

Understanding ADHD in Children: Identification, Barriers, and Support Strategies

Hello everyone, thank you for joining us today. My presentation focuses on Attention-Deficit/Hyperactivity Disorder, or ADHD, in children – how it is identified and diagnosed, the potential barriers that can impact this process and essentially how we can help support children effectively, once a diagnosis is made.

As stated by Eiland & Gildon (2024), ADHD is one of the most commonly diagnosed disorders in childhood. However, despite how often we hear the term, there are multiple misconceptions with many variations on how we understand it, especially within educational settings.

According to Koutsoklenis and Honkasilta (2023), ADHD is characterised by persistent patterns such as impulsivity, inattention and hyperactivity that are not typical for a child's developmental level or age. Let's break this down slightly:

- Inattention may look like a child's inability to focus, someone who appears to be daydreaming frequently or often forgets items like homework.
- Hyperactivity-impulsivity includes behaviours such as interruptions, being impatient when waiting their turn, and someone who constantly moves, or unable to sit still.

Typically, ADHD is classified into 3 types:

- Predominantly Inattentive
- Predominantly Hyperactive or Impulsive
- Or a Combined Type – which includes showing symptoms of both categories (Horn, 2020)

However, diagnosing ADHD in children is not as easy as putting the child into a category or checking off a list of behaviours. As stated by NICE (2019), an accurate diagnosis involves:

- The input from multiple informants, such as parents, teachers and the child themselves
- Detailed interviews and observations that are made in the classroom
- An in-depth analysis of the developmental history of the child and if any behaviours are present in more than one setting, for instance at home and in the classroom
- Early diagnosis also plays a crucial part – if ADHD goes unrecognised throughout their childhood, a child may fall behind academically or potentially struggle with relationships with peers. Throughout their life, this may lead to low self-esteem, anxiety and potentially depression later on in life (Doering, et al. 2022).

There are three widely used tools that help support a diagnosis:

1. Conners 3 Rating Scales

- This tool offers a detailed picture of the child's behaviour across different domains, which include the observation of learning issues and peer relationships.
- It is used with input from the parents, teachers and the child
- It includes validity scales that are designed to identify inconsistent or excessively negative/positive reactions, which help assist professionals in evaluating the reliability of that data that has been gathered (MHS, 2020)
- However, while being a comprehensive tool to use, this process can be time-consuming and expensive to run (O'Brien, 2019).

2. Vanderbilt ADHD Rating Scales

- This tool is used primarily by GP's or educational settings to assist with the initial screening process
- It helps assess symptoms of ADHD in a child, along with any additional conditions they may have, for instance, anxiety or oppositional defiance
- It includes measures of performance, for example, peer relationships.
- This tool is beneficial for many users since it is free and fairly fast, making it highly practical for practitioners, although it lacks the depth offered by the Conners 3 Scales. As it is intended as a screening tool, it should not be used as a sole diagnostic device, the findings from this tool must be evaluated along side clinical judgement and any additional information. (Anderson, et al. 2021).

3. SNAP-IV

- This is a free, yet simple tool that aligns with the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- It is excellent for monitoring and tracking symptoms over a period of time (Hall, et al. 2020).
- According to research by Luo, et al. (2022), the current validity of the SNAP-IV is constrained by inconsistencies between teachers and parents, as well as a lack of detailed information regarding the child's learning experiences and emotional challenges. Luo, et al. (2022) also mentions that the newly developed rating scale, WeDA, provides a more scientific and quantitative method by utilising sensors and interactive tasks that correspond with the DSM-5 criteria. This approach aims to offer a better understanding of how ADHD symptoms influence the child's behaviour and performance on tasks. Nonetheless, it remains under development and is not yet ready for widespread clinical use.

It is extremely important to stress that no single tool can or should be used to diagnose ADHD on its own – it is essential that the rating scales are understood when viewed in conjunction with the wider context of observations, evaluations and interviews (NICE, 2019).

Barriers and Impacts

Let's look at the barriers that families and children may face. These barriers may come into play, not just when accessing a diagnosis, but in how these types of behaviours in children are understood.

1. Gender Disparities

One major issue is gender bias. As stated by Kazda, et al. (2021) boys are more likely to receive a diagnosis, this is due partly to them often exhibiting behaviours such as impulsiveness, or hyperactivity, that tend to be visible within the classroom and at home.

