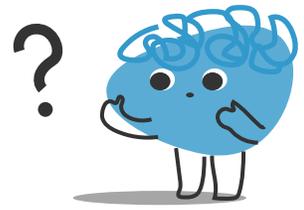


ADHD *At a Glance*



What is ADHD? How Common is it? What are Defining Traits?

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition affecting attention, impulse control, and activity level. It affects about 9–10% of U.S. children. Common traits include distractibility, impulsivity, high activity level, trouble following instructions, disorganization, and challenges with emotional regulation.

How is ADHD diagnosed?

Diagnosis is based on behavior patterns seen over time in more than one setting (home, school, community). Providers use caregiver interviews, teacher reports, developmental history, and behavior rating scales. There is no single test for ADHD.



Who diagnoses ADHD?

ADHD can be diagnosed by pediatricians, developmental-behavioral pediatricians, child psychologists, child psychiatrists, and neurologists.

What specialties treat ADHD?

ADHD can be treated by pediatricians, developmental-behavioral pediatricians, psychologists, psychiatrists, occupational therapists, and educational specialists.

Questions to ask your doctor

- How is progress monitored?
- What school supports help?
- Are medications recommended?

Onset & Causes

Symptoms generally appear before age 12 and may be noticed in preschool or early elementary years. Causes involve genetic, environmental, and neurological factors.

Treatment

Treatment may include behavior therapy, parent coaching, school supports (movement breaks, structured routines), and medication when appropriate.



Diet & Supplements

Healthy eating can support focus. Helpful foods include fruits, vegetables, proteins, whole grains, water, and healthy fats like salmon, tuna, peanut butter, and walnuts. Limit artificial colors, preservatives, sugar, and fried foods. Providers may check iron, vitamin D, or zinc. Consult a doctor before using supplements.

Scan QR codes to explore resources.

American Academy of Pediatrics (AAP)



CHADD (Children and Adults with ADHD)



HealthyChildren.org



Anxiety *At a Glance*



What is anxiety?

Anxiety is a feeling that everyone experiences at one time or another. It can help us stay safe. For some children and teens worries may become too big. It is like a smoke detector going off when there is no fire. When worries become so big that it is hard for a child to play, learn, or enjoy life, they may have an anxiety disorder.

Onset & Causes

There is no single cause. Anxiety can run in families, with children sometimes copying the worries they observe in adults. Some children also display a naturally anxious temperament from an early age.



How does anxiety affect kids?

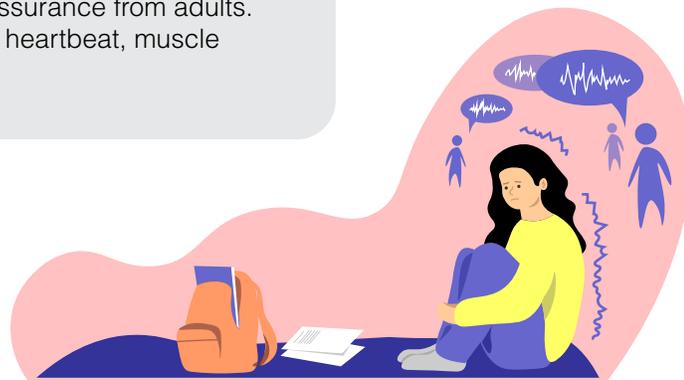
Without help, anxiety can interfere with school and social relationships with friends/peers. It may also contribute to secondary issues, such as sadness or the development of unhealthy coping strategies.

What are the symptoms?

Children with anxiety may experience worry about a variety of situations, such as being separated from parents or caregivers, making mistakes, school performance, health, insects, vaccinations, germs, or bad things happening to themselves or loved ones. Some children may engage in repetitive behaviors, such as checking or redoing tasks. Anxiety can lead to avoidance of school or other activities and an increased need for reassurance from adults. Physical symptoms may include headaches, stomach aches, a rapid heartbeat, muscle tension, or difficulties with sleep and appetite.

How is anxiety diagnosed and treated?

Anxiety can be diagnosed and treated by psychotherapists, behavioral pediatricians, psychiatrists, and pediatric providers with specific training. Standardized questionnaires, history, and observations are used to make a diagnosis. Behavioral therapies such as cognitive behavioral therapy are useful for children and their parents. Some children also take medicine as prescribed by trained providers. Most children get much better with treatment.



Diet & Supplements

A healthy diet supports mood, but no specific diet treats anxiety. Some vitamin and mineral deficiencies may impact mood. Limiting caffeine may help some children. It is best to consult your child's physician regarding nutritional needs.

Questions to ask your doctor

- Does my child or teen have an anxiety disorder?
- Should my child start therapy?
- Are medications recommended?

Scan QR codes to explore resources.

