

Neurodevelopmental Disorders: ADHD

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Learning Objectives

- Prevalence & Evidence
- Diagnostic Criteria
- Correcting Misconceptions
- Social – Emotional Impacts
- How to Support

Prevalence & Evidence

- 9-10 % of children in the US or 1 in 10 students (CDC, 2023)
- Diagnosed 2:1 in boys compared to girls (CDC, 2023)
- High genetic contribution: 70-80% heritability estimate
- 2/3 of children with ADHD have at least one additional mental health or neurodevelopmental condition (e.g. anxiety, learning disorders, etc.; CDC, 2023)
- Parent training and behavioral classroom management programs improve behavior and social functioning in **up to 60–70%**
- Stimulant medication reduces core ADHD symptoms in 70-80%
- **Combined medication and behavioral therapy** is most effective for both symptom reduction and functional improvements, outperforming either treatment alone

Diagnostic Criteria

Inattention Symptoms

- Often fails to give close attention to details or makes careless mistakes
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish tasks
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Often loses things necessary for tasks or activities
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

Hyperactive/ Impulsive Symptoms

- Often fidgets with or taps hands or feet or squirms in seat
- Often leaves seat in situations when remaining seated is expected
- Often runs about or climbs in situations where it is inappropriate
- Often unable to play or engage in leisure activities quietly
- Is often “on the go,” acting as if “driven by a motor”
- Often talks excessively
- Often blurts out an answer before a question has been completed
- Often has difficulty waiting his or her turn
- Often interrupts or intrudes on others

Diagnostic Criterion Cont.

Inattention Symptoms

- Often **fails** to give close attention to details or makes **careless** mistakes
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often **does not follow through** on instructions and **fails** to finish tasks
- Often has difficulty organizing tasks and activities
- Often **avoids, dislikes, or is reluctant** to engage in tasks that require sustained mental effort
- Often **loses things** necessary for tasks or activities
- Is often **easily distracted** by extraneous stimuli
- Is often **forgetful** in daily activities

