

Understanding ADD/ADHD

A Quick Guide for Parents

Evidence-Based | Practical | Supportive

WHAT IS ADHD?

ADHD (Attention-Deficit/Hyperactivity Disorder) is a **well-recognized neurodevelopmental condition** — not a parenting failure, character flaw, or lack of willpower. Brain imaging reveals real structural differences in areas governing attention, planning, and impulse control.

A note on "ADD": "ADD" is no longer an official diagnosis. Since 1994, it is classified as **ADHD — Predominantly Inattentive Type** (the daydreamy, forgetful presentation without obvious hyperactivity). All types fall under the ADHD umbrella.

THREE PRESENTATIONS

Inattentive

Forgetful, disorganized, easily distracted; may seem "spacey"

Hyperactive-Impulsive

Restless, always moving, acts or speaks before thinking

Combined

Significant symptoms of both types (most common)

FAST FACTS

~11%

of school-age children are diagnosed with ADHD

70–80%

genetic contribution; 1 in 4 have a parent with ADHD

70–80%

see significant improvement with proper treatment

ADHD is NOT caused by: poor parenting, too much sugar, excessive TV, or lack of discipline.

ADHD IS influenced by: genetics and brain chemistry (dopamine and norepinephrine regulation), slower prefrontal cortex maturation, and in some cases prenatal exposures (tobacco, alcohol, lead) or premature birth.

KEY SYMPTOMS TO WATCH FOR — BY AGE GROUP

Elementary (K–5)

- > Can't stay seated; constantly fidgeting
- > Blurts out answers; interrupts others
- > Loses homework and supplies regularly
- > Daydreams during instructions
- > Difficulty waiting turns; impulsive actions
- > Careless mistakes despite obvious ability

Middle & High School

- > Chronic disorganization; missed deadlines
- > Internal restlessness (less visible hyperactivity)
- > Poor time management on long-term projects
- > Impulsive social decisions; emotional swings
- > Grades drop as workload complexity increases
- > Struggles to maintain focus during lectures

College / Young Adult

- > Chronic lateness; difficulty planning ahead
- > Trouble managing finances or responsibilities
- > Hyperfocus on interesting tasks; avoids others
- > Underperforms despite high intelligence
- > Relationship or workplace friction
- > Often first diagnosed in adulthood

WHEN TO SEEK A PROFESSIONAL EVALUATION

Consider scheduling an evaluation if your child shows several of the above symptoms **AND all of these apply:**

- > Symptoms have persisted for **6 or more months**
- > Problems occur in **two or more settings** (home AND school)
- > Symptoms began **before age 12**
- > Academic performance, friendships, or home life are clearly impacted
- > Teachers are expressing consistent, ongoing concerns
- > Your child shows frustration, avoidance, or low self-esteem

Who evaluates? Start with your child's **pediatrician** — they can diagnose ADHD and refer to a psychologist or psychiatrist for comprehensive testing if needed.

Note: Schools can identify concerns and provide accommodations, but a *school evaluation is separate from a medical diagnosis*. Pursue both independently.

TREATMENT APPROACHES

The most effective approach is **multimodal** — combining strategies tailored to your child's age, type, and specific needs.

Ages 3–5: Behavior First

Parent training in behavior management (PTBM) is the first-line recommendation. Programs like The Incredible Years and Triple P equip parents with consistent, positive strategies. Medication is a last resort for this age group.

Ages 6 and Up: Combined Approach

- > **Medication** (stimulants or non-stimulants) — effective in 70–80%
- > **Behavior therapy** — builds practical skills and routines
- > **CBT / Skills training** — addresses procrastination and organization
- > **School accommodations** — IEP or 504 Plan (extended time, preferential seating)

At home: Consistent routines, clear one-step instructions, visual schedules, immediate specific praise, regular exercise, and adequate sleep all make a meaningful daily difference.

REPUTABLE RESOURCES FOR PARENTS

CHADD.org	National Resource Center on ADHD (CDC-funded). Fact sheets, webinars, local support groups, and school advocacy templates.
Understood.org	Clear, practical guides on IEPs vs. 504 Plans, emotional support, and learning differences. Very parent-friendly.
ADDitudeMag.com	Expert articles, free downloadable guides, and webinars covering all aspects of ADHD management.
CDC / NIMH	cdc.gov/adhd and nimh.nih.gov — authoritative, evidence-based overviews of causes, diagnosis, and treatment.
YouTube	<i>How to ADHD</i> (Jessica McCabe); Dr. Russell Barkley — "30 Essential Ideas Every Parent Needs to Know"

FREE SCREENING TOOLS

These questionnaires help document patterns to share with a clinician — they do not diagnose ADHD.

For Children Ages 6–12

NICHQ Vanderbilt Assessment Scale — Free parent and teacher versions available online. Covers ADHD symptoms and also screens for anxiety, depression, and oppositional behavior. Widely used by pediatricians.

For Ages 18 and Up

WHO Adult ADHD Self-Report Scale (ASRS-v1.1) — Free 6-question screener. If 4 or more answers in Part A fall in the shaded zone, discuss results with a healthcare provider.

For Adolescents (13–17): Conners' Rating Scales or the SNAP-IV — ask your pediatrician or school psychologist for access.

You Are Not Alone — and Your Child Can Thrive

ADHD is one of the most common and most *treatable* childhood conditions. Millions of children, teens, and adults with ADHD go on to lead fulfilling, successful lives with the right support. Early identification, a collaborative treatment team, and a caring, informed parent are the most powerful factors in a child's long-term success.

Asking questions is always the right first step.