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## **ADHD and Teens: Information for Parents**

“Shouldn’t my teen have outgrown this by now?” You, along with many other parents, may be wondering why your child hasn’t outgrown his or her difficulties sitting still, thinking of consequences before acting, resisting distractions, organizing daily activities and managing time wisely. People used to think that only young kids had ADHD and that children grew out of it as they got older. Now we know differently. Today’s research has shown that most kids do not outgrow ADHD when they reach adolescence, and most teens don’t outgrow ADHD when they become young adults.



### **ADHD in adolescence**

The core symptoms of ADHD—inattention, impulsivity and sometimes hyperactivity—remain the same during adolescence as they were earlier in childhood, but the pattern of symptoms and difficulties may change somewhat. In adolescence, some symptoms of ADHD, particularly those related to hyperactivity, can become more subtle. However, the difficulties that children experience as a result of ADHD symptoms, such as poor school performance, may intensify when they are teens due to increased demands and expectations for independent functioning.

Some of the more pronounced symptoms in teens with ADHD are related to deficits in executive functioning, the brain’s ability to prioritize and manage thoughts and actions. In other words, executive function allows individuals to foresee longer-term consequences for actions, plan accordingly, evaluate progress and shift plans as necessary. In addition to difficulties with executive functioning, individuals with ADHD may also exhibit lower tolerance for frustration, have emotional responses that are in excess of what is expected or appear more emotionally immature than their same-aged peers.

### **Diagnosing ADHD in adolescence**

Some teens with ADHD were not diagnosed in childhood and may begin to struggle more as demands increase in adolescence. You or your teen’s teachers may suspect that ADHD symptoms are contributing to these struggles. For teens not diagnosed in childhood, obtaining a diagnosis of ADHD in adolescence can be complicated for several reasons. First, to qualify for a diagnosis of ADHD, symptoms must be present in some

way prior to age 12; however, recalling symptoms that were present in the past is often difficult. Second, many of the symptoms listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) diagnostic criteria are primarily written for younger children (e.g. “runs about or climbs excessively”) and may not be applicable to teens. Third, obtaining reliable reports of teens’ symptoms from external observers, such as parents or teachers, is more difficult. This is because adolescents usually have several different teachers, each of whom sees them for only a small portion of the day. Similarly, you likely have less direct contact with your teen during the teenage years than you did during their younger childhood. Fourth, as mentioned above, some of the striking symptoms of ADHD, such as extreme hyperactivity, may be more subtle in teens than in younger children. Finally, the presence of other disorders may complicate the diagnosis of ADHD.

If you or your teen’s teachers suspect that your teen may have undiagnosed ADHD, it is important to seek a comprehensive evaluation that includes a careful history; clinical assessment of academic, social and emotional functioning; and reports from you, teachers, other involved adults (such as coaches) and your teen. This evaluation should also include a physical examination to rule out other causes of observed symptoms. If you would like to have your teen assessed for ADHD, see a psychologist, psychiatrist or other clinician with expertise in ADHD.

## Causes of ADHD

Research has clearly shown that the majority of cases of ADHD have a genetic component. ADHD is a brain-based disorder, and the symptoms shown in ADHD are linked to many specific brain areas. Other causal factors, such as low birth weight, prenatal maternal smoking or other prenatal complications also contribute to some cases of ADHD. Patterns of parenting and family interaction may help reduce the impact of the symptoms of ADHD or may make them worse; however, parenting styles do not cause ADHD.

## Co-occurring conditions in the teen years

It is common for other conditions to occur along with ADHD. These conditions may have been present since

childhood, or may emerge with the additional stress of adolescence. In fact, up to 60% of children and teens with ADHD have been found to have at least one additional disorder. These disorders can make parenting more challenging, and many parents find professional assistance helpful in providing support, resources and additional parenting strategies for their teens.

Some of the most common conditions experienced by teens with ADHD are difficulties with disruptive behavior, including **oppositional defiant disorder (ODD)** and **conduct disorder (CD)**. ODD is characterized by a pattern of temper outbursts and irritability along with refusal to comply with adults’ requests and rules. CD is a more severe form of noncompliant and defiant behavior that includes tendencies such as harming people or animals, stealing, trespassing and truancy. Research has shown that teenagers with ADHD are 10 times more likely to experience disruptive behavior disorders. Other research has estimated that anywhere between 25%–75% of teens with ADHD have one of these disruptive behavior disorders.

