

Attention Deficit Hyperactivity Disorder (ADHD)

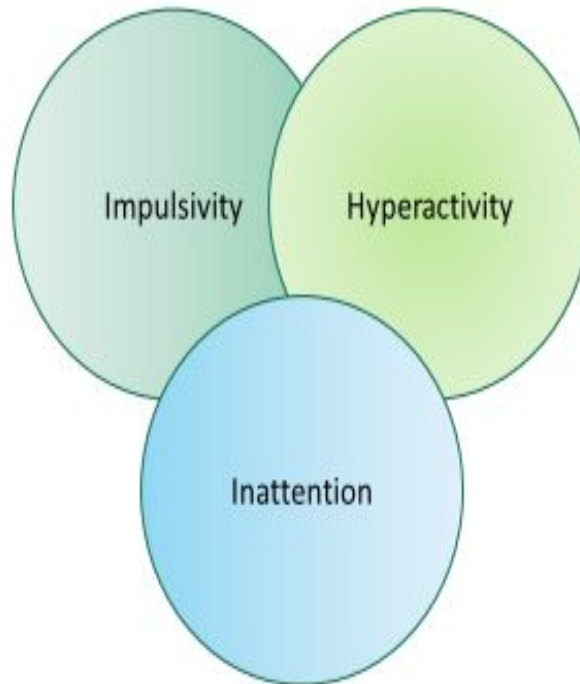


Objectives:

- What is ADHD
- Managing ADHD



ADHD



- Recognition of difficulty often in Primary school
- Assessment and (accurate) diagnosis can take years
- Genetic component to ADHD
- ADHD looks different and causes different impairments depending on the child



Attention Deficit Hyperactivity Disorder

Is a common, lifelong, neurodevelopmental disorder that affects a persons ability to focus **attention**, regulate **activity** levels and control their **impulses**

Three subtypes:

- 1) ADHD combined type
- 2) ADHD predominantly inattentive type
- 3) ADHD predominantly hyperactive-impulsive type.

A better way to think about it?

Kids with ADHD are relatively *brakeless*.

They are:


Unable to put the brakes on distraction

inattention

Unable to put the brakes on inside thoughts

impulsive

Unable to put the brakes on *acting* upon
distractions or thoughts **hyperactivity**

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- In the UK its thought that 3-5% of school aged children have ADHD (NHS England)
 - Minor difference in chemical tuning of the brain. Commonly genetic, environment can make symptoms worse
 - Tend to notice signs before the age of 6, behaviour must be more severe than other young people in the same age group.
 - The symptoms above cause significant distress or impairment in social, academic or occupational functioning
 - Symptoms present >6 months, across two different contexts for example, school and home, day care and friendships.

