



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 sustaining attention. Rates of ADHD are highly similar around the world (3% to 5% of children have ADHD). We know that it is caused by neurological factors. Their difficulties aren't caused by diet, sugar, glutes, 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 66% of kids with ADHD continue to have ADHD as adults, and almost all of them continue to have difficulties in important areas of life functioning.
3. 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.
4. 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. So ... unless their behavior is interrupting the class, let kids fidget, sit weird in their chairs, or do their work standing up. Reinforce the *work*, not the motor activity.
5. Break down instructions into parts, write them down, use charts, and *don't give multi-step directions*. One of the biggest problems for many children with ADHD is working memory, which 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 "go upstairs, put on your pajamas, brush your teeth, and pick out a book to read before bed", don't be surprised to find him upstairs in his pajamas playing with his favorite toy. This usually isn't oppositional behavior – it's a working memory problem, and the child probably has no idea you wanted him to do something other than put on his PJs. He heard you just fine, but the other steps got lost from memory along the way.
6. A new version of our diagnostic manual, called DSM-5, came out in the last year, with important changes for how ADHD is diagnosed. The biggest change was the elimination of "subtypes". Using the new manual, we now describe children's symptoms in terms of "current presentation" rather than subtypes. This change reflects new information suggesting that the "subtypes" are not distinct disorders, but rather part of the same syndrome, and that the symptoms wax and wane such that children who fall in one category now might fall in a different category later. The descriptors remain similar (Predominately Inattentive Presentation, Predominately Hyperactive/Impulsive Presentation, Combined Presentation). Other changes included moving ADHD into the *Neurodevelopmental Disorders* category, and changing the age of onset requirement from age 7 to age 12. The behavioral symptoms themselves remain the same.



About the Children's Learning Clinic (CLC)

The [Children's Learning Clinic](#) (CLC) is a new, scientist-practitioner research clinic directed by Dr. Kofler. The CLC is affiliated with the FSU Ph.D. program in Clinical Psychology. We have a sister clinic at the University of Virginia, and are 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 suspected of ADHD. 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. 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 Dr. Kofler



Dr. Kofler is a licensed clinical psychologist in Florida and Virginia, and has published more than 25 scientific articles and book chapters on topics related to childhood ADHD. Dr. Kofler was recently awarded a Young Scientist Research Award by the national ADHD advocacy group CHADD. His research focuses on identifying strengths and building capabilities in children with ADHD. Currently, Dr. Kofler's primary research goals are to identify ways to improve ADHD behavioral treatment, and develop ADHD-centric, game-based neurocognitive training. This research is funded by the National Institute of Mental Health and the FSU Psychology Department.

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