Mood disorders, including **depression** and **dysthymia** (a type of negative mood similar to depression but longer in duration), can also be prevalent in teens with ADHD. Teens with depression often feel sad or irritable and may not be interested in activities they once enjoyed. They may also have trouble sleeping, feel hopeless about the future, and think about death or suicide. Research has estimated that between 20%–30% of teens with ADHD have a co-existing mood disorder.

**Anxiety disorders** may be present in as many as 10%–40% of teens with ADHD. Anxiety disorders are characterized by excessive worry and difficulty controlling worries. Individuals with anxiety may also experience physical symptoms including headaches, upset stomach and rapid heartbeat. They can also experience anxiety attacks and begin to avoid anxiety-provoking activities.

**Substance use and abuse** is a significant concern of many parents of teens. Indeed, risk for substance use among children with ADHD ranges from 12%–24%. Use of medication to treat ADHD is not associated with increased substance use. In fact, use

of medication to treat ADHD may protect adolescents from developing substance abuse disorders later in life. The strongest predictor of substance use among teens with ADHD is an additional diagnosis of conduct disorder. Symptoms of substance use in teens may include smelling of alcohol or smoke, changes in eyes or face (bloodshot eyes or flushed face), mood changes, deceitful or secretive behavior, changes in motivation or decreased academic performance and/or changes in peer group.

**Learning and communication problems** can be significant, and research has indicated that learning disorders may be present in as many as 1/3 of youth with ADHD. The demands of middle school and high school place additional stress on teens, and parents should remain aware of their teen's academic performance and carefully monitor any changes or declines in performance. Communication disorders include not only difficulty with speech (such as stuttering), but also difficulty with understanding language and the ability to express oneself clearly. If parents are concerned about their teen's communication, they should contact the school and/or consult a speech/language pathologist for an evaluation.

**Sleep disturbance** is also common in teens with ADHD. Changes in sleep cycles are normal for all teens, as youth begin to stay up later at night and want to sleep later in the morning. Teens also require more sleep overall. In teens with ADHD, sleep disturbance may be even more pronounced and is not necessarily a side effect of medications. Given this risk, sleep should be carefully assessed prior to starting medication to determine whether pre-existing sleep disturbance exists.

At this time, it is not possible to predict which teens will experience these additional conditions. It is likely that genetics play a role. The additional stresses experienced by teens with ADHD, such as social criticism or internal frustration, may also make teens more vulnerable to these difficulties. For more information on these co-occurring conditions, please see the [factsheet on ADHD and Co-existing Conditions](#). If you suspect that your teen may have any of these additional conditions, consult a psychologist, psychiatrist, or other clinician with expertise in ADHD

to have an assessment.

## ADHD in the teen years

What does it feel like to have ADHD? Teens with ADHD may experience stigma or embarrassment related to their diagnosis. They may also wish to deny that they have ADHD. Teens that have ADHD may feel different their peers, and they may wish to believe that their symptoms have faded or disappeared with age. It is important for you to talk honestly to you teen about ADHD. Explain that having ADHD is not due to any mistake he or she has made and is not a punishment. Liken ADHD to other medical conditions, such as asthma or poor eyesight. Explain that it is not the teen's fault that he or she has the problem, but that treatment will be essential to avoid letting it limit his or her success in life.

Teens with ADHD may also have concerns related to their self-perception and be vulnerable to poorer self-esteem than their peers. When surveyed, teens with ADHD and learning disabilities reported feeling severely stressed when going to school and sitting in class, feeling tired, frequent quarreling with close friends, feeling different from other classmates, having low self-esteem, and feeling that their parents didn't understand them. Engaging in activities that they enjoy and where they feel successful can be powerful ways to address and reverse these concerns. When teens feel successful and confident about themselves in one aspect of their life or abilities, these feelings can often generalize to other areas of functioning as well.



ADHD can affect many aspects of your life. Teens in general can face academic challenges, social difficulties and problems at home, however, having ADHD may make these issues more difficult to deal with or more severe.

**Academic Performance:** High school is characterized by a more frenetic pace, more demands to juggle and



less supervision. Academically, the workload and difficulty of the material increases, and long-term projects rather than daily homework assignments are the norm. These factors all present challenges to the teen with ADHD. Adolescents with ADHD may benefit from assistance with and training in note taking, study skills and organization/time management. It is important to help teens gain the skills necessary so that they can shift from parents or teachers structuring their time and schoolwork schedule to relying on their own abilities. If your teen has a diagnosis of ADHD that impair academic functioning, he or she may qualify for classroom accommodations. Accommodations can include extra time on tests, taking tests in a separate location where distractions are minimized or additional organizational support. Inquire with school personnel if you feel



that your teen may qualify for and benefit from these accommodations. For more information on your child's educational rights, please see the [Educational Rights for Children with ADHD factsheet](#).