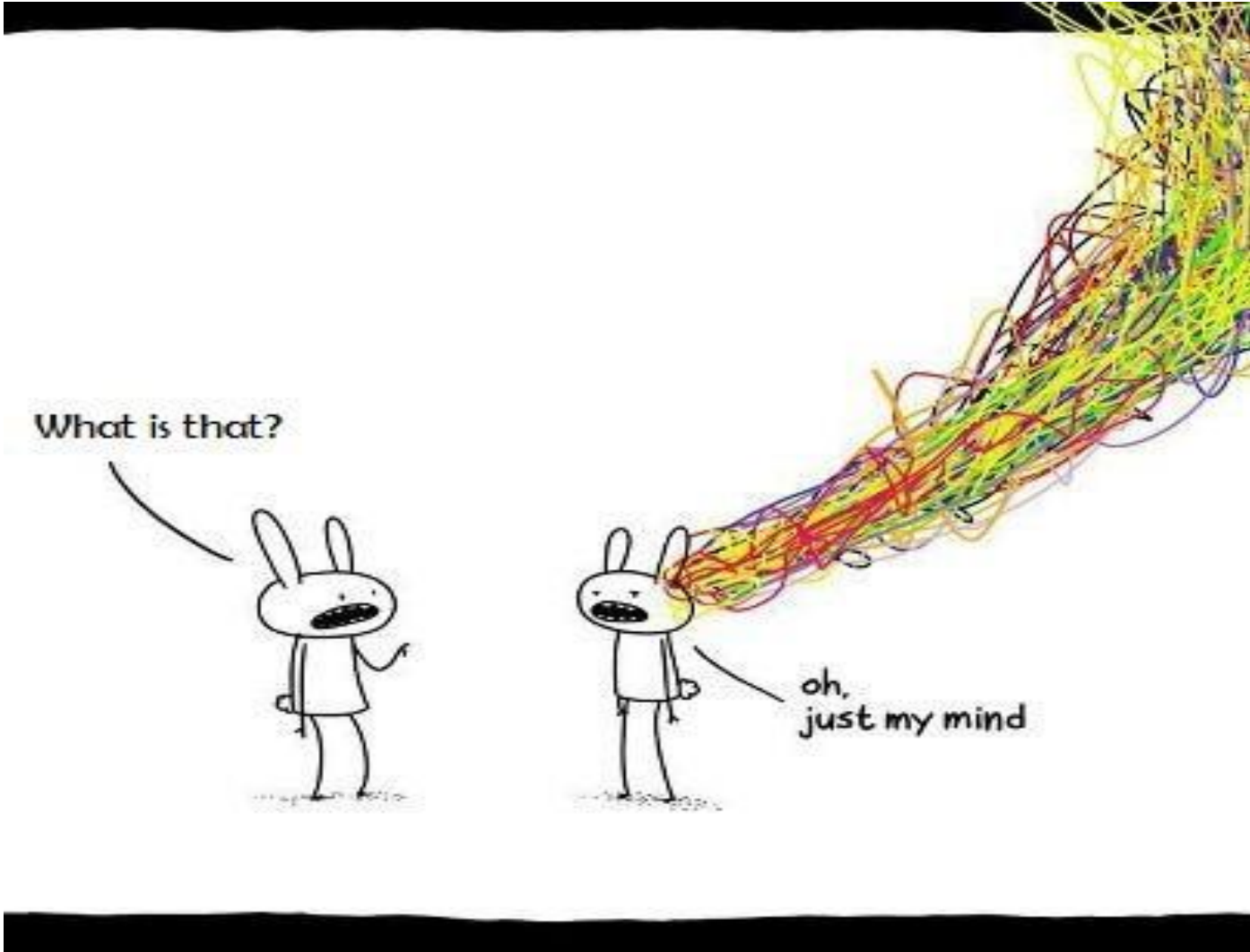
Famous People with ADHD



And more.....




Inattention	Overactivity	Impulsivity
Fails to give close attention to detail	Unable to sit still for as long as peers	Difficulties taking turns, may interrupt
Easily distracted by external stimuli	Often up and out of seat	Can not wait in a line
Easily off task - changes from one thing to another	Runs and climbs when inappropriate	Talkative
Makes careless mistakes	Fidgety with hands and feet	Unable to engage in play quietly
Has difficulties listening when spoken to	Is often 'on the go'	Premature or thoughtless actions
Inability to follow instructions	Restless and shifting excess of movement	
Unable to complete tasks		
Difficulties with organisational skills		
Avoids tasks that require mental effort		
Often loses items required		
Forgetful in daily activities		
Disorganised		




A cartoon illustration featuring two simple line-drawn rabbits. The rabbit on the left is looking at the rabbit on the right with a questioning expression. The rabbit on the right has a large, chaotic, multi-colored scribble (yellow, green, red, blue, and black lines) coming out of its head, representing a complex or overwhelming thought process. The background is white with a thick black horizontal line above and below the characters.

What is that?

oh,
just my mind

- 
- Symptoms of ADHD are associated with having lower levels of the brain chemicals dopamine and noradrenaline in the brain.
 - Dopamine carries signals between nerves in the brain and is linked to movement, sleep, mood, attention, and learning, motivation, reward and cognition,
 - Certain parts of the brain may be less active or smaller in children with ADHD.

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- Noradrenaline is linked to memory, alertness and learning
 - These chemicals promotes feelings of enjoyment and reinforcement to motivate performance .
 - When we are deficient, it makes learning very difficult. That feeling of accomplishment when we learn something new simply isn't there

ADHD 'Stimming'

Here are some examples...

Humming

Biting nails

Picking skin

Chewing

Singing

Clearing throat

Vestibular and
Proprioceptive
Movement

'Smelling'

Spinning objects

Clicking pens

Fidget tools

Heidi and Me



What else could it be?

- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Conduct Disorder
- Bi Polar
- Dyslexia
- Dyspraxia
- Tics/Tourette's
- Autistic Spectrum Condition
- Attachment difficulties
- Irlen Syndrome
- Anxiety
- Speech and Language Disorder
- Sleep Disorder
- Substance Misuse
- Behavioural
- Sensory Processing Disorder
- Auditory Processing Disorder
- Trauma
- Developmental Delay
- Chromosomal Abnormalities



Thirty good things About ADHD

- 1) Unlimited energy
- 2) Will try any thing
- 3) Good conversationalist
- 4) Needs less sleep
- 5) Good sense of humour
- 6) Very caring
- 7) Do spontaneous things
- 8) Notice things that other people don't
- 9) Understanding of other kids
- 10) Can think of new ways of doing things
- 11) Likes to help others
- 12) Happy and enthusiastic
- 13) Imaginative - creative
- 14) Sensitive - compassionate
- 15) Eager to make new friends
- 16) Great long-term memory
- 17) Life and soul of any party
- 18) Charming
- 19) Warm and loving
- 20) Protective about families
- 21) Inquisitive
- 22) Doesn't hold a grudge
- 23) Quick to forgive
- 24) Genuine
- 25) Never boring
- 26) Perceptive ways to do things
- 27) Playful
- 28) Honest
- 29) Optimistic
- 30) Inventive





Management

First line are non medication measures (unless moderate-severe symptoms and impairment).

- Parent training programme (Barnardo's) and behavioural management
- Attention training
- Behavioural programmes at school



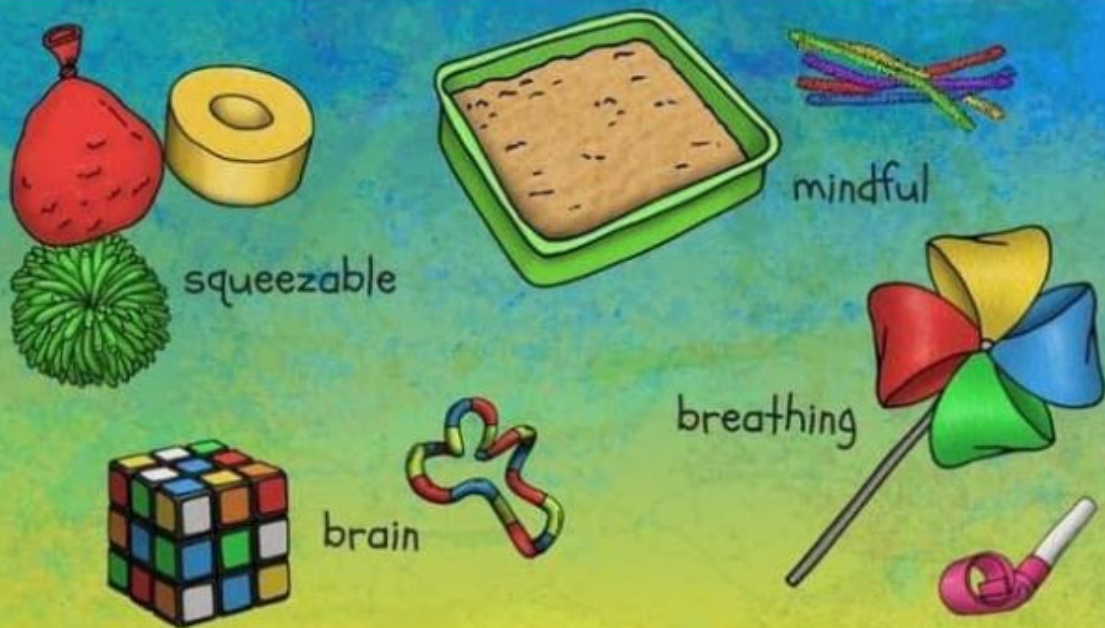
Medication

Following treatment with a parent training /education programme, children and young people with ADHD and persisting significant impairment could be offered medication treatment to improve concentration and reduce hyperactivity and impulsivity

