

Attention Deficit and Hyperactivity Disorder (ADHD)

Overview description

ADHD, officially known as Hyperkinetic Disorder (HKD) in the UK, is a chronic neurodevelopmental disorder which is evident at a young age and pervasive across settings e.g., home, school and with friends.

ADHD is a persistent pattern of inattention and/or hyperactivity and impulsivity that is more extreme than is typically observed in individuals at a similar stage of development which interferes with their functioning (DSM V). There are 3 known presentations of ADHD:

- ADHD impulsive/hyperactive
- ADHD inattentive and distractible
- ADHD combined: Most common type characterised by impulsive and hyperactive behaviours as well as inattention and distractibility.

Some ADHD specialists refer to ADHD as a disorder of 'self-regulation'. Self-regulation requires that a person has intact executive functions. Children and young people with ADHD have brains that have grown and developed differently.

ADHD affects about 3-5% of children and 2% of adults and is more common in males than females (4:1). Girls with ADHD may present with less hyperactivity than boys and subsequently may be less easily identified in primary care settings (NICE, 2008, 2013).

Previously it was thought that children grew out of ADHD in adolescence. However, more recent evidence suggests that in approximately a third to a half of children with ADHD the symptoms continue into adulthood. Children with ADHD are not alike and may have mild, moderate or severe forms of the condition.

Evidence-base

Studies of twins suggest that between 65%-90% of the risk of having ADHD comes from a person's genes. This means that ADHD is often inherited and tends to run in families. Specific genes have been linked to ADHD. People with these genes do not all have ADHD but they are more likely to have it than people without these genes. Many of these genes have to do with the action of dopamine and norepinephrine, substances that enable nerve cells in the brain to network with each other. The main medical treatments for ADHD boost the function of dopamine and norepinephrine.

There is research evidence that children and young people with ADHD are at increased risk of a range of other comorbid needs including; other neurodevelopmental disorders (e.g. learning difficulties, motor co-ordination disorders, autism spectrum disorders and Tourette's), mental health needs (e.g. mood disorders and substance misuse) as well as physical health needs (e.g. epilepsy and hearing loss).

It is imperative to ensure that all needs of children and young people with ADHD are appropriately assessed and supported including physical, health and learning needs (NICE 2018). Diagnosis should follow DSM V or ICD – 10 criteria and the severity (moderate or severe) should also be documented based on functional impairment (NICE 2018).

Essential Diagnostic Criteria (DSM V)

Onset < 7 years

All symptoms persistent for more than 6 months.

Symptoms are not consistent with cognitive developmental level

Significantly impaired social functioning

Significantly impaired academic functioning

Signs and Symptoms of HKD / ADHD

INATTENTION (6 for a least 6 months)

Poor attention to detail/careless errors.

Often fails to concentrate on tasks or play.

Often appears not to listen.

Often fails to finish things/tasks.

Poor task organisation.

Often avoids tasks that involve sustained mental effort.

Often loses things for tasks.

Often distracted.

HYPERACTIVITY (3 for at least 6 months)

Often fidgets or squirms on seat.

Often leaves seat when expected to sit.

Excessive and inappropriate running or climbing.

Often noisy or has difficulty being quiet.

Persistent overactivity not modulated by request or context.

IMPULSIVITY (1 for at least 6 months)

Often blurts out answers before the question is complete.

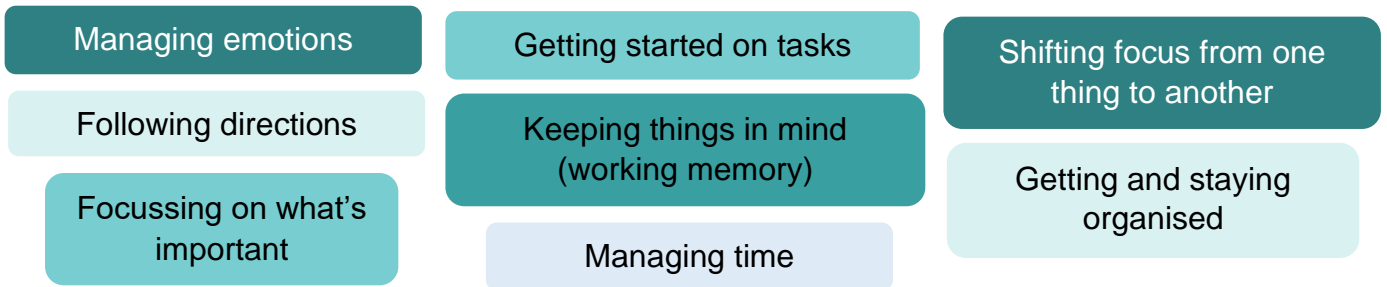
Often fails to wait turn in groups, games and queues.

Often intrudes in games or conversations.





Often talks excessively without response to social constraints.

It should be remembered that many people will from time to time display some of the above presentations. Besides, the criteria above, the Multi-Disciplinary Team (MDT) identifying ADHD will also consider how a child's behaviour compares with the neurotypical active child and identification of ADHD will rest on the greater frequency, severity and pervasiveness of the symptoms than is normally expected.