**Social Functioning:** Many children with ADHD exhibit difficulties in peer interaction due to impulsivity, hyperactivity and aggression. Younger children with ADHD may be intrusive in social interactions, louder than their peers and more disruptive. Peer problems and peer rejection experienced during childhood can continue into adolescence. In addition, a lack of positive peer relationships in earlier years can limit opportunities to practice and refine social skills, thus making existing deficits worse. Finally, the importance of peer relationships increases during adolescence. Therefore, difficulties in establishing and maintaining relationships can become increasingly disruptive to functioning. Teens with ADHD are at risk

for associating with the “wrong crowd” or for experiencing peer rejection. Providing your teen with opportunities to participate in structured social activities, such as sports, clubs or youth groups, can help provide positive experiences to offset other, potentially negative, interactions.



**Home Functioning:**

On average, households of adolescents with ADHD are characterized by more parent-teen conflict. Parenting a child with ADHD is stressful. Parenthood requires that you place certain demands on your child, such as completing homework, participating in chores and returning home before curfew. Teens with ADHD have more difficulty complying with requests and need more reminders and supervision. This need for supervision can be frustrating for both you and your teen, and may lead to a cycle of negative interaction. When you repeatedly place demands on your teen with which he or she does not comply (due to inattention, lack of interest, or lack of ability), there is often an escalation of negativity. In such a cycle, you may find yourself lecturing, yelling, or punishing your teen who then responds with anger, additional lack of compliance or other negative behaviors. As this occurs repeatedly, more minor demands and infractions on rules can trigger the escalation of negativity. An additional source of conflict in the home is that teens with ADHD often require more supervision and help with organization than others their age, at a developmental stage in which they desire additional freedom and independence. What can be done to interrupt this cycle? Clear communication is always important, including explicitly stating rules and expectations and establishing consistent rewards and consequences. Discussing issues when you are angry is counterproductive. Instead, set aside a time when all parties are calm to discuss any areas of disagreement or conflict. If family conflict is exacting a large toll on your family, consider seeking professional help from a qualified mental health professional.

## Treatment of ADHD

Unfortunately, no cure currently exists for ADHD. Therefore, treatment focuses on symptom management. Although the symptoms of ADHD may change with age, teens with ADHD still require treatment to target these symptoms and may require treatment into adulthood.

Education is a necessary component to any treatment and provides teens and families with the tools to understand their disorder and treatment. It is likely that your family received this education when your child was first diagnosed with ADHD. This education may have been focused directly toward you as the parent, particularly if your child was much younger at the time. As your teen's ability to understand his or her diagnosis and responsibility for treatment increases, it is imperative that this education occur again and be targeted directly toward your teen. Education should also address possible negative attitudes towards ADHD and treatment. However, education alone is not a sufficient treatment.

It is a myth that medication becomes less effective in the teen years. In fact, medications for ADHD should be as effective, but patterns of co-occurring conditions may require changes to the treatment regimen. Additionally, many teens may benefit from changing to long-acting medications to provide better symptom management throughout the day as many teens have activities after the school day has ended and into the evening hours. Another myth is that medication use may increase the risk of substance abuse. In fact, as mentioned above, medications reduce the risk of substance abuse for teens with ADHD. For more information, please see the [factsheet on Managing Medication for Children and Adolescents with ADHD](#).

Behavioral intervention is another common treatment approach for teens with ADHD. Proven psychosocial treatments include parent-teen training in problem-solving and communication skills, parent training in behavioral management methods and teacher training in classroom management. Please see [Psychosocial help4adhd.org](http://Psychosocial.help4adhd.org)

[Treatment for Children and Adolescents with ADHD](#) for more information. Little or no research currently exists to support the use of dietary treatments, traditional psychotherapy, play therapy, cognitive behavioral therapy or social skills training for treating ADHD. However, these interventions may be effective in treating co-occurring conditions if present. You can refer to [Complementary and Alternative Treatments](#) for more information on how to evaluate treatments for ADHD.



