What is ADHD?
Attention Deficit / Hyperactivity Disorder (ADHD) is when a continued pattern of inattention and/or hyperactivity-impulsivity interferes with functioning or development. ADHD may first be recognized when the child enters school, but symptoms may also become evident at a younger or older age.

What are symptoms of ADHD?
The symptoms of ADHD are divided into two presentations -- inattentive or hyperactive-impulsive. ADHD symptoms must be present in two or more setting (home, school; work, etc.) and have been demonstrated to interfere with or reduce quality of social, academic, or work functioning.

1. **Inattention** -- fails to pay attention to details or makes careless mistakes; difficulty maintaining attention in activities; doesn’t seem to listen to speaker; doesn’t follow through on instructions, fails to finish work; difficulty with organization; avoids/dislikes tasks that require sustained mental effort; loses things necessary for completing assignments or tasks; easily distracted by outside stimuli; forgetful in daily activities.

2. **Hyperactivity and impulsivity** -- excessive energy, fidgety; often leaves seat when seating is expected, stands beside seat, sits on the edge of seat, rocks in seat; runs or climbs in situations where it is inappropriate; often unable to play quietly; “on the go”; talks loudly, rapidly, incessantly; often blurts our answers before question has been completed; has difficulty waiting turn; interrupts or intrudes on other’s conversations or activities.

**Secondary characteristics**
- **Emotional Instability** -- Low frustration tolerance, over-reacts, under-reacts; temper tantrums; excess anger or excitement.
- **Poor Social Relationships** -- few friends; bossy, irritates others without realizing; starts fights, chooses younger children for friends.
- **Poor Response to Discipline** -- doesn’t accept correction; unresponsive to discipline; defiant.

**Strategies for dealing with characteristics of ADHD**

**Inattention:**
- Provide a sanctuary for child to work away from distractions or seat child in front of room.
- Use direct instruction/interaction techniques that permit cues for attention, require direct response and provide immediate encouragement and correction.
- Acquire and maintain eye contact, verbal contact and close contact with the child.
- Give child a cue before giving instructions or directions. Directions should be brief and concise.
- Break tasks into small parts. Provide concrete models and examples -- a hands-on approach.
- Praise and recognize appropriate attention rather than reprimand for lack of attention.

**Impulsive Behavior:**
- Establish and post firm, clearly understood, rules with immediate consequences for violations.
- Establish routines for child and prepare child for breaks in routine.
- When behavior gets out of control, or the environment is too stimulating, calmly remove child and isolate him in a quiet place for a short period of time.
- Don’t let child interrupt. Have him/her wait a brief time before giving permission to speak.

**Hyperactivity:**
- Provide appropriate activities for channeling the child’s energy, (e.g. rocking chair for reading,) combine a learning activity with movement (e.g. bouncing ball while reciting alphabet.)
- Channel annoying behavior into more acceptable behavior (e.g. suggest tapping with fingers rather than pencil.)
- Reward roaming child when he stays near work area, gradually making rewards more specific the closer child stays in area. Placing colored tape on floor around work area may remind child to stay in area.
- Use activities that involve visual, tactile and auditory skills.
- Alternate sitting and moving activities.

**Social/Emotional:**
- Use consistent rules and clear routine.
- Praise appropriate behavior.
- Keep environment as simple as possible.
- Playing with one friend at a time, or one toy at a time, may be most beneficial.
What do I do if I think my child has ADHD?
Your child should have a complete medical examination by your pediatrician or family physician. At your request, your school can also conduct tests to evaluate your child’s abilities and learning style.

There is no single treatment for ADHD. The treatment plan must be individualized for each child. A comprehensive approach is the key to success.

Medication is helpful for many individuals diagnosed with ADHD but is best managed by a specialist in this area, such as a physician or child psychiatrist who has training and expertise in treating attention disorders. Proper medication therapy improves attention span, controls impulsivity, dampens restlessness, improves school performance, decreases aggression and enhances the quality of family life.

Behavior modification techniques have also been effective, as have individual and family counseling.

Whatever treatment a family chooses, it must be one which touches all aspects of the child's life -- his/her self-perception, school, and home life. Children with ADHD are particularly in need of support and encouragement. Since academics are frequently difficult for them, they must find other avenues to build self-esteem, such as sports, art, music or other special interests.

Sources: Diagnostic and Statistical Manual of Mental Disorders (DSM–5) R. American Psychiatric Association
National Alliance on Mental Illness (NAMI) https://www.nami.org/Learn-More/Mental-Health-Conditions/ADHD

For more information about ATTENTION DISORDERS

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Attention Disorders
Disability Brochure #2

Characteristics and Coping Strategies

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