

Attention Deficit Hyperactivity Disorder

Auburn-Davis
Center for
DBT & The
Compassion
Project



Like to
have
ADHD?

Single clip from the full ADHD and Me film.
Website: www.adhdvoices.com

What is ADHD?

ADHD is marked by a persistent pattern of inattentive and/or hyperactive and impulsive behavior. These behaviors interfere with day-to-day activities in school, at work, or in social situations. A person with ADHD may have a hard time paying attention, following instructions, organizing and carrying out complex activities. You might lose things, be forgetful, be easily distracted, and have a feeling of being “driven.” Some people with ADHD are hyperactive— symptoms of this include difficulty waiting or taking turns, fidgeting or squirming, always “on the go,” and not being able to sit still. The diagnosis of ADHD can be made in older youth and adults. However, for the diagnosis of ADHD, symptoms must have appeared prior to age 12.

<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-5012.pdf>

ADHD- Many Types & Presentati ons

Symptoms of ADHD fall into three groups:

- Not being able to focus (inattentiveness)
- Being extremely active (hyperactivity)
- Not being able to control behavior (impulsivity)

ADHD-Inattentive

- Fails to give close attention to details or makes careless mistakes in schoolwork
- Has difficulty keeping attention during tasks or play
- Does not seem to listen when spoken to directly
- Does not follow through on instructions and fails to finish schoolwork or chores and tasks
- Has problems organizing tasks and activities
- Avoids or dislikes tasks that require sustained mental effort (such as schoolwork)
- Often loses toys, assignments, pencils, books, or tools needed for tasks or activities
- Is easily distracted
- Is often forgetful in daily activities
- **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:**

ADHD-Hyperactive/Impulsive

Hyperactive

- Fidgets with hands or feet or squirms in seat
- Leaves seat when remaining seated is expected
- Runs about or climbs in inappropriate situations
- Has problems playing or working quietly
- Is often "on the go," acts as if "driven by a motor"
- Talks excessively

Impulsive

- Blurts out answers before questions have been completed
- Has difficulty awaiting turn
- Interrupts or intrudes on others (butts into conversations or games)

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

ADHD-Combined Type

Enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months

- 6 or more for children up to age 16
- 5 or more for adolescents 17 and older (adult)
- Because symptoms can change over time, the presentation may change over time as well.

Further ADHD Criteria

- 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

Prevalence of ADHD

The **2016 National Survey of Children's Health (NSCH)** interviewed parents and reports the following ADHD prevalence data among children ages 2–17 (Danielson et al. 2018):

- 6.1 million children (*9.4 percent*) have **ever been diagnosed** with ADHD. This includes:
 - About 388,000 young children ages 2-5 (*or 2.4 percent in this age group*)
 - 2.4 million school-age children ages 6-11 (*or 9.6 percent in this age group*)
 - 3.3 million adolescents ages 12-17 (*or 13.6 percent in this age group*)
- 5.4 million children (*8.4 percent*) have a **current diagnosis** of ADHD. This includes:
 - About 335,000 young children ages 2-5 (*or 2.1 percent in this age group*)
 - 2.2 million school-age children ages 6-11 (*or 8.9 percent in this age group*)
 - 2.9 million adolescents ages 12-17 (*or 11.9 percent in this age group*)
- Boys are more likely to be diagnosed with ADHD than girls (12.9% compared to 5.6%).

<https://chadd.org/about-adhd/general-prevalence/>

Treatment of ADHD

Guidelines for diagnosis and evaluation of ADHD recommend that primary care providers complete these steps:

- Evaluate children and adolescents ages 4 to 18 years for ADHD if they are having academic or behavioral problems and show inattention, hyperactivity, or impulsivity.
- Get reports on the child's symptoms from parents or guardians, school staff, and mental health workers involved with their care, and get information from the child or adolescent as well.
- Use rating scales and other sources to document the symptoms and ensure that [DSM-5 criteria](#) have been met.
- Rule out any other possible conditions that can cause similar symptoms.
- Screen for other conditions that might coexist with ADHD, including [emotional or behavioral](#) disorder, developmental disorders, and physical conditions.
- Refer children to a specialist if they detect [co-occurring conditions](#) that they are not experienced in treating or diagnosing.

ADHD Treatment by Age Group

Children ages 4-6 years

- The first line of treatment should include
 - Parent training in behavior management; and/or
 - Behavioral classroom interventions (if available).
- Methylphenidate may be used if behavioral interventions do not provide significant improvement and the child continues to have serious problems.

Children and adolescents 6-18 years

Recommended treatment for children and adolescents includes

- FDA-approved medications along with
- Parent training in behavior management and/or
- Behavioral classroom interventions

Treatment for ADHD

Behavioral

Interventions

- Cognitive Behavioral Therapy (inc DBT)
- Mindfulness
- Home & Classroom interventions (ie-Nurtured Heart Approach childrenssuccessfoundation.com)

Medications



Further Experiences in ADHD (TED Talks)

- ADHD sucks, but not really <https://www.youtube.com/watch?v=fWCocjh5aK0>
- Failing at Normal: An ADHD Success Story <https://www.youtube.com/watch?v=JiwZQNYIGQI>
- ADHD as a Difference in Cognition, Not a Disorder https://www.youtube.com/watch?v=uU6o2_UFSEY

Contact Us for More Info

- <http://auburndavisdbt.com>

Auburn

- 13620 Lincoln Way, Suite 380
Auburn, CA 95603
[Main: \(530\) 888-9858](tel:(530)888-9858)
[Billing: \(530\) 888-9800](tel:(530)888-9800)
Fax: (530) 888-9805

Davis

- 129 C St. Suite 7
Davis CA 95616
[\(530\) 888-9858](tel:(530)888-9858)

Folsom

- 110 Blue Ravine Rd. Suite 104
Folsom, CA 95630
[\(530\) 888-9858](tel:(530)888-9858)