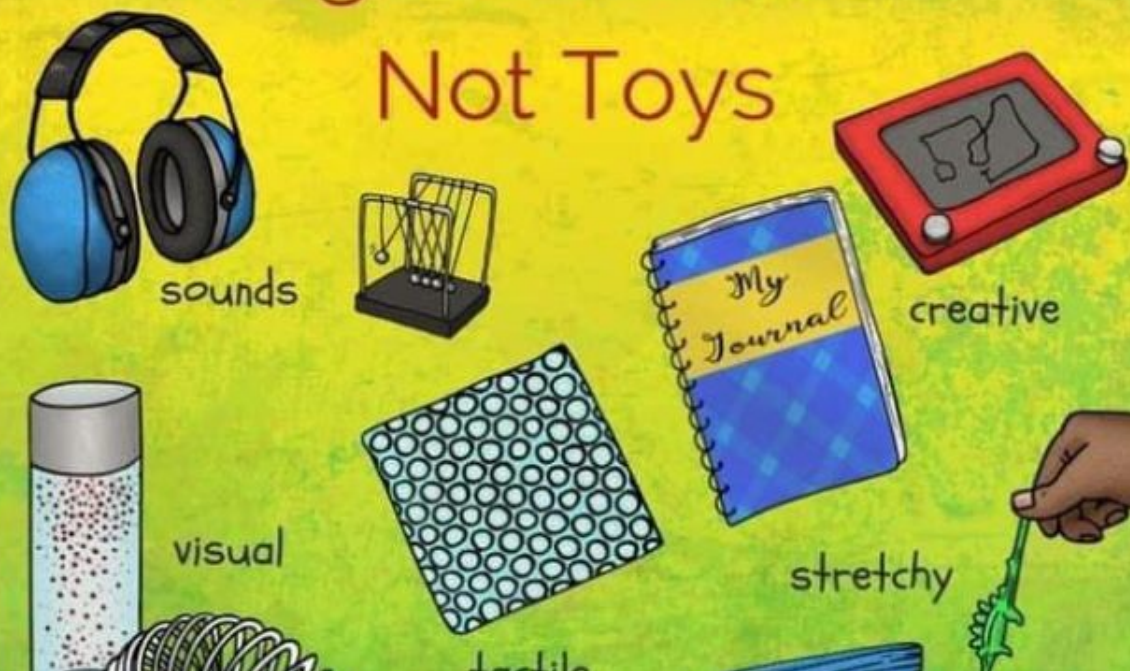
Overwhelming evidence for **stimulants**

Prescription stimulants slowly increase the level of dopamine, similar to the way it's naturally produced in the brain. A prescriber will usually prescribe a low dose of a stimulant and increase it gradually if necessary.





Fidgets are Tools Not Toys






Recognition

- Recognition of difficulty- parent, teacher, TA, SENCo, Ed Psych
- Influenced by expertise- knowledge about ADHD and how it presents in both girls and boys
- Advice on seeking referral or assessment
- Managing and supporting child throughout the process
- Additional provision with or without diagnosis/medication



Managing ADHD behaviour

- Can be reactive rather than proactive
- Needs time, ability to focus on individual
- Communication and positive relationships between family and school
- Key relationships with class teacher and SENCo can be very beneficial

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- A decorative header at the top of the slide featuring a light blue background with several pairs of stylized, colorful glasses (yellow, red, teal) in various orientations.
- Parents can be overwhelmed by process of diagnosis and assessment as well as receiving regular (negative) feedback from school
 - When the right fit is found, a school that can adapt around the child's needs to keep them in the classroom, experiences become much more positive

How do emotions affect behaviour?

NHS





Why adapt your parenting style?

- The environment people are in and the experiences they have can have an impact on their behaviour, and the effect this has on those around them.
- Parenting is one way that children can be supported to minimise the impacts their difficulties are having on themselves and those around them.
- Also applies to education staff.

Think about the way you were parented...



What is the evidence about what works?

Consider what is the function of the behaviour?

Consequence-based

Classroom:

- behaviour strategies such as **Daily report cards**

- token economies

- labelled praise


- effective commands and requests

- planned ignoring- used more intensively than for other students as those with ADHD often have a lot of (negative) corrective feedback



What is the evidence about what works?

- Academic skills interventions
- Organisation skills training, time management (especially for adolescents)
- Homework support
- Training adaptive skills (e.g. note taking, social skills)



Encouraging appropriate classroom behaviour, increasing study skills,
helping students to work with peers

Using physical activity: movement breaks, lots of opportunities/reasons
to get up

Rewards? (delay aversion, smaller-sooner)

Pupil passport

Engaging individual interests

Academic work that is appropriately challenging but *can be completed*,
need to achieve things



Classroom Accommodations



Classroom Setup

- Sit away from distractions –front and centre of classroom
- Utilise positive role models
- Increase distance between desks

Assignments

- Allow extra time
- Break long assignments into smaller parts, shorten work periods
- Pairing written instructions with oral instructions



And more:

Organization /Planning

- Recommend binders / dividers and colour coded folders
- Provide assignment book and supervise writing down of assignments
- Allow student to keep sets of books / resources at home
- Allow student to run errands or stand at times
- Provide short breaks