HealthyChildren.org



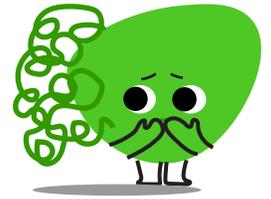
Child Mind Institute



American Academy of Child & Adolescent Psychiatry

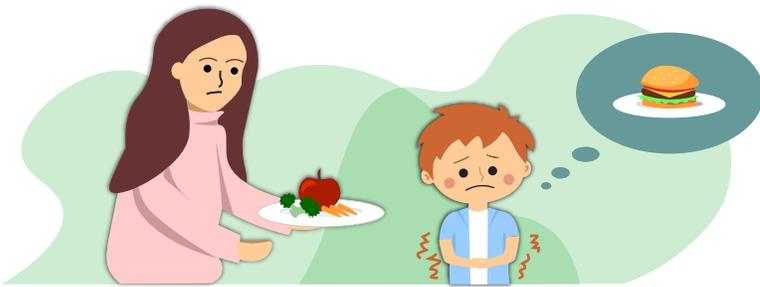


ARFID *At a Glance*



What is ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is a feeding problem where a person consistently does not eat enough to meet their nutritional or energy needs. This may include little interest in food, avoiding foods because of their taste, texture, or smell, or fear of negative effects from eating (choking, vomiting, stomach ache). At least one or more of the following are present: noticeable weight loss or poor growth in children, nutritional deficiencies, reliance on feeding tubes or nutritional supplements or significant problems in daily life, social activities, or emotional functioning. The problem is *not* caused by: lack of access to food or cultural eating practices, anorexia nervosa, bulimia nervosa, a medical condition, or another mental disorder.



Onset & Causes

ARFID is believed to stem from a complex interplay of biological, psychological, and sociocultural issues. Symptoms often begin in childhood. Children who don't outgrow normal picky eating, or for whom picky eating is more severe may develop ARFID. Certain medical or psychological conditions may be associated with ARFID such as autism or other mood disorders.

How is ARFID diagnosed?

Diagnosis requires a clinical evaluation including a physical exam, eating history, nutrition assessment, lab studies, and psychological evaluation.

Treatment

Treatment may include ARFID-based cognitive behavioral therapy, family therapy and feeding therapy. Nutritional support and medical stabilization are also important.

Who diagnoses and treats ARFID?

ARFID is best diagnosed and treated by a team of ARFID-trained feeding specialists including pediatricians, psychologists, psychiatrists, dietitians, and other eating-disorder (OT and SLP) specialists.

Questions to ask your doctor:

- What type of therapy is recommended?
- Does my child need a feeding evaluation?
- Are nutritional supplements necessary?

Diet & Supplements

Individual diet and supplement recommendations are made with physician consultation.

Scan QR codes to explore resources.

National Eating Disorders Association (NEDA)



HealthyChildren.org



Duke Health



Autism *At a Glance*



What is autism?

Autism is a complex neurodevelopmental condition that includes delays in social communication (such as limited eye contact or difficulty with conversation), restricted interests, repetitive behaviors, sensory sensitivities, and unique play or learning styles. Autism is diagnosed in 3.2% of children by age 8 years in the U.S.

How is autism diagnosed?

Diagnosis is based on medical and developmental history, behavioral observations in two different settings (home and school/daycare) and standardized assessments.

Who diagnoses autism?

Autism can be diagnosed by developmental-behavioral pediatricians, child psychologists, child psychiatrists, neurologists, and specialized early-intervention evaluators.



Onset & Causes

Signs typically appear between 12 and 24 months of age, though some children show differences earlier or later. The American Academy of Pediatrics (AAP) recommends that all children be screened for autism at their 18 and 24-month well-child checkups. There is no single reason why children and adults are autistic. Research thus far supports genetic and environmental influences. There is no causal link between vaccines or use of acetaminophen (Tylenol and similar products) and autism.

Early intervention can make a difference.



Treatment

Interventions may include primary and supportive approaches such as behavioral therapies (ABA and developmental approaches, e.g., Floortime, social-pragmatic models), speech-language therapy (verbal, nonverbal, and alternative communication [AAC]), occupational therapy (daily living skills, sensory processing, and fine motor skills), physical therapy (improving balance, coordination, strength, and motor development), social skills training, parent-mediated interventions, educational supports, mental health therapies (counseling or cognitive-behavioral therapy [CBT], especially for anxiety or emotional regulation), and creative or complementary therapies (art, music, or animal-assisted therapy).

What specialties treat autism?

Autism can be treated by developmental-behavioral pediatricians, psychologists, speech-language pathologists, occupational therapists, behavior specialists, and physical, art, and music therapists.

