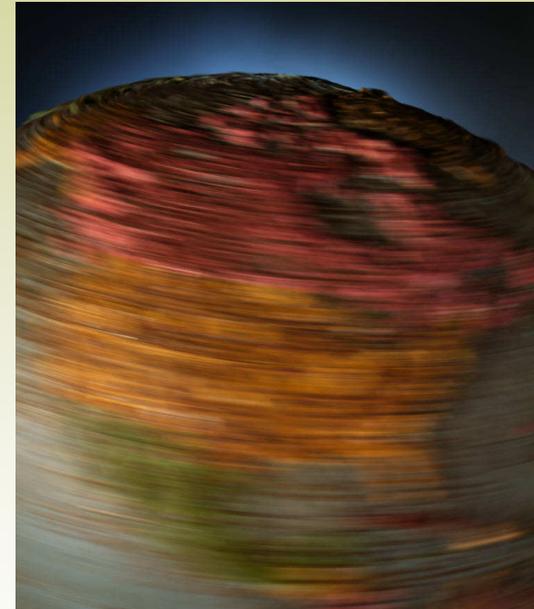


*An Information Booklet  
For Parents/Guardians and Child Serving Professionals in  
Chittenden County, Vermont*

**Quick Facts:  
Attention Deficit/  
Hyperactivity Disorder  
(ADHD)**



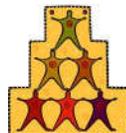
*This fact booklet is intended to enhance understanding about mental health issues that may be encountered in children and adolescents. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health and/or medical diagnoses should be made only by trained professionals after a thorough evaluation.*

**Students FIRST Project**

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## What is ADHD?

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition of the brain typically marked by an inability to pay attention, hyperactivity, and/or impulsivity. It is normal for children to have trouble focusing, following directions, staying on task, and controlling their behaviors from time to time. For a child with ADHD, however, these challenges tend to be chronic and persistent. The exact cause of ADHD is not yet known, but changes in brain structures, heredity, and prenatal or childhood exposure to certain toxins all may play a role. Though parenting practices can impact the management of ADHD, they are not responsible for the development of this disorder.



## Types of ADHD

**Predominantly inattentive type** – Inattentive type of ADHD may be diagnosed when the student’s prevalent symptoms are related to difficulty sustaining attention.

**Predominantly hyperactive-impulsive type** – Hyperactive-Impulsive type of ADHD may be diagnosed when the student’s prevalent symptoms are related to excessive motor activity and/or difficulty controlling impulses and behavior.

**Combined type** – Students with a combined type of ADHD typically show significant difficulty with attention, impulsivity and hyperactivity. The majority of children diagnosed with ADHD are diagnosed with this subtype.

## Getting Linked

- Visit [www.ptohelp.org](http://www.ptohelp.org) to locate mental health providers who address ADHD in children and adolescents in your community.
- Dial 2-1-1 to reach Vermont 2-1-1, a statewide health and human services information and referral program where you can get person-to-person assistance to find ADHD resources in your community.



## Additional Resources

Students FIRST Project  
Chittenden County, Vermont  
[www.studentsfirstproject.org](http://www.studentsfirstproject.org)

Vermont ADHD Initiative  
<https://www.med.uvm.edu/vchip>

National Institute of Mental Health  
<http://www.nimh.nih.gov/>

Vermont Family Network  
[www.vermontfamilynetwork.org](http://www.vermontfamilynetwork.org)

Children and Adults with ADHD  
[www.chadd.org](http://www.chadd.org)

American Academy of Pediatrics  
[www.aap.org/](http://www.aap.org/)

American Academy of Child/  
Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)

National Alliance on Mental Illness  
[www.nami.org](http://www.nami.org)

School Psychiatry Program  
Massachusetts General Hospital  
[www.schoolpsychiatry.org](http://www.schoolpsychiatry.org)

First Call for Children and Families  
Chittenden County’s Child and  
Family Crisis services  
**(802) 488-7777**



## Cultural Considerations

ADHD occurs at similar rates and with similar symptoms across various ethnic cultures. There are gender differences in the rate of ADHD diagnosis: boys are diagnosed more frequently than girls, particularly with hyperactive-impulsive type ADHD.

Children living in poverty or who experience abuse or chaos at home are also more likely to be diagnosed with ADHD. However, it appears that these environmental conditions do not cause ADHD, but rather may exacerbate ADHD symptoms.

Attitudes about ADHD may vary significantly depending on one's culture and beliefs. These variations have important implications for how a child with ADHD is perceived by his/her parents, peers, and cultural community and if and how a family chooses to treat this biologic brain disorder.



## Prevalent Signs & Symptoms of ADHD

### What Inattention May Look Like

- Difficulty sustaining focus on tasks that are not immediately interesting or rewarding
- Lack of follow through with and/or avoidance of activities that require sustained mental effort
- Lack of attention to detail, careless mistakes and/or messy work
- Difficulty with listening and/or problems following through on multi-step directions
- Disorganization leading to misplaced or lost materials
- Frequent distraction by noises, visual stimuli, etc.
- Forgetfulness

### What Hyperactivity May Look Like

- Constant motion, difficulty staying seated, squirming and/or fidgeting
- Running, jumping, climbing at inappropriate times; seeming to be always “on the go”
- Poor regulation and/or inhibition of behavior
- Difficulty working or playing quietly

### What Impulsivity May Look Like

- Excessive talking, blurting out
- Difficulty with delaying responses and/or gratification
- Acting before thinking
- Frequent interruption of others; calling out answers before question is finished
- Emotional reactivity including low frustration tolerance and quickly changing moods

## Developmental Considerations

### Early Childhood (@ 3-5 years old)

ADHD may be harder to detect in this age group due to age appropriate short attention span and impulsivity.



### Middle Childhood (@ 6-12 years old)

ADHD is often first diagnosed in this age group because school based expectations highlight struggles with attention, impulsivity, and hyperactivity.



### Adolescence (@13-18 years old)

ADHD may be harder to diagnose in adolescence because teens with ADHD have often learned some compensatory strategies, making them more likely to 'fly under the radar'. Additionally, impulsive, risk-taking behavior is considered more normative in adolescence than it is in middle childhood.



## Educational Implications

ADHD can have a significant impact on a student's ability to function in school. Students with ADHD may struggle with skills that facilitate learning and school success such as planning, organizing, sustaining attention, keeping track of and completing assignments and listening to and/or processing information necessary to learn. They may become frustrated by these chronic challenges.

Not only might academic achievement suffer in students with ADHD, but academic related self-esteem as well. This may result in decreased motivation to take on school-related tasks and challenges, and ultimately may lead to school avoidant behavior such as tardiness, truancy, and incomplete work. Untreated ADHD may also contribute to the development of other related mental health issues such as anxiety and depression.

Fortunately, treatment is available that can address the symptoms in many children and adolescents that interfere with learning and educational success.

