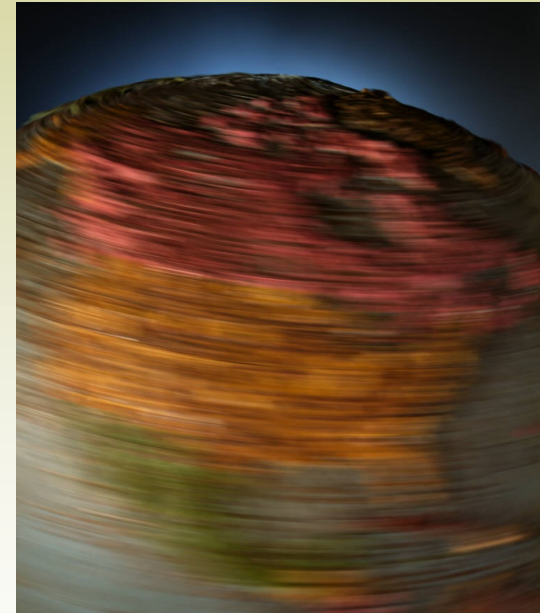


***An Information Booklet
for Tompkins and Seneca County Educators***

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



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health and/or medical diagnoses should be made only by trained professionals after a thorough evaluation.

www.mentalhealthconnect.org

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What is ADHD?

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition of the brain typically marked by an inability to pay attention, hyperactivity, and/or impulsivity. It is normal for children to have trouble focusing, following directions, staying on task, and controlling their behaviors from time to time. For a child with ADHD, however, these challenges tend to be chronic and persistent. The exact cause of ADHD is not yet known, but changes in brain structures, heredity, and prenatal or childhood exposure to certain toxins all may play a role. Though parenting practices can impact the management of ADHD, they are not responsible for the development of this disorder.



Types of ADHD

Predominantly inattentive type – Inattentive type of ADHD may be diagnosed when the student's prevalent symptoms are related to difficulty sustaining attention.

Predominantly hyperactive-impulsive type – Hyperactive-Impulsive type of ADHD may be diagnosed when the student's prevalent symptoms are related to excessive motor activity and/or difficulty controlling impulses and behavior.

Combined type – Students with a combined type of ADHD typically show significant difficulty with attention, impulsivity and hyperactivity. The majority of children diagnosed with ADHD are diagnosed with this subtype.

Getting Linked

For all people in our region:

Guide to local youth mental health resources

www.mentalhealthconnect.org

Suicide Prevention and Crisis Service

www.suicidepreventionandcrisiscenter.org

607-272-1616 or 800-273-TALK (8255)

For people in Tompkins County:

Dial 2-1-1 (or 877-211-8667) to reach Tompkins County 2-1-1, a local health and human services information and referral program. Also online at www.hsctc.org Tompkins County Mental Health Clinic

www.tompkins-co.org/departments/deail.aspx?DeptID=28
607-274-6200

Family and Children's Services of Ithaca

www.fcsith.org
607-273-7494

Mental Health Association of Tompkins County
www.mhaedu.org
607-273-9250

For people in Seneca County:

Dial 2-1-1 (or 877-356-9211) to reach the Finger Lakes Region 2-1-1, a local health and human services information and referral program. Also online at

www.211fingerlakes.org
Seneca County Mental Health Clinic www.co.seneca.ny.us/dpt-conserv-mental-health.php
315-539-1980 or 800-226-7415

Child Care Referral and Parent Resource Services

www.cfresources.org
1-800-881-5786

For people in Cortland County:

Cortland County Mental Health Clinic www.cortland-co.org/mhealth/clinic.htm
607-758-6100

For people in Schuyler County:

Dial 2-1-1 (or 800-346-2211) to reach the 2-1-1 helpline, a local health and human services information referral program. Also online at www.211helpline.org

Schuyler County Mental Health Clinic www.schuylercounty.us/mentalhealth.htm
607-535-8282

National Resources

National Institute of Mental Health
<http://www.nimh.nih.gov/>

Children and Adults with ADHD
www.chadd.org

American Academy of Pediatrics
www.aap.org/

American Academy of Child/Adolescent Psychiatry
www.aacap.org

National Alliance on Mental Illness
www.nami.org

School Psychiatry Program
www.schoolpsychiatry.org



Cultural Considerations

There are gender differences in rate of ADHD diagnosis: boys are diagnosed more frequently than girls, particularly with hyperactive-impulsive type ADHD.

Children living in poverty or who experience abuse or chaos at home are also more likely to be diagnosed with ADHD. It appears, however, that these environmental conditions exacerbate, but do not cause, ADHD.

ADHD occurs at similar rates and with similar symptoms across various ethnic cultures. However, attitudes about ADHD may vary significantly depending on one's culture and beliefs. These variations have important implications for how the student is perceived by his/her parents, peers, and cultural community. These differences will also impact how a family chooses to parent a child with ADHD and whether or not they seek or are able to access effective treatment.



Prevalent Signs & Symptoms of ADHD

What Inattention May Look Like at School

- Difficulty sustaining focus on tasks that are not immediately interesting or rewarding
- Lack of follow through with and/or avoidance of activities that require sustained mental effort
- Lack of attention to detail, careless mistakes and/or messy work
- Difficulty with listening and/or problems following through on multi-step directions
- Disorganization leading to misplaced or lost materials
- Frequent distraction by noises, visual stimuli, etc.
- Forgetfulness

What Hyperactivity May Look Like at School

- Constant motion, difficulty staying seated, squirming and/or fidgeting
- Running, jumping, climbing at inappropriate times; seeming to be always "on the go"
- Poor regulation and/or inhibition of behavior
- Difficulty working or playing quietly

What Impulsivity May Look Like at School

- Excessive talking, blurting out
- Difficulty with delaying responses and/or gratification
- Acting before thinking
- Frequent interruption of others; calling out answers before question is finished
- Emotional reactivity including low frustration tolerance and quickly changing moods

Developmental Considerations

Early Childhood (@ 3-5 years old)

ADHD may be harder to detect in this age group due to age appropriate short attention span and impulsivity.



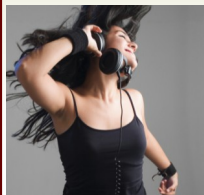
Middle Childhood (@ 6-12 years old)

ADHD is often first diagnosed in this age group because school based expectations highlight struggles with attention, impulsivity, and hyperactivity.



Adolescence (@13-18 years old)

ADHD may be harder to diagnose in adolescence because teens with ADHD have often learned some compensatory strategies, making them more likely to 'fly under the radar'. Additionally, impulsive, risk-taking behavior is considered more normative in adolescence than it is in middle childhood.



Educational Implications

ADHD can have a significant impact on a student's ability to function in school. Students with ADHD may struggle with skills that facilitate learning and school success such as planning, organizing, sustaining attention, keeping track of and completing assignments and listening to and/or processing information necessary to learn. They may become frustrated by these chronic challenges.

Not only might academic achievement suffer in students with ADHD, but academic related self-esteem as well. This may result in decreased motivation to take on school-related tasks and challenges, and ultimately may lead to school avoidant behavior such as tardiness, truancy, and incomplete work. Untreated ADHD may also contribute to the development of other related mental health issues such as anxiety and depression.

