PARENT RESOURCE GUIDE

Attention-Deficit / Hyperactivity Disorder

A comprehensive parent guide to understanding, diagnosing, and treating ADHD in children and adults.

The information in this guide is drawn from the clinical expertise of Dr. John Carosso, Psy.D. and Dr. Robert A. Lowenstein, M.D., current research findings, and authoritative sources including the DSM-5 and the National Institute of Mental Health. It is intended for informational purposes and does not replace a professional evaluation.

What Is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a condition that typically surfaces in the preschool and early elementary school years. Children with ADHD have difficulty controlling their behavior and maintaining attention. It is estimated that between 3 and 5 percent of children have ADHD — approximately two million children in the United States. In a classroom of 25 to 30 children, at least one child is likely to show significant signs of ADHD.

> **The three principal characteristics of ADHD are inattention, hyperactivity, and impulsivity. These symptoms appear early in a child's life and across multiple settings — home, school, and community.**

Recognizing the Symptoms

ADHD presents in three subtypes. Understanding which pattern your child shows is an important first step toward getting the right help.

Hyperactive-Impulsive Type

Children with this type seem to be constantly in motion — dashing around, talking incessantly, squirming at dinner or during lessons. They may blurt out answers, struggle to wait their turn, and act without thinking about consequences.

- Fidgeting, squirming, or leaving seat when sitting is expected
- Running or climbing in inappropriate situations
- Blurting out answers before questions are finished
- Difficulty waiting in line or taking turns

Predominantly Inattentive Type (formerly called ADD)

These children are rarely impulsive or hyperactive but have significant difficulty paying attention. They may appear spacey, easily confused, or slow-moving — often sitting quietly but not fully processing what's happening around them.

- Easily distracted by irrelevant sights and sounds
- Failing to pay attention to details; making careless mistakes
- Rarely following instructions carefully or completely
- Skipping from one uncompleted activity to another

- Losing or forgetting things needed for tasks

Combined Type

Children with the combined type display both inattentive and hyperactive-impulsive symptoms, and often face the greatest challenges in school and social settings.

> **Important: ADHD is diagnosed only when behaviors significantly interfere with functioning in at least two areas of life — school, home, or social relationships — and have been present since before age 7 for at least 6 months.**

Getting a Diagnosis

There is no single test for ADHD. A thorough evaluation by a Licensed Psychologist or Board Certified Child Psychiatrist is required. Our evaluation process includes:

- A comprehensive developmental and behavioral history
- Structured clinical interview with parents and child
- Standardized behavior rating scales completed by parents and teachers
- Assessment of functioning across home, school, and community settings
- Screening for co-occurring conditions such as anxiety, learning disabilities, and depression

> **Our specialists consider: Are these behaviors excessive and long-term? Do they occur more often than in other children the same age? Are they present in multiple settings, or only in one specific situation?**

What Causes ADHD?

Parents often ask: "Did I do something to cause this?" The answer is almost certainly no. Most evidence points to neurobiological and genetic causes — not parenting style or home environment.

Genetics

ADHD runs in families. Studies show that 25% of close relatives of children with ADHD also have the condition, compared to about 5% of the general population.

Brain Structure and Function

Neuroimaging studies show differences in the development and activity of brain regions involved in attention, impulse control, and executive functioning in individuals with ADHD.

Environmental Factors

Environmental factors can influence severity but do not appear to cause ADHD on their own. These include prenatal exposure to tobacco or alcohol, and early exposure to high levels of lead.

Conditions That Can Accompany ADHD

ADHD rarely occurs in isolation. Recognizing and treating co-occurring conditions is essential for comprehensive care.

Learning Disabilities

20–30% of children with ADHD also have a specific learning disability, including dyslexia, writing disorders, or arithmetic disorders.

Oppositional Defiant Disorder (ODD)

As many as one-third to one-half of children with ADHD — mostly boys — also have ODD, characterized by defiance, stubbornness, and frequent temper outbursts.

Anxiety and Depression

Children with ADHD commonly experience co-occurring anxiety or depression. Treating these effectively helps children better manage ADHD challenges.

Bipolar Disorder

Distinguishing ADHD from childhood bipolar disorder can be difficult. Key differentiators include elated mood, grandiosity, and more extreme mood cycling.

Tourette Syndrome

A small percentage of children with ADHD have Tourette syndrome, characterized by nervous tics and repetitive mannerisms. Both conditions often respond well to appropriate treatment.

Treatment Approaches

Research consistently shows that the most effective approach combines behavioral treatment with medication management. No single treatment works for every child — individualized care is essential.

Medication

Stimulant medications are the most widely studied and effective medications for ADHD. When used under proper medical supervision, they are generally considered safe and help the majority of children focus, reduce hyperactivity, and improve their ability to learn. Non-stimulant options such as Strattera® (atomoxetine) are also available.

