**What does ADHD in Toddlers Look Like?**

In toddlers, behavior that is considered “within normal limits” spans a very wide range! Therefore, it can be challenging to discern between the “typical” hyperactivity, impulsivity, inattention, irritability, and aggression that toddlers will inevitably display, in comparison to when these things are *actually* symptoms of ADHD.

For instance-

* What if a one-year-old bites her sister?
* What if a two-year-old tantrums in the store when he doesn’t the toy he wants?
* What if a three-year-old runs around the minivan and won’t stay in her car-seat?
* What if a four-year-old constantly says “NO!” and won’t follow directions?
* What if a five-year-old can’t sit still at the dinner table?

These can *all* be associated with ADHD, but it doesn’t mean the toddler actually has ADHD, since these all can be within normal limits. (However, this does not mean these behaviors are always *acceptable* and therefore, some of these will need modification).

In some instances, parents really do need to lower their expectations of what a *toddler can and should* be able to do. Toddlers are not meant to be mini-adults or even mini-children. Therefore, it’s important to remember that it’s normal for a toddler to say, “No” because it means he is trying to gain a sense of independence. It’s normal for a toddler to tantrum when she doesn’t get her way because of the need for immediate gratification associated with an immature frontal lobe of the brain. It’s normal for a toddler to want to run, jump, and climb because movement actually helps the brain develop properly. Toddlers should only be able to focus on an activity from 1 minute-10 minutes at a time, depending if the child is a one-year-old or a five-year-old, but it’s important to note that this doesn’t mean that the child should be able to *sit still* during that entire time while doing the activity.

As the child ages, the range of behaviors considered “within normal limits” significantly diminishes. For instance, I bet we can all agree that if a seven-year-old does any of these things, such as biting another person or running around in the minivan while on the highway, it is much more reason for concern for an actual mental health condition than if a toddler does these unacceptable things.

So, you ask- Then what *are* actually signs of ADHD in a toddler?

For actual ADHD, the toddler’s behavior must showcase a pattern of chronicity- meaning demonstrating the behavior consistently for a period of at least six consecutive months, without responding to behavior modification techniques, in addition to being intense. There will also be a rule-out procedure, which means the clinician will ensure the behavior is not due to a sleep disorder, from the child externalizing daily stressors, or because of another mental health condition. If all is ruled out, these are some signs of ADHD in toddlers:

* Putting self in danger on a regular basis. This is due to novelty seeking behaviors, sensory seeking behaviors, or impulsive behaviors. Examples include hanging over a two-story banister, jumping down an entire flight of stairs, or climbing the bookcase.
* Putting others in danger by impulsively becoming physically aggressive. This is due to a strong need for immediate gratification.
* Struggling to make friends and difficulty when it is expected to use social norms, such as waiting in line, taking turns while talking, sharing toys.
* Falling behind in preschool, despite interventions in the classroom to help the child succeed.
* Tantrumming for extended periods of time (15-30 minutes) on a daily basis and sometimes several times per day. During these tantrums, the child loses all rational thought. These tantrums display cognitive, behavioral, and emotional impulsivity. Many of these instances will be triggered by events that are considered “minor” events, and most typical toddlers will not react in this manner to these events.
* Over-reacting in a *positive* manner to minor events. This might mean jumping from couch to couch out of excitement, yelling loudly, and throwing hands in the air because of getting to go to the park, which might be an almost daily occurrence. This over-reacting makes it especially difficult to make the transition to be able to participate in the actual activity the child wants to participate in, because the child can’t calm down.

Behaviors have to be measured *not only* in terms of developmental norms but also in proportion to the event: If an eighteen-month-old goes to the library for the first time, she may run, yell loudly, and touch every book out of excitement. However, if she is now four-years-old and has been to the library on a regular basis and *still* struggles to use “quiet-feet” or cannot to sit for the five minutes of story-time, that is different. If a child tantrums for twenty minutes because the big trip to Lego-Land was cancelled, that’s more normal than if a four-year-old tantrums for twenty minutes because it’s raining and she can’t go to the local pool she goes to almost every day- that would be considered disproportionate to the event!

It’s important not to misdiagnose a child, so schedule an appointment with a child clinical therapist, child clinical psychologist, or a child psychiatrist if there are concerns with your toddler.