Children and Young people with ADHD may struggle in:



There are many misconceptions regarding ADHD. It is important to remember that ADHD is NOT:

-  All about hyperactivity. Children & YP with the inattentive presentation of ADHD may appear 'day dreamy' or off in their own world.
-  A problem with laziness or poor parenting. ADHD is caused by differences in brain anatomy and wiring.
-  Due to poor diet or intake of food additives but as with all children, they may make them more active, impulsive and inattentive.
-  Something children and young people outgrow. Many who are diagnosed with ADHD have symptoms that persists into adulthood.

Ways to Support Children and Young People with ADHD

Concentration and attention vary from one child to the next depending on their level of alertness, motivation, engagement with the task in hand or emotional state. There are many reasons why a child or YP might have difficulties concentrating. Often their difficulties appear inconsistent, with behaviour being different according to times of a day or person involved. Children and young people with ADHD may be able to focus on tasks they are highly motivated in and of their choosing. Their behaviour may be more challenging at home due to a less structured environment

A multi modal approach in supporting children and Young people with ADHD is needed due to the multi-faceted nature of ADHD and individual differences of each child and

young person with ADHD. It is helpful if everyone involved has a good understanding of the child's needs and uses a consistent approach towards meeting them. The usual approach that professionals will use will be a combination of:

- behaviour management, and
- medication.

Parents may also use:

- diet;
- alternative therapies/approaches.

Medication

There has been much controversy in the press and media about treating children with ADHD with medication. Parents may find that they are asked if they would like their child to be prescribed with medication. It is important that parents feel comfortable with their decision on behalf of their children, until the young persons are at an age where they may be able to express their own feelings about medication. Parents should feel able to ask as many questions as they think necessary to the health professional and obtain as much information as possible about the drug that is being offered for their child. This will help parents make a more informed decision about how it will help their child, and also be aware of the side effects.

As ADHD affects not just the child but the whole family as well, there are numerous support packages for parents of children with ADHD, for example:

- Parent based interventions
- Parenting programmes for preschool children
- Triple P or Incredible Years (for parents of school age children with ADHD and comorbid conduct disorder)
- Sleep strategies
- Principles of healthy diet
- Post diagnostic support -Group sessions/workshops on strategies

Children and Young People interventions

CBT based strategies for comorbid mood/anxiety.

Mindfulness, metacognitive therapies.

Group social skills or problem-solving training.

Setting based behavioural strategy

Support at an educational setting will need to be targeted multi dimensionally encompassing several aspects: Environmental, Instructional, Social, Emotional, and Behavioural.

Environmental

Children will struggle to focus if the environment is too stimulating – background noise, different activities: Providing clear structure and a predictable environment and preparing children & YP for change in the environment will facilitate their attention & focus. Visual timetables may be helpful. Additionally, write the schedule for the day up on the board so that they can see the structure of the day.

Keep classroom rules simple and clear and visible – keep referring to them and reinforcing them

Children can benefit from spending some time at a workstation – i.e. a desk that is relatively distraction free – especially for work that requires a high level of concentration. A couple of these could be set up and introduced positively to the children as special places to go to work. All children in the class could have a rota for one – with the other being largely for the child with ADHD.

Ensure child/YP with ADHD has a seat near a good role model or teacher as much as possible.

Before lunch and towards the end of the day they are likely to be less attentive – activities at these times of the day need to be less demanding on attention.

Children often benefit from having a specific job to do during tidy up time and other times when things may seem a little chaotic.

Instructional

Communicate effectively: use language appropriate to child's age / level of understanding.

Make eye contact and /gentle physical contact before giving one or two clear instructions. Have instructions repeated back, or confirm they were understood, before proceeding.

Verbal instructions need to be supplemented visually – keep instructions eye catching and as exciting as possible – e.g. by using computer graphics.

Worksheets – large type in dark black ink, clear simple instructions with important words underlined. Colour if possible but with some white spaces and borders to define important sections. Just have one or two main instructions on each sheet so the child does not become overloaded with information.

Another way to help children organise their response to work would be to divide the sheet into sections – with them attempting one at a time and covering the others up.

Self-monitored and timed computer programmes will be of great help, as the child will have some control over the timing.

Social

A child with ADHD is likely to have difficulties making and maintaining friendships because of their unpredictability and impulsivity. Support social skills: teach appropriate skills / acceptable social codes. Regular access to Social Skills training - often in a role-play situation with the aim of teaching him how to behave in social situations by picking up on social cues and by learning how their behaviour affects others.

Emotional

Children with ADHD often have low self-esteem and struggle with emotional regulation. Encourage and praise to raise self-esteem and confidence. Let the child teach another child a skill s/he has mastered to raise their class profile and motivation. Find other ways to boost the self-esteem and give them frequent opportunities to experience success & showcase their strengths.

Children with ADHD often need opportunities for physical expression, movement and release of energy due to over excitability.

Direct teaching of coping strategies and opportunities to practice these when not dysregulated. Staff to work with home and use a consistent approach across settings. When child has an angry outburst, put them in a safe place to calm down alone before attempting to comfort or discuss what has happened.