On the other hand, girls may present with symptoms that are often misinterpreted as laziness or shyness, such as disorganisation, daydreaming or being quiet. Greenblatt (2025) explains that this can potentially lead to a misdiagnosis.

2. Cultural and Socioeconomic Factors

Unfortunately, many families don't have the same access to health services as others due to their socioeconomic status. For example, there may be prolonged wait times to see a specialist in rural or underfunded areas (Hewitt, McNeish & Fink, 2019). Within schools or at home, children may be flagged for extra support early on, however some may not receive a formal diagnosis for months or potentially years (QuinnEssential, 2024).

3. Emotional / Educational Impact

When children are misdiagnosed with ADHD, their actions might cause parents and or practitioners to misinterpret their behaviour as defiance or a lack of effort. A significant factor that leads to misdiagnosis is a child's age within their school year group. Studies shown by Ford-Jones (2015) indicate that children who are younger than their classmates – who are usually born before the school-entry deadline – are more likely to receive a ADHD diagnosis. For instance, boys born in December were discovered to be 30% more likely to be diagnosed and 41% more likely to receive treatment for ADHD compared to boys born in January. The difference is even greater for girls who are showing symptoms, who are 70% more likely to be diagnosed and 77% more likely to be treated. This remarkable difference shows that developmental delays are frequently misinterpreted as ADHD, which highlights a significant bias in how the condition is identified.

As stated by Haidar (2024) gifted students often display strong concentration and self-discipline in subjects that they are passionate about, especially when they are with other intellectually stimulating peers. In contrast, gifted students who have ADHD may display a different set of characteristics, including weaknesses in memory, diminished self-esteem and behavioural self-image, challenges with attention and emotional difficulties (McCoach, Siegle & Rubenstein (2020), therefor may lead to the child feeling isolated from peers and learning opportunities, low self-worth, and an increased risk of future mental health issues, for instance anxiety or depression (Doering, et al 2022). For these reasons alone, early identification matters – not only for their academic success but for child's entire sense of self.

Support Strategies

Once ADHD is successfully diagnosed, the next important step is support for the child. Robinson (2018) explains that one of the most effective, yet non-medical interventions to help support children with learning disabilities is behavioural support. This strategy aims to help children's self-regulation, while also adjusting their environment to help minimise triggers. These strategies are frequently used alongside broader frameworks such as:

- Positive Behaviour Support (PBS) (Lyu, 2023)
- And Cognitive Behavioural Therapy (CBT) (Sciberras, et al. 2019)

Within schools or homes, behavioural support can be introduced by setting reward systems, such as sticker charts that can help encourage good behaviour and focus. In a 2017 study led by Nasa and colleagues, a participant who was only able to complete 50% of a task, due to challenges with attention in school or at home, got introduced to a reward system. This individual often showing behaviours such as frustration, daydreams or restlessness when he did not receive a reward, then made a greater effort to receive the next reward offered. The objective was for the child to reach 12 minutes of on-task time. Each time the child would reach the target duration and correctly answered questions, he would receive a sticker to go on his chart. Throughout the intervention, there was a noticeable improvement in the child's on-task behaviour, which then resulted in correct results from the questions asked. Xing, et al. (2018) furthers this by stating that praising a child's ability can sometimes result in a helpless reaction that leads to failure, which can then lead to negative thoughts and feelings, as well as decreased performance. In contrast, praising a child's effort towards the task helps to encourage children to concentrate on the process of learning and skill development. This then fosters greater perseverance and improved performance. Alongside this, setting clear routines is important. Betker (2017) explains that children

with ADHD benefit from predictability as they struggle with organisation. Task modification can also help reduce children feeling overwhelmed, breaking up their work, often referred to as “chunking” (Neurolaunch, 2024) aims to reduce the difficulty of the task, allowing it to feel more manageable.

Most importantly, as stated by Chan (2021) collaboration is key. Interventions that are effective heavily rely on consistency in all environments. When staff members and parents use the same language, approaches as well as expectations, children become more inclined to adopt self-management skills. Alongside this, teacher training is vital within the school setting. Without the correct training, ADHD related behaviours may be misunderstood as acts of defiance (Ford-Jones, 2015) which only increases the stigma of ADHD. Studies show that early interventions can help improve not only classroom conduct but learning and social relationships when tailored to the individual (Staff, 2022). While behavioural approaches have shown improvements, some children may need further help and may benefit from speech and language therapy (Bray, 2025), and possibly medication. However, Rajeh, et al. (2016) states research indicates that stimulants are effective while administered, however, long term effects remain unclear. And agrees that behavioural interventions are crucial for enhancing function and organisational skills over time.

