

Solutions Newsletter

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Effective School
Solutions

Solutions is a newsletter published by ESS for parents, guardians, and caretakers. Each issue highlights an important topic related to children's mental health and provides practical applications for parents in the home environment.

What's New with ADHD

Attention Deficit-Hyperactivity Disorder (ADHD) is the most frequently diagnosed child mental health disorder worldwide, and rates have been rising rapidly in recent years. According to data reported by the Centers for Disease Control (CDC), in the United States approximately 9.8% or 6 million children aged 3-17 years have at one point been diagnosed with ADHD. State prevalence estimates, on the other hand, vary from 6% to 16%, and estimates of the use of medication vary from 31% to 81%.

It is not uncommon for mental health diagnosis rates to vary widely in different countries and even regionally within the United States. These differences reflect many things, including the local biases and practice patterns of healthcare providers, people's beliefs about what causes "bad" or "abnormal" behaviors and the tolerance level for these behaviors, and the available healthcare resources within any given community. What they likely do not reflect is that one state's children are more likely to have ADHD than those in another.

So, what does this tell us about ADHD? A 2021 Stanford University study suggests that marginal (i.e., the child's symptoms barely meet the diagnostic criteria for ADHD) and/or inaccurate diagnoses may account for the increase in cases over recent years. And this suggests that parents might want to take a closer look when it is suspected that their child might have ADHD.

ADHD is a *neurodevelopmental* disorder typically diagnosed in childhood, but which often lasts into adulthood. It is characterized by difficulty paying attention, impulsivity, and for some children, being overly active. Parents and teachers of children with ADHD might notice frequent daydreaming, the tendency to forget or lose things, frequent squirming or fidgeting, excessive talking, the tendency to make careless mistakes or to take unnecessary risks, difficulty resisting temptation, trouble with taking turns, and difficulty getting along with others. Youngsters with ADHD frequently have social problems: inattention may be perceived by peers as shyness or aloofness, and impulsivity might seem intrusive or aggressive. ADHD often co-occurs with other mental health diagnoses, including oppositional defiant and conduct disorders, learning disorders, anxiety, depression, and substance abuse.

The causes of ADHD are not fully known. Research suggests a strong genetic component although scientists are continuing to study other possible risk factors including brain injury and exposure to environmental risks during pregnancy or at a young age (e.g., exposure to lead, alcohol, or tobacco). Current research does not support certain commonly held views, e.g., that ADHD is caused by eating too much sugar or by parenting behaviors. The jury is still out, however, about the impact of the digital age on children who are constantly bombarded with images and information from electronic devices.

ADHD frequently co-occurs with other disorders and has symptoms that resemble other disorders. Children mature and develop self-regulation skills at different rates. For these reasons, it is important that parents seek a comprehensive mental health evaluation soon after symptoms are noted either at home or in school.

Parents might want to keep the following guidelines in mind when they suspect that their child might have ADHD:

- Avoid jumping to the conclusion that an ADHD diagnosis automatically means that medication is needed. Medications are highly effective, but so are behavioral, parent training, and classroom management interventions. Don't avoid seeking a professional evaluation for fear that medication will be forced on your child.
- Create structure in your child's environment: e.g., make sure that the child has a separate and uncluttered space to use for schoolwork; help the child establish and maintain daily practices to organize both workspace and bookbag; help the child develop/learn a system to track schoolwork that is due, home chores, and self-care activities.
- Create and maintain daily routines: e.g., follow a predictable daily schedule; clearly communicate and consistently apply both positive and negative consequences; give instructions in a way that recognizes that children with ADHD often have difficulty processing verbal instructions (e.g., ensure eye contact, break information into chunks, have the child repeat back the instruction, write out and post instructions about daily tasks).

Resources:

[What is ADHD? | CDC](#)

[Understanding ADHD - CHADD](#)

[What's behind the increase in ADHD? | Stanford Institute for Economic Policy Research \(SIEPR\)](#)