



Addressing Attention-Deficit/Hyperactivity Disorder (ADHD) in the Primary Care Setting

KSKidsMAP intends for this toolkit to be used in conjunction with the KSKidsMAP program and not as a stand-alone resource. KSKidsMAP provides case-based consultation with experts in pediatric mental health, ongoing education, and mentorship through the Virtual TeleECHO Clinic, and physician and clinician wellness resources to those providing medical care to youth with mental illness. Please connect with KSKidsMAP by emailing KSKidsMAP@kumc.edu or calling 1-800-332-6262.

Included in the Pediatric Mental Health Toolkit for ADHD:

- Part A: Introduction
- Part B: Definition of ADHD
- Part C: Video Didactics
- Part D: Resources

Part A: Introduction

Approximately 11 percent of school-aged children have Attention-Deficit/Hyperactivity Disorder (ADHD). Research shows that five percent of children in an average classroom of 30 children at least one student will have ADHD. There are safe and effective treatments for children and adolescents diagnosed with ADHD. Treatment is most effective when it begins early and when intervention is individualized to the needs of the child.¹

Part B: Definition of Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD is a neurodevelopmental disorder that contributes to difficulty paying attention, sitting still, and impulse control. Many ADHD symptoms are common to young children in general. The difference in children with ADHD is that their hyperactivity and inattention are noticeably greater than expected for their age and cause distress and/or problems functioning at home, at school or with friends.

Diagnostic Criteria*

ADHD is diagnosed as one of three types: inattentive type, hyperactive/impulsive type or combined type. A diagnosis is based on **six (or more) of the following symptoms have persisted for at least six-months to a degree** that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities.²

¹ American Academy of Child & Adolescent Psychiatry. (October 2021) *ADHD Resource Center*. Retrieved on March 1, 2022 from: https://www.aacap.org/AACAP/Families_Youth/Resource_Centers/ADHD_Resource_Center/AACAP/Families_and_Youth/Resource_Centers/ADHD_Resource_Center/Home.aspx?hkey=263af418-94e9-4c33-a6c7-e058f81a80e5

² American Psychiatric Association (July 2017) *What is ADHD?* Retrieved on March 1, 2022, from: <https://www.psychiatry.org/patients-families/adhd/what-is-adhd>

1. **Inattention Type** – difficulties with attention and organization:
 - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities
 - Often has difficulty sustaining attention in tasks or play activities
 - Often does not seem to listen when spoken to directly
 - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
 - Often has difficulty organizing tasks and activities
 - Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
 - Often loses things necessary for tasks and activities
 - Is often easily distracted by extraneous stimuli
 - Is often forgetful in daily activities

2. **Hyperactive/Impulsivity Type** – difficulties with only hyperactive and impulsive symptoms:
 - Often fidgets with or taps hands or feet or squirms in seat
 - Often leaves seat in situations when remaining seated is expected
 - Often runs about or climbs in situations where it is inappropriate
 - Often unable to play or engage in leisure activities quietly
 - Is often “on the go” acting as if “driven by a motor”
 - Often talks excessively
 - Often blurts out an answer before a question has been completed
 - Often has difficulty waiting his or her turn
 - Often interrupts or intrudes on others

3. **Combined Type** – difficulties with both attention and hyperactivity:
 - Combination of six (or more) of the symptoms listed under the Inattention and Hyperactive/Impulsivity types

*For more information on diagnostic criteria, diagnostic features, and associated features supporting diagnosis, refer to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Part C: Video Didactics

The Pediatric Mental Health Toolkit for ADHD includes three video didactics:

- Part 1 – How to Use Screening Tools
- Part 2 – First Line Treatment and Interventions
- Part 3 – Monitoring, Following Up, and When to Refer

Part D: Resources

1. [Child Behavior Checklist](#) (purchase required)
2. [Conners Rating Scale for ADHD](#) (purchase required)
3. [NICHQ Vanderbilt Assessment Scales](#)
4. [Swanson, Nolan and Pelham Teacher and Parent Rating Scale \(SNAP-IV\)](#)
5. [Parent’s Medication Guide: ADHD](#)

[Enroll](#) in the KSKidsMAP Pediatric Mental Health Access Program to access the Consultation Line for case consultation with members from the Pediatric Mental Health team and to participate in the ongoing Virtual TeleECHO Clinic for case-based discussion and didactic learning or for wellness resources.

For more information on KSKidsMAP, visit our [website](#) or email KSKidsMAP@kumc.edu.



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,134,666 with 20% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.