Moods / Socialization

- Set up social behaviour goals with student and implement reward program
- Encourage cooperative learning tasks
- Assign special responsibilities to student in presence of peer group
- Compliment positive behaviour and work give opportunity for leadership roles
- Frequent acknowledgment of appropriate behaviours
- Encourage student to walk away from angering situations



Continued

Distractibility

- Provide peer assistance in note taking and ask student questions to encourage participation
- Involve student in lesson preparation
- Cuing student to stay on task with private signal
- Scheduling 5 minute period to check work prior to handing in

Behaviour

- Ignore minor inappropriate behaviours
- Increase immediacy of rewards and consequences
- Acknowledge correct answers only when hand is raised and student is called upon
- Send daily /weekly progress reports home
- Set up achievable behaviour contract

Helpful Daily Techniques

Communication can be helped by:

- Get their attention
- Eye contact
- Non-verbal cues
- Facial Expression
- Give advanced notice to transitions
- Give two choices
- An indirect approach often succeeds
- Frequent praise





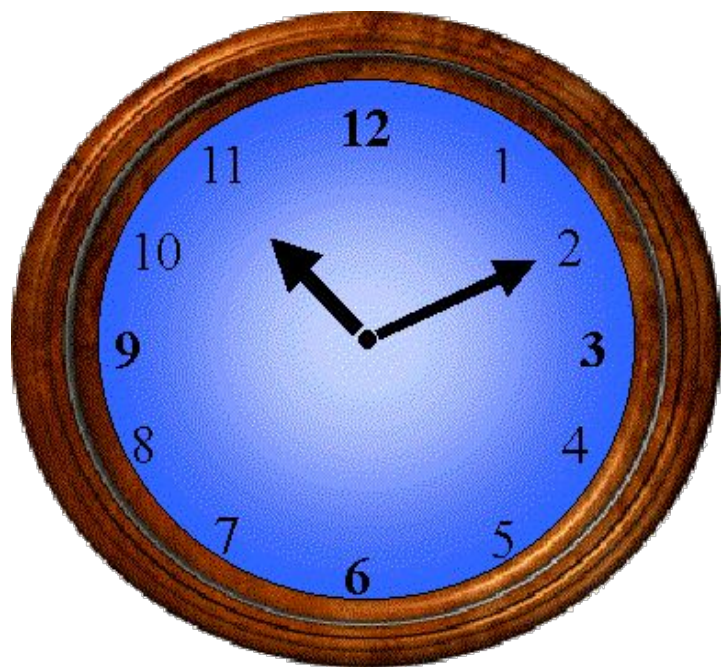
EXPRESSION!



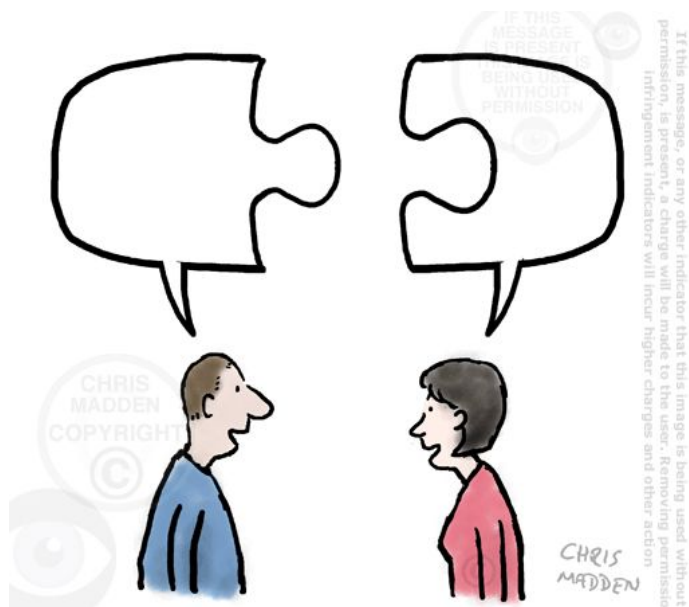
Try to use facial expressions and gestures when speaking to your child; this emphasises what you are saying and gives your child clues to what you mean. This also increases your child's understanding of non - verbal communication by linking words with gestures and faces. Also try to keep your voice lively to hold your child's attention.



Avoid asking too many **questions** at once. This can be quite overwhelming for a young person, and can feel like they may be being tested. Asking questions one by one, that challenge them to think rather than need an immediate answer, can be less overwhelming. Repeating questions or instructions can also be helpful but make sure you **wait** for the answer.



