

# Parents of Children with ADHD

- Many parents may experience a sense of stress or defeat when trying to help their child with ADHD<sup>4</sup>.
- 9.5% of children ages 4-17 years old were diagnosed with ADHD in 2011-2013<sup>5</sup>.
- If you are unsure if your child has ADHD, know that ADHD presents itself differently in all children & the symptoms listed on the previous page can vary in type and magnitude from one child to another<sup>6</sup>.

The Facts About ADHD

#### What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a neurobehavioral disorder found most commonly in children<sup>6</sup>. The highest prevalence of the disorder is among children ages 4-17 years old. ADHD is also diagnosed at higher rates among boys than girls<sup>5</sup>.

#### Symptoms of ADHD

There are several behavioral symptoms that indicate a child may have ADHD. These symptoms include:

- Inability to pay attention
- Forgetfulness
- Hyperactivity<sup>3</sup>
- Carelessness
- Aggression/Disruptive behaviors<sup>4</sup>.

## Attention Deficit Hyperactivity Disorder (ADHD)



## Do You Have a Child With ADHD?



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## Treatment Options for Children with ADHD

#### **Psychostimulants**

Psychostimulants are usually the prescribed medicine-of-choice for many psychiatrists when treating children with ADHD. *Methylphenidate (MPH)* is a stimulant medication that is most often recommended by doctors<sup>6</sup>.

#### **PROS:**

- Help reduce many core behavioral symptoms associated with the disorder.
- Improvements in learning, decision-making, and social communications<sup>4</sup>.

#### CONS:

- Questionable long-term effects
- Side effects include: changes in mood, loss of appetite, and sleep disruption<sup>6</sup>.
- Short-term and time-restricted solution<sup>4</sup>.

### **Psychosocial therapy**

Psychosocial approaches to treatment include educational-based support strategies and behavioral skills training for both the child and their parents<sup>4</sup>.

#### **PROS**:

- Helps child decrease number of disruptive behaviors & practice the skills needed to succeed in all environments.
- Includes training for both the child and the parent.
  - *Parent* learns how to strengthen the relationship with their child.
  - *Child* learns how to handle their feelings using more positive and creative outlets.
- Long term benefits<sup>1</sup>.

#### CONS:

- Longer time period before seeing positive results
- Not guaranteed to work for all children

### Resources for Finding A Solution

#### Where to look:

Online directories for finding therapists in your area include:

- The American Psychological Association Psychologist Locator
- American Association of Marriage and Family Therapy Locator

If you are covered by health insurance, you may want to call your provider & ask for a directory of professionals that are within your network.

#### What to look for:

When viewing profiles of therapists, look to see if they have been trained or certified in these programs that have been proven to be more affective in children with ADHD:

- Parent-Child Interaction Therapy (PCIT)
- Incredible Years Parent Program
- Triple P Positive Parenting Program
- New Forest Parenting Programme<sup>2</sup>

#### Resources

- 1. Behavior therapy for children with ADHD An overview. (2016). In N. C. o. B. D. a. D. Disabilities (Ed.), *Center for Disease Control and Prevention*. Atlanta, GA: Department of Health and Human Services.
- 2. Behavior therapy for young children with ADHD Finding a Therapist. (2016). In N. C. o. B. D. a. D. Disabilities (Ed.), *Center for Disease Control and Prevention*. Atlanta, GA: U.S. Department of Health & Human Services.
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- 4. Modesto-Lowe, V., Danforth, J. S., & Brooks, D. (2008). ADHD: does parenting style matter? *Clin Pediatr (Phila)*, *47*(9), 865-872. doi:10.1177/0009922808319963
- 5. Pastor, P., Reuben, C., Duran, C., & Hawkins, L. (2015). Association between diagnosed ADHD and selected characteristics among children aged 4-17 years: United States, 2011-2013. *NCHS Data Brief*(201), 201.
- 6. Stein, M. A., Sarampote, C. S., Waldman, I. D., Robb, A. S., Conlon, C., Pearl, P. L., . . . Newcorn, J. H. (2003). A doseresponse study of OROS methylphenidate in children with attention-deficit/hyperactivity disorder. *Pediatrics, 112*(5), e404.