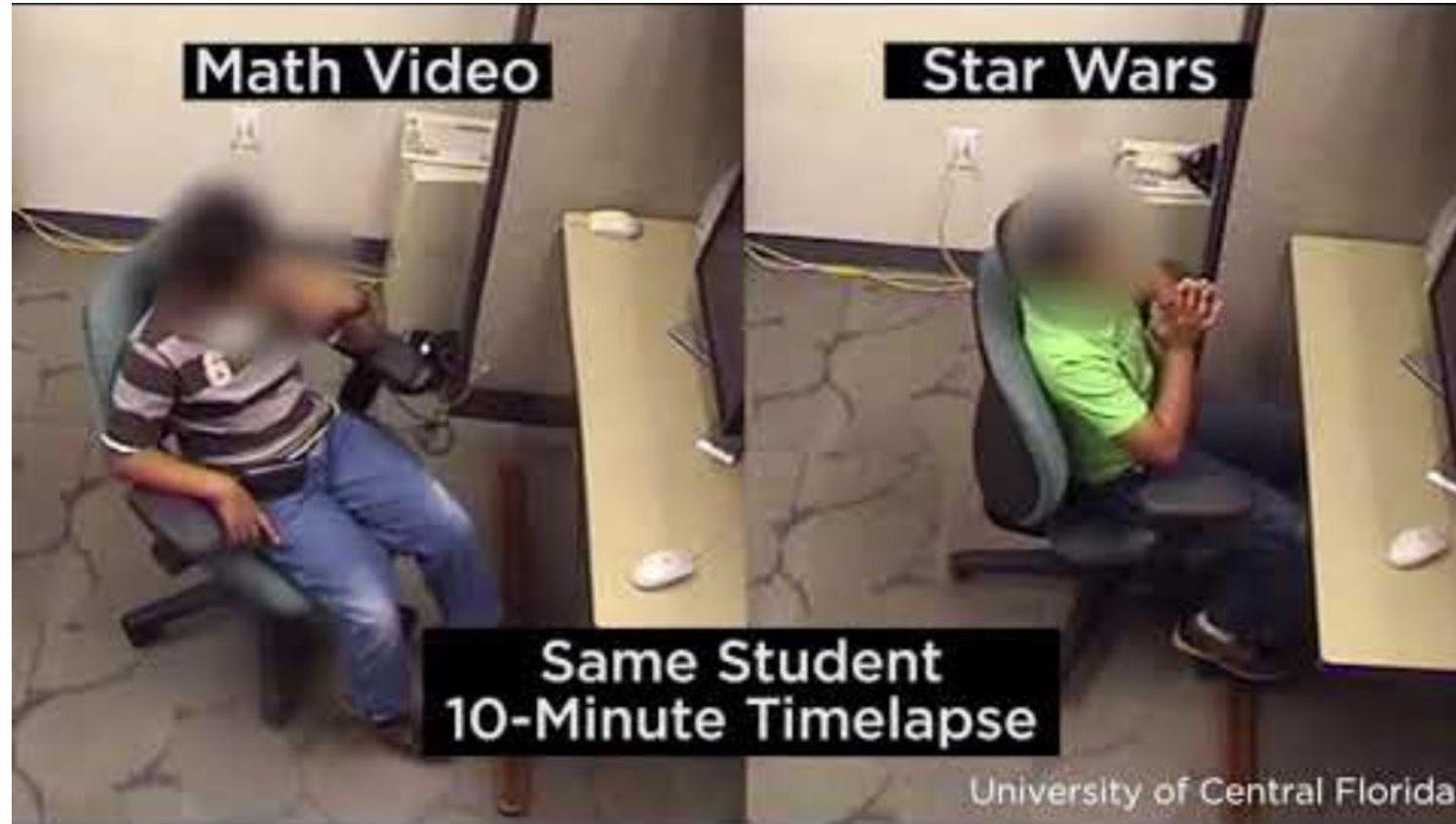
Hyperactive/ Impulsive Symptoms

- Often fidgets with or taps hands or feet or **squirms** in seat
- Often **leaves seat** in situations when remaining seated is expected
- Often runs about or climbs in situations where it is **inappropriate**
- Often unable to play or engage in leisure activities quietly
- Is often “on the go,” acting as if “driven by a motor”
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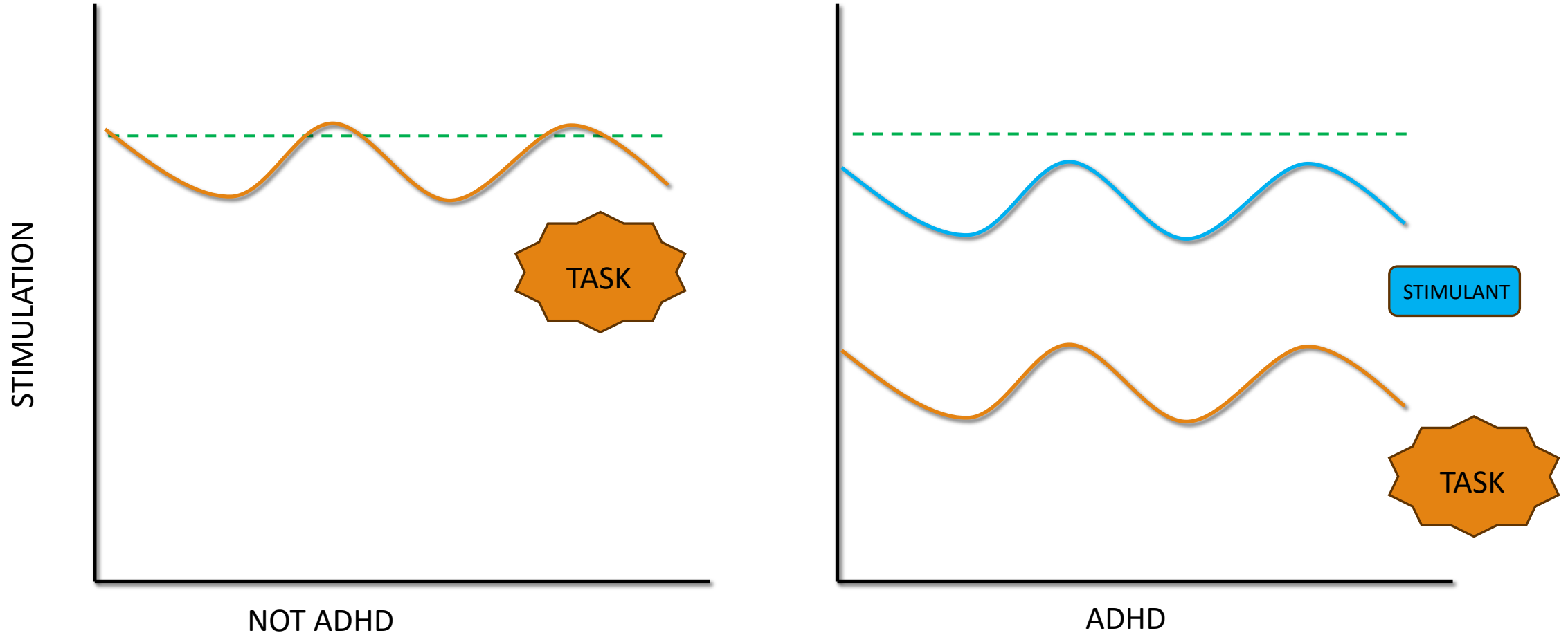
Correcting Misconceptions

- “They could focus if they wanted to/tried harder”
 - ADHD is **NOT** a problem of willpower
 - “Erectile dysfunction of the brain” – Thomas Brown, Ph.D.
- “They are lazy/ not motivated”
 - Often working harder than peers to meet the same expectations
- “They’ll grow out of it when they’re older”
 - Symptom presentations may change but most experience continued challenges into adolescence and adulthood

Correcting Misconceptions Example



Correcting Misconceptions: Data Graph



Social – Emotional Impacts

- Increased Negative Interactions and Feedback from Adults
- Increased Peer Rejections
- Difficulties with Emotion Regulation and Emotional Reactivity
- Rejection Sensitivity and Perceived Criticism
- High Anxiety and Embarrassment
- Increased Risk of Depression, Suicide, and Substance Use

How to Support – Practical Tips

- Give feedback privately & calmly
- Separate child from behavior
- Catch small successes & name them
- Normalize mistakes for everyone
- Offer structured peer opportunities
- Teach and model calm-down strategies
- Use “when/then”
- Determine a safe exit or reset plan

Q & A

