CHILDREN'S LEARNING CLINIC

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

1. ADHD is a neurodevelopmental disorder. It isn't a "new" disorder, an American fad, a "phase" they'll grow out of, a motivation problem, or lazy parenting. The earliest description comes from Hippocrates (490 B.C.), who described patients with an "overbalance of fire over water" that were impulsive and had problems paying attention. Rates of ADHD are highly similar around the world (about 5% of children have ADHD). We know that it is caused by neurological factors. Their difficulties aren't caused by diet, sugar, glutens, artificial coloring, food additives, or poor parenting. ADHD is about 80% genetic, which means that genes play a bigger role in ADHD than they do in determining your hair color, intelligence, or how long you'll live.

2. Kids with ADHD won't "grow out of it." We now know that about 70% of kids with ADHD continue to have ADHD as adults, and almost 100% of kids with ADHD continue to have difficulties in important areas of life functioning as adults.

3. Hyperactivity may be functional. We all move around more to help us stay alert and focus. Next time you're in a long meeting, watch as everyone starts to shift in their chairs and move around after a while. In fact, kids with ADHD do *better* on challenging tasks when they've moving *more* compared to when they're sitting still. And, kids with ADHD get more 'brain benefits' from moving around compared to kids without ADHD. So … let kids fidget, sit weird in their chairs, or do their work standing up. That's not a free pass to run around the classroom singing showtunes. But keep in mind that if we're trying to make kids with ADHD sit still, we're taking away a coping skill that helps them focus. Reinforce the *work*, not the motor activity.

4. Recent research suggests that Omega-3 fatty acid supplements produce a small but significant reduction in ADHD symptoms across 16 clinical trials, especially when combined with Vitamin D and exercise. A "small" reduction means that we need statistics to detect it, so don't expect to see big changes. But with ADHD treatment every little bit helps. Ask your child's pediatrician before starting any medication or supplement.

5. We often tell parents and teachers to give praise, or "positive reinforcement," to reward children with ADHD for following directions and doing their schoolwork/homework. Praise is good, and can be a powerful method for improving child behavior. But interrupting a child with ADHD – even to give praise – can have negative effects. This happens because children with ADHD have difficulty re-engaging in their work after an interruption. So continue to give your child enthusiastic, genuine praise. But add a step. Before walking away, redirect the child back to their schoolwork and stay with them until they have started working again.

6. Kids with ADHD are not always inattentive. In fact, they are "on task" or paying attention about 75% of the time in class! However, their non-ADHD classmates are "on task" almost 90% of the time. Over time, that difference translates into a lot of missed instruction and opportunities to practice the skills they are learning in school.

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7. Most kids with ADHD are resilient! Recent research suggests that parents and teachers view most children with ADHD as adapting positively despite the risks associated with ADHD. When planning treatment and other services for a child with ADHD, it is important to think about their symptoms and areas of difficulty. But it is just as important to think about their *strengths*. Identify the child's personal, family, and community assets and use that information to help them thrive. The best outcomes will come from not only weakening their weaknesses, but also strengthening their strengths!

8. Fidget spinners are toys, not treatments. It turns out that kids with ADHD actually get *less* focused and more disruptive when they are given fidget spinners in class. When kids play with a fidget spinner, they focus on the toy instead of the teacher. We want to get the kids moving, not their toys. Fidget spinners are a lot of fun, but they are not a therapy device. This goes for other fidget toys as well.

9. Break down instructions into parts, write them down, use charts, and don't give multi-step directions. One of the biggest problems for most children with ADHD is working memory. Working memory is the ability to hold things in your brain while thinking about those things, or while doing some other task. So if you tell a child with ADHD to "put on your PJs, brush your teeth, and pick out a book for story time," don't be surprised to find them in their PJs playing with their favorite toy. This usually isn't oppositional behavior – it's a working memory problem. They probably has no idea you wanted them to do something other than put on their PJs. They heard you just fine, but the other steps got lost along the way.

10. Kids with ADHD aren't actually "easily distractible" – although they can definitely seem that way! It turns out that kids *without* ADHD get distracted just as often as kids *with* ADHD. The difference is that kids without ADHD can usually remember what they were doing before the distraction and get back on track. Kids with ADHD, on the other hand, are more likely to lose track of what they were doing beforehand. So they find something new to do, which is what makes them look like they're more distractible than other kids. It's not a "distractibility" problem, it's a "getting back on track after a distraction" problem.

11. Medication is the best treatment we have, but it's not a cure. Stimulant medication results in huge improvements in behavior for about 80% to 90% of children with ADHD. It also appears to be a protective factor against later substance abuse. On the other hand, medication only works on days they take it, and does not improve school grades, standardized test scores, or executive functioning.

12. "Brain training" for ADHD has gotten a lot of attention. Unfortunately, most of the first-generation "brain training" programs don't actually improve the brain abilities they claimed to improve. Some of these "brain training" companies were even fined millions of dollars by the FDA for making false claims (i.e., lying). And even the "FDA Cleared" brain training for ADHD has been shown to be ineffective for reducing ADHD behaviors. But it's not time to give up on "brain training" just yet. Recent research has found several key reasons why the first-generation programs failed to live up to the hype. And a next-generation program called *Central Executive Training* that was developed in our clinic shows a lot more promise. Central Executive Training is currently only available as part of a research study, but if it keeps hitting all our rigorous benchmarks for success, we will work to make it more widely available soon.

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About the Children's Learning Clinic (CLC)

The Children's Learning Clinic (CLC) is a research training clinic directed by Dr. Singh.The CLC is affiliated with the FSU Ph.D. program in Clinical Psychology. We are also affiliated with the Youth-Nex Center to Promote Effective Youth Development. We are located in the Psychology Building at FSU.

The CLC offers comprehensive assessment, diagnostic, and treatment services for families of children with suspected attention, learning, or behavioral challenges. The CLC is a scientist-practitioner training clinic, which means that we provide evidence-based clinical services with the context of a research clinic. Research in the CLC focuses on understanding the relationship among cognitive, behavioral, and educational outcomes for children with ADHD within the context of positive youth development. The goal of CLC research is to translate these findings into effective treatments for children with ADHD.

Families may qualify for CLC assessment and treatment services regardless of insurance or ability to pay. There is currently no cost for CLC services (costs are covered through grants from the National institute of Mental Health and FSU). Interested parents should call the CLC intake line at **850-645-7423**. A member of the CLC will then contact you to answer your questions and conduct a brief (5-10 minutes) screening interview.

About Us

Dr. Leah Singh is the Director of Clinical Services and a licensed psychologist in Florida. She earned her PhD in School Psychology from the University of Memphis, completed her clinical Internship at the FSU Multidisciplinary Center, and completed a post-doctoral fellowship at the Children's Learning Clinic. She completed a subspecialty in pediatric psychology and has extensive experience in assessment, consultation, and intervention in hospital, clinic, and school settings. She is a recipient of the Division 16 Blue Ribbon Research Award from the American Psychological Association.

Dr. Michael Kofler is the Director of Research Services and a licensed psychologist in Florida and Virginia. He has published more than 90 scientific articles and book chapters on topics related to childhood ADHD. Dr. Kofler is a Consulting Editor for the *Child Neuropsychology* and a member of the Editorial Board of *Research in Child and Adolescent Psychopathology*. He is a recipient of the Young Scientist Research Award from the national ADHD advocacy group *CHADD*. His research focuses on identifying strengths and building capabilities in children with ADHD.

Principal Investigator: Michael J. Kofler, Ph.D.