> **Important note: Medications help children use the skills they already have — they don't cure ADHD or replace the need for behavioral therapy and emotional support.**

Behavioral Therapy

Behavioral therapy helps children develop more effective coping strategies and directly addresses thinking patterns and behaviors. It may include:

- Psychotherapy — helping children understand and accept themselves
- Behavioral therapy (BT) — practical strategies for managing immediate challenges
- Social skills training — learning to read social cues, share, take turns, and resolve conflicts
- Parent skills training — tools and techniques for managing behavior at home

Support Groups

Connecting with other families navigating ADHD can reduce isolation and provide practical guidance. Ask our team about resources and support groups in the Pittsburgh area.

Practical Strategies for Home & School

Building Structure at Home

- Maintain a consistent daily routine from wake-up to bedtime
- Post the schedule visibly and give advance notice of any changes
- Have a designated place for everything — backpacks, supplies, homework

- Use homework organizers and encourage children to write down assignments
- Provide immediate, specific praise for positive behavior (aim for a 10:1 praise-to-correction ratio)

14 Principles for Managing ADHD at Home

The following principles, drawn from evidence-based practice, help parents create an environment where children with ADHD can thrive:

1. Immediate feedback

Children with ADHD live in the moment. Quick rewards, praise, and consequences are far more effective than delayed responses.

2. Frequent feedback

Give feedback periodically during tasks, not just at the end.

3. Powerful consequences

Use more motivating rewards than you might with other children — they need to overcome more to reach the goal.

4. Incentives before punishment

Praise what you want to see. Find replacement behaviors and reinforce them. Punish selectively and consistently.

5. Externalize time

Use timers, visual clocks, and alarms. Break long tasks into short, timed segments.

6. Make thinking visible

Use checklists, index cards, and visual cues at the point of task performance — not just verbal reminders.

7. Externalize motivation

Create visible, immediate incentive structures such as sticker charts or token economies.

8. Make problem-solving physical

Use tangible tools — diagrams, cards, objects — to help children process and organize information.

9. Stay consistent

Use the same strategies every time, across both parents, for at least 1–2 weeks before deciding they don't work.

10. Act, don't yak

Don't lecture repeatedly. Let your actions and follow-through do the work.

11. Plan ahead

If you can predict the problem situation, plan for it. Review 2–3 rules before entering a challenging environment.

12. Keep a disability perspective

Remember your child has a neurological condition. Maintain perspective and respond calmly.

13. Don't personalize

Stay calm, keep it in perspective, and accept the reality of the situation without taking it personally.

14. Practice forgiveness

Each day, after problems are settled, let it go. Forgive your child — and yourself.

Your Child at School

You are your child's best advocate. The more you understand about ADHD, the better prepared you are to help teachers and administrators support your child effectively.

- Inform teachers early — share your child's diagnosis and what strategies help
- If you suspect ADHD but no diagnosis exists, you can request a school evaluation in writing
- If your child qualifies for special education services, work with the school to develop an Individualized Educational Program (IEP)
- Review and approve your child's IEP annually; advocate for updates as your child grows
- Each state has a Parent Training and Information (PTI) center to help you navigate your rights

ADHD in Teenagers and Adults

The Teen Years

Adolescence is challenging for any child, but for teens with ADHD the stakes are higher. Peer pressure, academic demands, low self-esteem, and the desire for independence can all collide. About 80% of children who need medication for ADHD still need it as teenagers.

> **Driving and ADHD: Teens with ADHD have nearly four times as many automobile accidents in their first 2–5 years of driving as teens without ADHD. Graduated Driver Licensing (GDL) programs provide important safeguards — discuss driving readiness carefully with your provider.**

ADHD in Adults

30–70% of children with ADHD continue to experience symptoms into adulthood. Many adults are unaware they have ADHD — they may simply feel unable to get organized, keep appointments, or stay productive at work. A correct diagnosis can bring significant relief and open the door to effective treatment including medication, psychotherapy, and practical coaching strategies.

Frequently Asked Questions

My child with ADHD always fights with siblings. What can I do?

Try not to take sides or determine who started it. Encourage children to problem-solve on their own. For minor conflicts, coach children to brush it off rather than become defensive. If intervention is necessary, give both children the words to problem-solve and separate them briefly. If punishment is needed, apply it equally to both.

My child is always being teased. What do you suggest?

Teach simple strategies for diffusing teasing — responding in an unemotional, nonchalant manner rather than becoming defensive. A sense of humor helps. Also work with school staff to manage the situation carefully — taking sides and punishing often makes things worse.

My child is really difficult at bedtime. What can I do?

Give a two-minute warning before the bedtime routine begins. Dim lights and reduce noise as bedtime approaches. Use a visual schedule to emphasize routine. Research shows allowing up to three 'passes' per night to leave the bedroom often results in children using none of them.

Is praise really more important than punishment?

Yes. Aim for a 10:1 ratio — ten specific, positive comments for every one reprimand. Keep statements brief when redirecting misbehavior, and rely on fair, firm, and consistent consequences rather than emotional reactions.

What should I focus on for social skill development?

Key skills include: Entry (joining a group); Assistance (helping others); Compliments; Reciprocity and Sharing; Conflict Resolution; Monitoring and Listening; Empathy; and Avoiding/Ending interactions appropriately. Social stories, role-playing, and video feedback are effective tools.

Ready to take the next step?

Doctors Carosso and Lowenstein and our experienced team are here to help. Contact us to schedule an evaluation or to ask any questions.

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