As explained, ADHD is a complex condition that is often misinterpreted. Symptoms can vary significantly among children. To receive an accurate diagnosis depends on the use of assessment tools that include the use of multiple parties, along with context in which symptoms occur. Obstacles such as gender bias, limited access or cultural issues can sometimes hinder obtaining the diagnosis. Behavioural interventions serve as a practical approach, but its effectiveness relies on being collaborative and consistent. Ultimately, a collaborative approach, early recognition and support in the school setting and at home, are essential when helping children with ADHD thrive, rather than cope.

Thank you for listening 😊

Reference List

Anderson, N, Feldman, J, Kolko, D, Pilkonis, P & Lindhiem, O (2022) *National Norms for the Valderbilt ADHD Diagnostic Parent Rating Scale in Children*. Available at: [National Norms for the Vanderbilt ADHD Diagnostic Parent Rating Scale in Children - PMC](#) (Accessed Date: 6th of May 2025).

Anderson, N, Feldman, J, Kolko, D, Pilkonis, P, & Lindhiem, O (2021) *National Norms For The Vanderbilt ADHD Diagnostic Parent Rating Scale in Children*. Available at: [OP-JPEP210132 652..661](#) (Accessed Date: 11th of May 2025)

Betker, C (2017) *Environmental Strategies for Managing Attention Deficit Hyperactivity Disorder*. Available at: [environmental-strategies-for-managing-attention-deficit-hyperactivity-disorder-libre.pdf](#) (Accessed Date: 11th of May 2025)

Bray, C (2025) *What Is Speech Therapy and Why Is it Important?* Available at: [Speech Therapy for ADHD: Why It's Important, How it Helps & More](#) (Accessed Date: 7th of May 2025)

Chan, E (2021) *Improving Engagement in ADHD Care*. Available at: [Improving Engagement in ADHD Care | Pediatrics | American Academy of Pediatrics](#) (Accessed Date: 9th of May 2025)

Daley, D, Van Der Oord, S, Ferrin, M, Cortese, S, Danckaerts, M, Doepfner, M, Van der Hoofdakker, B, Coghill, D, Thompson, M, Asherson, P, Banaschewski, T, Brandeis, D, Buitelaar, J, Dittmann, R, Hollis, C, Holtmann, M, Konofal, E, Lecendreux, M, Rothenberger, A, Santosh, P, Simonoff, E, Soutullo, C, Steinhausen, H, Stringaris, A, Taylor, E, Wong, I, Zuddas, A, Snuga-Barke, E (2017) *Practitioner Review: Current Best Practice In The Use Of Parent Training and Other Behavioural Interventions In The Treatment Of Children and Adolescents With Attention Deficit Hyperactivity Disorder*. Available at: [Practitioner Review: Current best practice in the use of parent training and other behavioural interventions in the treatment of children and adolescents with attention deficit hyperactivity disorder - Daley - 2018 - Journal of Child Psychology and Psychiatry - Wiley Online Library](#) (Accessed Date: 8th of May 2025)

Doering, S, Larsson, H, Halldner, L, Gillberg, C, Kuja-Halkola, R, & Lundstrom, S (2022) *Internalizing Symptoms in Adolescence are Modestly Affected By Symptoms OF Anxiety, Depression, and Neurodevelopmental Disorders in Childhood*. Available at: [Internalizing symptoms in adolescence are modestly affected by symptoms of anxiety, depression, and neurodevelopmental disorders in childhood | BMC Psychiatry](#) (Accessed Date: 8th of May 2025)

Eiland, L & Gildon, B (2024) *Diagnosis and Treatment of ADHD in the Pediatric Population*. Available at: [Diagnosis and Treatment of ADHD in the Pediatric Population - PMC](#) (Accessed Date: 8th of May 2025)

Ford-Jones, P (2015) *Misdiagnosis of Attention Deficit Hyperactivity Disorder: 'Normal Behaviour' and Relative Maturity*. Available at: [16854_ford.indd](#) (Accessed Date: 11th of May 2025)

