



Attention Deficit Hyperactivity Disorder (ADHD)

Louisa Tipler
Educational Psychologist

Aims of this session

- Myth buster quiz
- What do we already know?
- What to look out for – generally
- How to get need identified (diagnosis) - including the DSM-V criteria
- What this looks like in Cambridgeshire
- ADHD and co-existing conditions – particularly ASD
- Management of the condition
- What this looks like in school
- Any questions?

Quiz

1. The average attention span of an 11-year-old child is 30 minutes?
2. All children who experience inattention have ADHD
3. All children with a diagnosis of ADHD will require medication?
4. All children with ADHD will display difficult behaviours?
5. More boys are diagnosed with ADHD than girls?
6. The way to treat ADHD is to prescribe medication?
7. All young people with ADHD will have at least one other diagnosed condition?
8. ADHD does not exist – these children are naughty and require stronger, more consistent discipline?

1. The average attention span of a 11-year-old child is 30 minutes?

1. False - Research suggests that for focused attention, average ranges from 5 minutes in a 2-year-old up to 20 minutes in a teenager and adult. Attention is affected by how good you are at the task, how motivated you are by the task, hunger, tiredness and stress on the individual, as well as distractions. A rule of thumb would be that a child can focus for two to three times their chronological age.

Cornish, David; Dukette, Dianne (2009). *The Essential 20: Twenty Components of an Excellent Health Care Team*. Pittsburgh, PA: RoseDog Books. pp. 72–73. [ISBN 978-1-4349-9555-1](#). [OCLC 721335045](#).



2. All children who experience inattention have ADHD

2. false – some children may show inattention in class due to other issues in their life



3. All children with a diagnosis of ADHD will require medication?

3. false – Children under five should not be offered medication without:

- first-tier group interventions for parents/carers
- discussion with a specialist in ADHD identification and treatment in the very young, and
- Medication should only be considered should significant symptoms not lessen with the group intervention.

For children over 5:

- support sessions offering information, parenting strategies, with consent, liaison with school or college and both parent/ carers present, if possible, should be offered first.
- Individual sessions for families should be offered if groups are too hard to attend, longer group input should be offered if Oppositional Defiance Disorder (ODD) type behaviours are also present.

Medication is only to be offered if significant symptoms persist in at least one area and if certain other checks are in place including after environmental adaptations.



4. All children with ADHD will display difficult behaviours?

4. false – those with Attention Deficit Disorder (ADD) will not necessarily show overt, significantly disruptive behavioural issues in class often associated with the hyperactivity aspect of ADHD.



5. More boys are diagnosed with ADHD than girls?

- 5. True – Currently more boys than girls are diagnosed – it is suggested that often girls are harder to identify as often they exhibit an ADD type presentation which is generally quieter.
- In the US the Centre for Disease Control states that boys are 3 times more likely to be diagnosed with ADHD than girls. They also suggest symptoms in girls are of the more inattentive type
- NICE suggest that the prevalence ration in the UK is between 2 and 5:1 meaning 2 – 5 more boys are diagnosed than girls.
- They also state that the disparity could be due to boys presenting with more disruptive symptoms than girls



Girls and ADHD

Inattentive type girls may present with the following:

- being withdrawn
 - low self-esteem
 - anxiety
 - intellectual impairment
 - difficulty with academic achievement
 - inattentiveness or a tendency to “daydream”
 - trouble focusing
 - appearing not to listen
 - Verbal aggression, such as teasing, taunting, or name-calling
- Within the National Institute for Clinical Excellence (NICE) ADHD guidelines it states: Be aware that ADHD is thought to be under-recognised in girls and women and that:
 - they are less likely to be referred for assessment for ADHD
 - they may be more likely to have undiagnosed ADHD
 - they may be more likely to receive an incorrect diagnosis of another mental health or neurodevelopmental condition.

6. The way to treat ADHD is to prescribe medication?

- 6. false – The first port of call is psychoeducation for parents, environmental changes and then, if necessary, only after further review and assessment, is medication offered. CBT can also be offered to support the changing of behavioural responses. Usually, a combination of the above is the best approach.