Use empathy statements such as 'I understand'. Adults should model emotional self-regulation and balanced lifestyle (good eating and sleep habits, exercise & hobbies).

Behavioural

A child with ADHD can be very impulsive, for example, they often do and say the first thing that comes to their head and find it hard to wait their turn. Staff and parents can plan ahead, break tasks down to manageable chunks of work, and give frequent physical movement breaks between mini tasks.

To support manage a child with ADHD's hyperactivity, restlessness or fidget behaviours, have a programme of physical activities to either energise or calm the child depending on the time of day.

Help prevent misbehaviour by having routines, and giving consistent rules and clear instructions.

Use a positive approach and calm tone of voice. Teach calming techniques to de-escalate conflict. Use praise and catch them being good.

Use positive incentives and natural consequences: When you.... then you may ...

Find creative ways of giving child with ADHD frequent and positive to sustain the concentration and motivation.

It is important to identify problem behaviours and act upon them immediately. Focus on dealing with difficult behaviours which you feel is most important. Put a hold on the rest.

Link target behaviour to a highly motivating reward system used consistently. Ignore petty behaviours.

Always, ensure a fresh start once an incident has been dealt with. In order to help the child to learn from his/her mistakes, give them consequences and adults to follow through. Consistently reinforce good behaviour.

Strengths

Children and Young people with ADHD can have many positive qualities. Commonly, children with ADHD have bundles of energy and can be very creative. Talents like these should be encompassed and enhanced to enable them to reach their full potential. Children and Young people with ADHD have aspirations too and, with appropriate understanding, have the ability to make a valuable contribution to society.

Some successful people with ADHD include:

- Emma Watson (award winning actress & activist)
- Heston Blumenthal OBE (Three Michelin stars celebrity chef)
- Simone Biles (Olympic Gold gymnast)
- Zayn Malik (Award winning singer and song writer)

Top
Tips!

For Early
Years

In the early years, ADHD can often be difficult to identify due to some of the traits being comparable to typical stages of early child development. The ADHD Foundation gives some useful examples of how ADHD may present itself in young children:

<https://www.adhdfoundation.org.uk/2022/03/14/understanding-adhd-in-the-early-years/>

- Monitor a child's arousal levels to find their window of tolerance (pictured) . Support a child by redirecting them to a low/higher stimulated environment or activity when necessary.
Think about the child's sensory needs, do they need to chew, stroke or hold something to support their concentration and/or regulation.
- Create a calm box full of appropriate objects for this child's individual preferences.
- Reduce the strain on executive functions by delivering one instruction at a time and use visual prompts to support retention and concentration during activities.

In summary, adopt a S.M.A.R.T approach to building and supporting children and young people with ADHD:

- Separate the problem of ADHD from the child
- Map the influence of ADHD on the child and family
- Attend to exceptions to the ADHD story
- Reclaim special abilities of children diagnosed
- Tell and celebrate the new story



Useful Resources

YouTube video clips

Jack and Jill have ADHD: <https://www.youtube.com/watch?v=rLghxG3mGMM>

Let Me BE Your Camera; Understanding ADHD:

<https://www.youtube.com/watch?v=KyOdenFEwnQ>

About ADHD, A Guide for Children:

www.adhdfoundation.org.uk/wp-content/uploads/2019/01/Childrens-Guide_FINAL.pdf

What is ADHD?

<https://www.youtube.com/watch?v=1t9UHQqtDfU>

Useful links

ADDISS (The National Attention Deficit Disorder Information and Support Service)

Provides information and resources about ADHD and the variety of approaches that can help including behavioural therapy, medication, individual counselling, and special education provision.

Phone: 020 8952 2800 (office hours)

Email: info@addiss.co.uk

Hyperactive Children's Support Group

Helps hyperactive/ADHD children and their families, providing information particularly regarding hyperactivity and diet.

Phone: 01243 539966 (Mon - Fri 14:30-16:30)

Email: contact@hacsg.org.uk

The ADHD Foundation

A website containing lots of information and news about ADHD for young people, parents/carers

<https://www.adhdfoundation.org.uk/>

Young Sibs

UK-wide online support service for siblings under 18 who have a brother or sister who is disabled or has special educational needs or a serious long-term condition including ADHD.

Email and chat forum available online:

<https://www.youngsibs.org.uk/>

Youth Wellbeing Directory

Lists of local services for young people's mental health and wellbeing.

Parentline

The confidential national telephone helpline for anyone in a parenting role.

Tel: 0808 800 2222

Text phone: 0800 783 6783

E-mail: helpline@parentline.co.uk

<https://www.manchesterlco.org/services/childrens-community-services-citywide/parentline-parent-helpline/>

www.adders.org – information and support for parents and children

www.adhdmatters.co.uk – information and support for parents and children

www.livingwithadhd.co.uk – information and support for parents and children

www.youngminds.org.uk – information on medication and mental health issues for young people.

Essential Ideas for Parents -You Tube by Professor Russell Barkley

[ADHD: Essential Ideas for Parents - Dr Russell Barkely - YouTube](#)