Questions to ask your doctor:

- How do we access treatment and school services?
- Are there co-occurring conditions to evaluate?

Diet & Supplements

Nutrition concerns may be more common in autistic children. Families should consult their doctor when considering dietary changes or supplements.

Scan QR codes to explore resources.

Autism Speaks



HealthyChildren.org



CAS *At a Glance*



What is Childhood Apraxia of Speech (CAS)?

Childhood Apraxia of Speech, or CAS, is a brain-based speech problem that shows up when children are learning to talk. Kids with CAS have trouble planning and making the exact movements of their tongue, lips, jaw, and mouth needed to speak clearly.

How is CAS diagnosed?

A child's speech will be checked to determine all the sounds, syllables (combinations of consonants and vowels), and words they can say. A motor speech exam will also be conducted, along with tests of understanding and using language.

Most children understand language (receptive language) normally, but their ability to speak clearly (expressive language) may be very limited, unclear, or missing.

Who diagnoses CAS?

CAS can be diagnosed by a licensed speech-language pathologist (SLP). Professionals such as pediatric neurologists or developmental pediatricians may suspect CAS and then refer to the speech-language pathologist for a definitive diagnosis.

Treatment

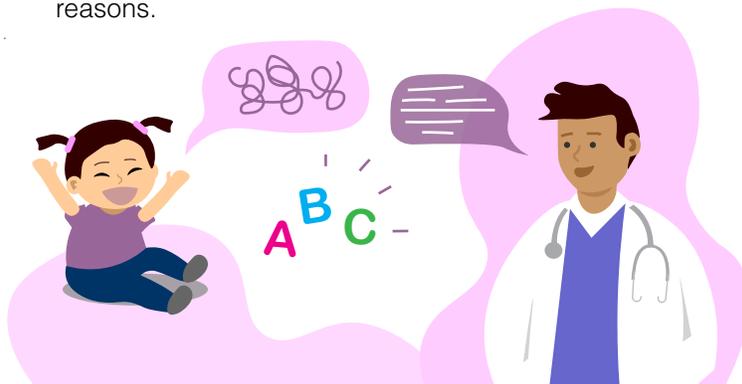
CAS can be treated through speech therapy with an apraxia trained speech-language pathologist (SLP). Therapy may be needed 3-5 times per week for a severely impaired child.

Diet & Supplements

No diet treats CAS, but balanced nutrition supports overall health.

Onset & Causes

Symptoms are usually noticed in toddler or preschool years and include distorting sounds, making inconsistent sound production errors, groping for sounds, and making errors in tone, stress, or rhythm. CAS may be due to neurologic impairment, genetic factors, or other unknown reasons.



What specialties treat CAS?

CAS can be treated by licensed speech-language pathologists with specialized training and experience in CAS.

Questions to ask your doctor:

- Does my speech-language pathologist have adequate CAS training?
- What activities can we practice at home?
- Does my child qualify for school support?

Scan QR codes to explore resources.

American Speech Language-Hearing Association



National Institute on Deafness and Other Communication Disorders



Apraxia Kids



Dyslexia *At a Glance*



What is dyslexia?

Dyslexia is a difficulty with the way the brain processes sounds, written and spoken language. It mostly affects reading and may be referred to as a "reading disorder." Dyslexia can also affect writing, spelling and speaking. In addition, dyslexia can impact social skills, listening comprehension, time management, memory and navigation, or sense of direction. Dyslexia is *not* a vision problem. Dyslexia is not a result of laziness or lack of intelligence. It is estimated to impact 5–10% of children.

How is dyslexia diagnosed?

Diagnosis is based on a comprehensive educational evaluation that includes academic achievement, phonological processing, and cognitive testing.

Who diagnoses dyslexia?

Dyslexia is diagnosed by licensed educational psychologists, school psychologists, neuropsychologists, or specially trained evaluators.

Targeted supports can ensure equal learning access.



What specialties treat dyslexia?

The specialties that treat dyslexia can be educational specialists, reading interventionists, speech-language pathologists, and psychologists.

Diet & Supplements

No diet treats dyslexia, but balanced nutrition supports overall health.

Onset & Causes

Signs may appear in preschool including speech delay, difficulty rhyming or learning letters. Formal evaluation occurs in elementary grades. Genetic and biologic factors are associated with dyslexia.



Treatment

Educational interventions can include direct instruction (multi-sensory), remediation (individual, small group) and accommodation (extra time for reading and writing, audiobooks, text to speech apps, shortened assignments) and parent support and training.

Questions to ask your doctor:

- What type of reading intervention is recommended?
- How often should my child receive services?
- How can I support reading at home?

Scan QR codes to explore resources.

HealthyChildren.org



LD OnLine - All about Learning Disabilities and ADHD



Child Mind Institute