7. All young people with ADHD will have at least one other diagnosed condition?

- 7. false – co existence of other conditions is common but not always the case.
- Young people who present with the following are more at risk:
 - people born preterm (see NICE's guideline on [developmental follow-up of children and young people born preterm](#))
 - looked-after children and young people
 - children and young people diagnosed with oppositional defiant disorder or conduct disorder
 - children and young people with mood disorders (for example, anxiety and depression)
 - people with a close family member diagnosed with ADHD
 - people with epilepsy
 - people with neurodevelopmental disorders (for example, autism spectrum disorder, tic disorders, learning disability [intellectual disability] and specific learning difficulties)
 - adults with a mental health condition
 - people with a history of substance misuse
 - people known to the Youth Justice System or Adult Criminal Justice System
 - people with acquired brain injury.



8. ADHD does not exist – these children are naughty and require stronger, more consistent discipline?

- I think false. There are many theories about what causes ADHD:
- It tends to run in families suggesting a genetic risk. However, the inheritance is likely to be complex and there is no one gene that causes ADHD.
- There are also likely to be environmental factors that increase the risk of a child developing ADHD if they have a genetic predisposition.
- There may also be structural brain differences or differences in the actions of certain chemicals in the brain (neurotransmitters).
- Previous theories about diet causing hyperactivity are not supported by recent research. However, maintaining a balanced diet, good nutrition and exercise is important.



What do we already know?

- What do we already know about the symptoms of ADHD and how they present in school?



Symptoms

- There are three main types of ADHD; Combined (both inattentive and hyperactive-impulsive), Predominantly Inattentive and predominantly Hyperactive-Impulsive.
- **Inattention includes things like:**
- lack of attention to detail, making careless mistakes
- difficulty sustaining attention (e.g., in class or at work)
- not listening when spoken to directly
- having trouble completing jobs and tasks
- having problems organising tasks
- avoiding or disliking sustained mental effort (e.g., filling out forms)
- losing things
- being easily distracted
- being forgetful in daily activities.

Symptoms cont'd

- **Hyperactivity includes things like:**
 - being fidgety (hands or feet) or squirming in seat
 - leaving seat when not supposed to
 - being inappropriately restless or overactive
 - having difficulty engaging in leisure activities quietly
 - always being “on the go”
 - talking excessively.
- **Impulsivity includes things like:**
 - blurting out answers before the person’s finished asking the question
 - having difficulty waiting in line or with taking turns
 - interrupting others.

But don't we all experience those things?

- Although we all may do some of these things from time to time, the key thing for ADHD is that to reach diagnostic criteria:
- you do a lot of them
- they occur across your everyday life
- the symptoms are out of keeping with your developmental level (e.g., not behaviours that you'd expect from a 10-year-old or a 45-year-old)
- In adults, some symptoms that cause difficulties must have been present before 12 years of age (i.e., they don't just start in your 30s)
- the symptoms cause problems in two or more everyday settings
- there is significant impairment in social, school or work functioning because of these difficulties.

ADHD



What diagnosis should include

- Identification in school – discussion with SENCO/ head, if the symptoms are having an adverse effect in the home, consider watchful waiting for up to 10 weeks and offer an ADHD focused parenting course.
- If symptoms persist, then referral to a medical professional with expertise in the identification of ADHD.
- Screening of all children should NOT occur in schools
- Diagnosis should not be given on the back of a questionnaire or checklist such as the Strengths and Difficulties Questionnaire or Connors Rating Scale. However, these assessments are considered helpful when there is doubt around behaviours in different settings.
- Primary care providers (GPs etc.) should NOT diagnose or start medication.