The most common and effective treatment for teens with ADHD combines medication and psychosocial treatment approaches. This is sometimes referred to as multi-modal treatment.

### Parenting the teen with ADHD

Teens with ADHD are facing the same issues that prove challenging for their peers: development of identity, establishment of independent functioning, understanding emerging sexuality, making choices regarding drugs and alcohol and setting goals for their futures. However, teens with ADHD may also face some unique difficulties in successfully accomplishing these developmental tasks. Given their difficulties with executive functioning, teens with ADHD may require more support and monitoring from parents than teens without ADHD. If your teen has been diagnosed since childhood, you have already likely learned ways to maximize his or her success. However, the challenges teens with ADHD present to parents are different than those presented by younger children. Below are some areas that may be unique to adolescents.

**Behavior management:** All children seek additional freedom as they enter adolescence. Be clear with your expectations for responsible behavior, reward appropriate behavior with additional privileges and enforce consequences for inappropriate behaviors to help your teen learn from his or her mistakes and successes. If you are experiencing difficulty with managing your teen's behaviors, consider seeking additional help from a qualified mental health professional.

**Driving:** Inattention and impulsivity can lead to difficulties with driving. Drivers with ADHD

have more tickets, are involved in more accidents, make more impulsive errors, and have slower and more variable reaction times. The use of stimulant medications when prescribed has been found to have positive effects on driving performance. Talk to your teen about safe driving habits, such as using a seat belt, observing the speed limit and other rules of the road,



and

eliminating distractions such as texting or eating while driving. Consider restricting the number of individuals that can be in the car while your teen is driving.

**Adherence to medication regimen:** Nearly half of children do not take ADHD medications as directed for a multitude of reasons, and the use of ADHD medications decreases over the teenage years. Parents and teens often disagree on the degree of impairment that results from ADHD symptoms. In addition, adolescents may have negative attitudes toward medication use. If your teen expresses a desire to discontinue his or her use of medications, it may be helpful to discuss this with his or her physician and consider a trial period without medication under the physician's supervision. During this period, you can work with your teen to specify goals and develop a plan that includes tutors or behavioral interventions to achieve those goals. Also, specify with your teen what indicators might illustrate the need to resume medication. These could include declining grades or increases in conflict at home and with peers. Set a date and time to evaluate progress and re-evaluate the decision to discontinue medication.

**Medication diversion:** Studies show that the use or abuse of ADHD stimulant medications (such as Adderall or Ritalin) among individuals for whom these medications are not prescribed is an increasing problem. Teens may divert (give away or sell) their medications either as a favor to friends or for financial gain. Reasons for use of non-prescribed

stimulants may either be academic or recreational. It is recommended that you talk to your child openly and honestly about ADHD and its treatment. Inform teens that selling or giving away prescription medications and the use of such medications by individuals for whom they were not prescribed is illegal and could have serious legal consequences. In addition, ADHD medications are safe and effective when taken as directed, but can be dangerous if used without medical supervision. It is important to talk to your child about peer pressure so that he or she will be prepared to respond appropriately if asked to divert medications.

**Boosting your teen's confidence:** Living with ADHD can be challenging for you and for your teen. Don't forget to emphasize your love and support for your teen. Communicate that you are there to help him or her work through difficulties and that you believe that he or she can be successful. Try to help your teen identify his or her strengths and find opportunities to experience success. Many teens with ADHD find that the school environment does not suit their personality or maximize their natural talents. For example, if your teen excels at sports, art or music, help him or her find appropriate outlets for practicing and demonstrating these skills.

**Disclosing the diagnosis of ADHD:** When your child was younger, it is likely that you made decisions regarding when and with whom your child's diagnosis of ADHD would be shared. As your child matures, you may find that your feelings regarding disclosure differ from those of your teen. A frank conversation with your teen on the potential risks and benefits of disclosure may help clarify this issue for both of you.

## Your teen's future

Teens with ADHD are at risk for potentially serious problems as they transition into adulthood. As many as two-thirds of teens with ADHD continue to experience significant symptoms of ADHD in adulthood. In addition, as they become adults, adolescents with ADHD are at higher risk for lower educational attainment, greater job difficulties and greater social problems; have a higher likelihood of acquiring sexually transmitted diseases; and are more



likely to become parents at an earlier age compared to individuals without the disorder. However, these are only risks, they are not prophecies. Many teens with ADHD go on to become successful, productive adults. Continued awareness and treatment is crucial in helping your teen avoid these risks and fulfill his or her potential.

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