Give your young person **time** to respond. It can take longer for some young people to turn their thoughts into a response when communicating. Giving them more time can relieve pressure to respond so quickly and allow them time to think. Make sure you maintain eye contact and their attention while awaiting a reply.

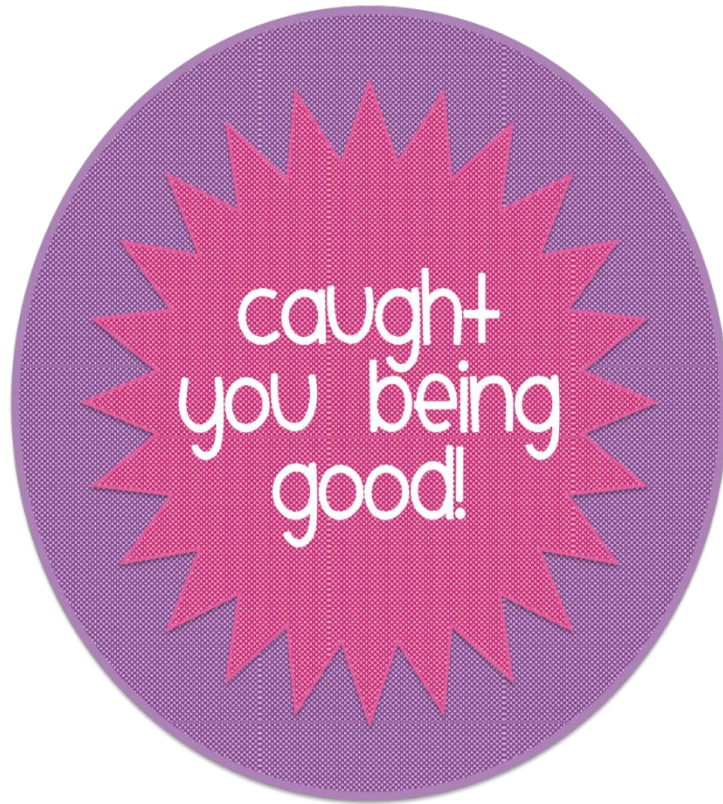


- Use simple repetitive language
- Use the young person's own words
- Model the right way to communicate



Games and songs can be good ways of improving attention and learning- think about your young person's learning style

Spotting good behaviour



- Rewarding good behaviour and ignoring unwanted behaviour when safe to do so
- Find the good and **PRAISE!**



Dealing with difficult behaviours

- ‘Reasonable consequences ensuring the child understands what he has done.
- Avoid sending to a bedroom for all misdemeanors.
- Avoid threatening things you will not follow through with
- When the child is calm, use this time to explain how together you can help change behaviours
- The behaviour is what you want to change not the child
- Consistency amongst all adults involved
- Problem solving - if the child has got into trouble it is often helpful to give them ‘what could you have done’ scenarios



Who can Help?

- Parenting support groups e.g.

Barnardos

- Schools e.g.

SENCo / ELSA /referrals to Educational Psychologist

- Local Support Groups
- National Support Groups
- Online resources

When to refer to CAMHS

- Evidence of difficulties with inattention, hyperactivity and impulsivity across setting after the age of 5 years with little or no improvement following:
 - Home and school interventions
 - Parenting support
 - A period of watchful waiting
 - Behaviours leading to increased risk
- See ADHD minimum standards referral criteria

Resources

Websites that you may find useful for further information on ADHD

- adhdpartnershipsupportpack.ie/
- www.addiss.co.uk/
- www.youngminds.org.uk/adhd
- adhdandjustice.co.uk/
- www.youth2youth.co.uk

Resources

You may also find the following books useful:

- “All Dogs Have ADHD” by Kathy Hoopmann
- “Understanding A. D. H. D. A Parent's Guide to Attention Deficit Hyperactivity Disorder in Children” by Dr Christopher Green and Dr Kit Chee
- “ADHD--Living Without Brakes” by Martin L. Kutscher
- “Step by Step Help for Children with ADHD: A Self-Help Manual for Parents” by Cathy Laver-Bradbury
- “How to Teach and Manage Children with ADHD” by Fintan O'Regan
- “100 Ideas for Supporting Pupils with ADHD” by Geoff Kewley



HEIDI AND ME.

Our Neurodiversity Journey



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ANY QUESTIONS????

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