problems, hyperactive behaviors, and/or impulsive behaviors that are more frequent and severe than what is typical for a child/adult of the same age. ADHD is one of the most commonly diagnosed childhood behavior disorders. Approximately 5% of children are diagnosed with this disorder.

Boys are twice as likely to be diagnosed with ADHD. Although symptoms of ADHD can be present in children as young as 2–3 years old, it is most commonly diagnosed in the elementary school years when the demands of school expose the problem. The most common age of diagnosis is seven years old.

In most cases, symptoms of ADHD continue through early adolescence, but begin to subside in late adolescence and adulthood. However, some individuals continue to experience mild to full-blown symptoms of ADHD well into adulthood. Approximately 5% of adults ages have a diagnosis of ADHD.

The following is a list of signs associated with ADHD (American Psychological Association, 2013). Keep in mind that ADHD is not an “on-again, off-again” style of behavior. A good rule of thumb is that a person must display several (6 or more) in at least one of the categories, the behaviors must happen frequently and in multiple settings and for 6 months or more before a diagnosis of ADHD is considered.

Inattention
1. Fails to pay close attention to details or makes careless mistakes in schoolwork, work, or other activities.
2. Has difficulty maintaining attention in tasks or play activities.
3. Does not seem to listen when spoken to directly.
4. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to a failure to understand instructions or a refusal to follow directions or requests on purpose).

5. Has difficulty organizing tasks and activities.

6. Avoids or dislikes tasks that require longer periods of mental effort (such as schoolwork, homework, challenging board games, etc.).

7. Loses things needed to complete tasks or activities (e.g., toys, school assignments, pencils, books, or tools).

8. Is easily distracted.

9. Is forgetful in day-to-day activities.

**Hyperactivity/Impulsivity**

**Hyperactivity**

1. Fidgets with hands or feet, or squirms in seat frequently.

2. Leaves seat in classroom, theater, church, or other places or situations where most children can remain seated.

3. Runs about or climbs in inappropriate situations (adolescents or adults may simply report feeling restless much of the time).

4. Has difficulty playing or participating in activities quietly.

5. Seems as though they are “on the go” or are “driven by a motor.”

6. Talks unusually fast or virtually nonstop at times.

7. Blurts out answers before a question is finished.

8. Has difficulty waiting for a turn in games, in line, or in other activities.

9. Interrupts or intrudes on others (e.g., butts into conversations or games).

**When is it Considered ADHD? (A Note of Caution)**

Poor attention, hyperactivity, and impulsive behavior are quite typical for many young children. Unfortunately, parents, teachers, and even health professionals are often too quick to label a young child’s erratic, but normal, behavior as an indication of ADHD. It is important to keep in mind that children’s ability to focus, remain still, and not act on impulse increases as they age, so what is considered normal for a younger child might be problematic for an older child.

There can also be other reasons why children have difficulty paying attention or show hyperactivity, such as trauma, depression, reaction to caffeine or other substances, and other issues. It is important to rule out other factors that could be causing the behavior before making a diagnosis of ADHD.

Mental health professionals commonly look for five basic pieces of information when diagnosing ADHD.

1. Does the child/adult display several of the signs and symptoms of ADHD? Displaying a few signs of inattention, hyperactivity, or impulsivity is not enough.

2. Are these behaviors normal for the child’s age and developmental level?

3. Have they been having similar problems for a long time (at least 6 months, and must begin before age 12)?

4. Are they showing symptoms of ADHD in more than one setting? Kids with ADHD have behavior problems in school, at home, at friends’ houses, etc. If they are just having problems in one or two places, it is likely that parents, teachers, or caretakers just need some extra help in learning how to manage this child’s behavior.

5. Are these behaviors hurting their ability to perform at school, work, home, or in other social settings? Some people can be “hyperactive” or “inattentive” at times. However, the behavior doesn’t become a “clinical problem” unless it seriously impacts their abilities in these areas.

There are different variations of ADHD. Some people have the type called “predominantly inattentive,” which means that they may not show a lot of problems with hyperactivity or impulsivity, but have difficulty focusing and concentrating. For other people, most of the difficulty is with hyperactivity and impulsivity, but there are little to no problems with attention. This is called, “predominantly hyperactive/impulsive.” The majority of cases are called “combined type,” which means that there are significant problems both with attention and hyperactivity/impulsivity.
What to do if you suspect ADHD

While this publication provides specific information for identifying signs of ADHD in children and adults, parents and individuals should not try to diagnose any type of behavioral or emotional disorder in their children or themselves. A diagnosis of ADHD can only be made with confidence by a mental health professional specifically trained in the assessment and treatment of this disorder.

If you think that your child might have ADHD, a good first step would be to speak with the child’s teacher, guidance counselor, mental health professional or pediatrician to get information about whether the behavior you are seeing is age-appropriate, and if needed they could provide suggestions of where to go for an ADHD evaluation. Unfortunately there is no one, easy test for ADHD; it would be necessary for you and your child to complete interviews, and probably complete multiple report measures. Your child also may need to do additional testing to assess attention and performance. All of the information gathered would be put together in order to look for a pattern of symptoms that could suggest ADHD.

Adults who think that they may have ADHD should speak with a physician or mental health professional in order to determine whether an evaluation is appropriate. Adults would likely go through a similar evaluation: interview, self-report measures, and assessment of attention. Because ADHD develops during childhood, symptoms would need to be present from a young age, before age 12, so it may be necessary to obtain old records (from school, pediatricians) in order to determine whether current symptoms are long-standing or recent.

If you or your child receives a diagnosis of ADHD, recommendations for treatment will be made. Commonly both children (ages 6 and older) and adults are referred for stimulant medication. One concern previously was that taking stimulant medication to treat ADHD could put children at greater risk for drug abuse later in life, but recent research suggests that use of stimulant medication is not associated with later drug abuse. However, as with any medication there are side-effects, which should be taken into account when deciding on treatment options. Training for children and their parents, or for the adult with ADHD, in how to manage the ADHD symptoms and behaviors is also important. Recent research suggests that biofeedback may be useful in treating ADHD, but this area of treatment is still under development.

If your child is diagnosed with ADHD, it will be important to get appropriate treatment. Children with ADHD who do not receive appropriate treatment are more likely to have negative outcomes, such as, school problems or social issues if they do not receive appropriate treatment. Finally, it is important to note that those who receive a diagnosis of ADHD may require adjustments in school or the workplace in order to function optimally. There are laws (Americans with Disabilities Act (1990); Rehabilitation Act (1973)) that provide legal protections for those with recognized disabilities, including ADHD.

Here are some good resources for information on ADHD:
General Information on ADHD, as well as information for parents and children:
National Resource Center on ADHD: 1-800-233-4050 or http://www.help4adhd.org/
An organization for adults or children with ADHD, as well as family members:
Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD): www.chadd.org
Another group that provides information and assistance to those who have ADHD:
Attention Deficit Disorder Association: 1-484-945-2101 or www.add.org

References