What diagnosis should include continued

- Diagnosis should include a full clinical and psychosocial assessment including discussions about behaviour and symptoms in the different domains and settings of the person's everyday life.
- For diagnosis symptoms of hyperactivity/ impulsivity or inattention should
- Meet the criteria in the DSM-5 OR ICD-10 (hyper kinetic disorder),
- Cause at least moderate psychological, social and/ or educational or occupational based impact from the difficulties experienced based on interview and/or direct observation in multiple settings and,
- Occur in 2 or more important settings including social, familial, education and/or occupational settings.
- In determining the clinical significance of impact of the difficulties resulting from symptoms, the views of the child/ young person should be considered wherever possible.

What this looks like in Cambridgeshire for children of primary school age

- Registered with a Cambridgeshire GP
- Completed Neurodevelopmental Referral Form
- Early Help Assessment (EHA).
- Involvement of the school SENCo/ head.
- Evidence of the school using a graduated response, and following a clear cycle of 'Assess, Plan, Do, Review' with outcome measures of appropriate strategies and interventions used
- SEND Service 0-25 reports where involved.
- Assessment of a child's current academic attainment (see referral form).
- Relevant information regarding family and social background, Social Care involvement and child protection concerns. This should be included either in the EHA or the referral form.
- Evidence of behavioural management and intervention, either universal or targeted from the Locality Team or attendance at a parenting course, provided by the locality team.
- Information regarding any home or environmental factors which may have an impact on that child's behaviour and/or functioning, if not already included on the referral form or EHA

Assessment in primary age children

- Referral made
- Questionnaires sent to school and home for completion
- Clinic visit including
 - physical examination with paediatrician
 - Possible input with a clinical psychologist
- Qb assessment
- Additional information requested if necessary
- Diagnosis if necessary
- Discussion regarding aftercare and if appropriate medication

What this looks like in Cambridgeshire for secondary school age young people

- Referral to CAMHS - Cambridgeshire, Huntingdon and Fenland: YOUnited accepts referrals for young people of secondary school age.
- This form requires
 - information regarding concerns in various areas of development,
 - Information regarding strategies already in place
 - Parents views
 - Information pertaining to parenting courses completed by the family (not sure if this is a referral criteria btu it is usually asked for)

Assessment in secondary school age children

- Referral via YOUnited
- QB test
- Clinic appointment including physical examination
- Possible ECG
- Possible blood tests
- Diagnosis
- Discussion of after care
- Possible medication

ADHD and ASD

- It can be difficult for some people with autism to describe symptoms that they may be experiencing, so it can be helpful to think of how they may behave or react to routine things in their everyday life.
- Some examples of behaviours that can be associated with ADHD include:
 - disorganisation (not planning ahead)
 - forgetfulness (missing appointments, losing things)
 - procrastination (starting projects but not completing them)
 - time management problems (always being late)
 - premature shifting of activities (starting something but quickly getting distracted by something else)
 - impulsive decisions (especially around spending, taking on projects, travelling, jobs or social plans)
 - criminal offences (speeding, road traffic accidents, illegal drugs)
 - unstable jobs and relationships.

What can we do in school?

- **Environmental modifications**
- Environmental modifications are changes that are made to the physical environment to minimise the impact of a person's ADHD on their day-to-day life.
- Appropriate environmental modifications will be specific to the circumstances of each person with ADHD and should be determined from an assessment of their needs.
- Examples may include
 - changes to seating arrangements,
 - changes to lighting and noise,
 - reducing distractions (for example, using headphones),
 - optimising work or education to have shorter periods of focus with movement breaks (including the use of 'I need a break' cards),
 - reinforcing verbal requests with written instructions and,
 - for children, the appropriate use of teaching assistants at school.
- Within this school the above suggestions and more are covered within the use of the expected teaching supports.



Useful links

- <https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/attention-deficit-hyperactivity-disorder-adhd>
- <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#recognition-identification-and-referral>
- <https://www.autism.org.uk/about/what-is/related-conditions/adhd.aspx>
- https://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_ADHD.pdf
- <https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/background-information/prevalence/#:~:text=In%20the%20UK%2C%20prevalence%20of,of%20approximately%203%20to%201.>