

Attention-Deficit/ Hyperactivity Disorder (AD/HD)

Early Childhood Mental Health Fact Sheet

About the Disorder

Although the symptoms of Attention-Deficit/Hyperactivity Disorder (AD/HD) can sometimes appear in preschoolers, the diagnosis of AD/HD in preschoolers is very difficult. Many of the symptoms required for an AD/HD diagnosis—difficulty sustaining attention and effort, lack of attention to detail, seeming not to listen, difficulty following through on tasks and instructions, disorganization, distractibility, talking excessively, difficulty waiting one's turn, and interrupting others—are actually developmentally appropriate behaviors for young children who are in the process of learning impulse control and self-regulation. To further complicate matters, language delays, developmental problems, anxiety, depression, and adjustment disorders are all things that can imitate AD/HD.

Of course, some preschool children actually do have AD/HD, and they need treatment and intervention. For these children there will likely be a qualitative difference in the way they exhibit the behaviors listed above. Because the symptoms of AD/HD are similar to developmentally appropriate behaviors and can be imitated by other health concerns, it is exceedingly important that qualified and skilled professionals conduct the assessment of very young children. In fact, preschoolers suspected of having AD/HD may need to be evaluated by a pediatrician, psychologist or psychiatrist, neurologist, speech pathologist, and/or developmental pediatrician to develop a full understanding of a child's behaviors.

Although pinpointing an actual diagnosis may be a difficult and complex task, helping a child develop proper social and

academic skills during early childhood can be crucial to their future success.

What You May See

Most children have more energy than adults—they can play hard all day long and still not seem tired. Some children do have a naturally higher energy level than others, but a preschooler with AD/HD will likely have more difficulty sitting and listening to a story, they may behave more aggressively toward other children when they get distracted or bored, or they will interrupt much more often than other children. And although the early years are a time when children naturally struggle to learn impulse control, children with AD/HD will have a more difficult time learning to control their impulses.

AD/HD in the Early Childhood Years

Although the revised *Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood* (DC:03R) does not list diagnostic criteria for AD/HD, we are providing a fact sheet about it because of the increase in the number of children younger than age 5 who are being diagnosed and treated for the disorder.

The American Academy of Pediatrics recognizes that AD/HD is difficult to diagnose in this population because young children are developing so rapidly and because many children display symptoms of AD/HD as part of their typical development in their early years. Despite this acknowledged difficulty, epidemiological data suggests that approximately 2 percent of children aged 3–5 years meet diagnostic criteria for AD/HD.

In fact, a 1990 review showed that 34 percent of pediatricians and 15 percent of family physicians had prescribed psychostimulant medications to preschoolers with AD/HD. Other studies indicate the growing use of stimulants in preschoolers during the 1990s. Stimulant medication treatment in preschoolers increased approximately three-fold in the early 1990.

IMPORTANT

This fact sheet is not intended to be used as a diagnostic tool. It is meant to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.



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(continued)

Symptoms

- Difficulty sustaining attention and effort
- Lack of attention to detail
- Seemingly unable to listen
- Difficulty following through on tasks and instructions
- Disorganized
- Easily distracted
- Talks excessively
- Has difficulty waiting one's turn
- Interrupts others
- Lacks impulse control

Strategies

- Be patient and stay calm if the child is acting out.
- Teach the behaviors you would like the child to exhibit. Understand that the child may be practicing new skills and have patience.
- Teach calming skills such as deep breathing exercises. Blowing bubbles and pretending to blow bubbles, learning to whistle, or actively trying to move their bellies in and out are all fun ways for children to learn deep breathing.
- Teach strategies for impulse control—for example, say “I know you are excited to take a turn, why don’t you march in place until your turn.”
- Play games that teach the child to anticipate what may happen next.
- Give the child plenty of time to respond when working to solve a problem.
- Provide structure and clearly define expectations.
- Give one direction at a time, for example, say “Let’s put the toys away” instead of “Pick up your toys, get your boots, and then we will go outside to play.”
- Sharing books like *Jumpin’ Johnny Get Back to Work!: A Child’s Guide to ADHD/Hyperactivity* by Gordan Michael can sometimes be helpful.

Documenting Your Concerns and Next Steps

When documenting behavior, be as specific as possible and avoid generalizations like “Pete is always hyperactive”; instead, record specific occurrences. Here’s an example: “At lunch time, Pete was reminded three times of the clean-up chores that follow lunchtime. When Pete finished his lunch, he left the table and began playing without washing his hands, busing his dishes, or taking off his bib. When I redirected him to do the clean-up chores, he threw his plate on the floor and then sat down and screamed.” That is a much more complete picture than, “Pete can’t stay focused on tasks he is asked to do.” When noting worrisome behaviors, also look for patterns and areas of development where the child may need additional teaching. Does the child need different teaching methods or to learn skills in a different order than other children?

If a child’s behaviors are causing concern, you may want to suggest to the parents that they take their child to their primary care provider who may refer the parents to a mental health professional, an early childhood behavior specialist, or a developmental pediatrician. When discussing your concerns, focus on the child’s behaviors and avoid drawing conclusions about whether the behaviors are indicative of a mental health problem.

For more information about early childhood mental health, see MACMH’s *A Guide to Early Childhood Mental Health*, available for order at www.macmh.org.

Ready Resources

- Children and Adults with Attention-Deficit/Hyperactivity Disorder at www.chadd.org
- Kami M. Talley Reading and Resource Center at the University of Minnesota offers a bibliography of resources at <http://education.umn.edu/ChildCareCenter/Kamihealingthroughbooks/>
- SAMHSA’s National Mental Health Information Center at www.mentalhealth.samhsa.gov
- National Institute of Mental Health at www.nimh.nih.gov
- ZERO TO THREE at www.zerotothree.org

Information included in this fact sheet came primarily from the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision).

Funding for the development and publication of this fact sheet was sponsored in part by a grant from the Minnesota Department of Education using federal dollars from CFDA 84.323A, Special Education - Program Improvement Grants.