



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 009 | Neurodevelopmental conditions

Attention-deficit/hyperactivity disorder

What it means

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition involving persistent patterns of inattention and/or hyperactivity and impulsivity that interfere with functioning. Many preschoolers are active and distractible. Diagnosis requires a pattern beyond developmental expectations, across settings, and is not usually established from ordinary toddler behavior. [1]

Causes and risk factors

ADHD has a strong genetic contribution and involves differences in brain development and functioning. Prematurity and some prenatal or environmental exposures may be relevant risk factors. Parenting style does not independently cause ADHD. Sleep, anxiety, language difficulties, and other conditions can resemble or accompany its symptoms. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Concerns include unusually persistent difficulty sustaining attention, following age-appropriate tasks, waiting, controlling impulses, or managing activity level. The pattern affects more than one setting, such as home and preschool, and causes meaningful difficulty. Symptoms are not explained simply by disliking one activity. [1,2]

Assessment and diagnosis

Clinicians obtain a developmental and medical history, reports from caregivers and educators, and rating scales appropriate to age. There is no single laboratory test for ADHD. Assessment considers sleep, hearing, vision, learning, language, anxiety, autism, and other possible explanations. AAP guidance addresses evaluation from age 4; younger children with concerns still deserve support and specialist consideration. [1,2]

Treatment and therapy

For preschool-aged children, evidence-based parent training in behavior management and behavioral classroom supports are first-line approaches. Medication may be considered by a qualified clinician when significant impairment continues despite appropriate behavioral treatment, with careful monitoring. Plans for older children may combine medication, behavioral strategies, and school supports. Goals and treatment decisions should be reviewed over time. [1,2,3]

Support at home

Use clear, brief instructions, predictable routines, small achievable steps, and positive attention to useful efforts. Provide safe movement opportunities and coordinate with childcare. Address sleep and caregiver stress. These strategies support skills rather than imply that caregivers caused the condition.

When to seek help

Seek timely review for dangerous impulsive behavior, severe distress, or substantial disruption to eating or sleep. Immediate threats to safety require emergency support.

Questions for your care team

- How do the behaviors compare with expectations for this age?
- Have sleep and other developmental or health concerns been assessed?
- What parent training and preschool supports are available?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss attention-deficit/hyperactivity disorder. Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition involving persistent patterns of inattention and/or hyperactivity and impulsivity that interfere with functioning. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: ADHD is not established merely because a child has lots of energy.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Impulsivity: acting before pausing to consider.
- Impairment: meaningful interference with daily functioning.
- Parent training: coached strategies to support behavior and skills.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Diagnosing ADHD

<https://www.cdc.gov/adhd/diagnosis/index.html>

[2] Clinical Care of ADHD in Children

<https://cdc.gov/adhd/hcp/clinical-care/index.html>

[3] Treatment of ADHD

<https://www.cdc.gov/adhd/treatment/index.html>