Greenblatt, J (2025) *The Silent Minority: Understanding ADHD in Girls & Women*. Available at: [The Silent Minority: Understanding ADHD in Girls & Women | Psychiatry Redefined](#) (Accessed Date: 9th of May 2025)

Haidar, L (2024) *Systematic Review Of The Misdiagnosis Of Gifted Students With ADHD (2000-2023)*. Available at: [AlHageSleimanHaidarLynn_2024.pdf](#) (Accessed Date: 11th of May 2025)

Hall, C, Guo, B, Hollis, C, Valentine, A, Groom, M, Daley, D, Sayal, K (2019) *The Validity of the SNAP-IV in Children Displaying ADHD Symptoms*. Available at: [The Validity of the SNAP-IV in Children Displaying ADHD Symptoms - Charlotte L. Hall, Boliang Guo, Althea Z. Valentine, Madeline J. Groom, David Daley, Kapil Sayal, Chris Hollis, 2020](#) (Accessed Date: 4th of May 2025)

Hall, C, Guo, B, Valentine, A, Groom, M, Daley, D, Sayal, K, & Hollis, C (2020) *The Validity of the SNAP-IV in Children Displaying ADHD Symptoms*. Available at: [The Validity of the SNAP-IV in Children Displaying ADHD Symptoms](#) (Accessed Date: 11th of May 2025)

Hewitt, S, McNeish, S & Fink, L (2019) *Barriers to Primary Care Access in Rural Medically Underserved Areas*. Available at: [Barriers to Primary Care Access in Rural Medically Underserved Areas: Immediate Care: A Simple Solution to a Complex Problem | Online Journal of Rural Nursing and Health Care](#) (Accessed Date: 11th of May 2025)

Horn, A (2020) *The 3 Types of ADHD*. Available at: [The 3 Types of ADHD](#) (6th of May 2025)

Kazda, L, Bell, K, Thomas, R, McGeechan, K, Sims, R, & Barratt, A (2021) *Overdiagnosis of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents*. Available at: [Overdiagnosis of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents: A Systematic Scoping Review - PMC](#) (Accessed Date: 8th of May 2025)

Luo,J, Huang,H, Wang, S, Yin, S, Chen, S, Guan, L, Jiang, X, He, F & Zheng, Y (2022) *A Wearable Diagnostic Assessment System vs. SNAP-IV For The Auxiliary Diagnosis of ADHD: A Diagnostic Test*. Available at: [s12888-022-04038-3.pdf](#) (Accessed Date: 11th of May 2025)

Lyu, Y (2023) *Family-Centered Positive Behaviour Support on Children With ADHD: A Literature Review*. Available at: [Family-Centered Positive Behavior Support on Children with ADHD: A Literature Review](#) (Accessed Date: 8th of May 2025)

McCoach, D, Siegle, D, & Rubenstein, L (2020) *Pay Attention to Inattention: Exploring ADHD Symptoms in a Sample of Underachieving Gifted Students*. Available at: [Pay Attention to Inattention: Exploring ADHD Symptoms in a Sample of Underachieving Gifted Students - D. Betsy McCoach, Del Siegle, Lisa DaVia Rubenstein, 2020](#) (Accessed Date: 11th of May 2025)

MHS (2020) *Conners 3 Update*. Available at: [C3-Supplement.pdf](#) (Accessed Date: 11th of May 2025)

Musullulu, H (2025) *Evaluating attention deficit and hyperactivity disorder (ADHD): a review of current methods and issues*. Available at: [Evaluating attention deficit and hyperactivity disorder \(ADHD\): a review of current methods and issues](#) (Accessed Date: 8th of May 2025)

Nasa, A, Pudjiati, S, & Tjakrawiralaksana, M (2017) *Application of a Shaping Technique to Increase On-Task Behaviour Duration in Children with ADHD*. Available at: [25896692.pdf](#) (Accessed Date: 8th of May 2025)

Neurolaunch (2024) *Mastering ADHD Task Management: Building an Effective Workflow for Success*. Available at: [ADHD Task Management: Effective Workflow Strategies](#) (Accessed Date: 9th of May 2025)

NICE (2019) *Attention Deficit Hyperactivity Disorder : Diagnosis and Management*. Available at: [Overview | Attention deficit hyperactivity disorder: diagnosis and management | Guidance | NICE](#) (Accessed Date: 4th of May 2025)

O'Brien, A, Kivisto, L, Casey, J & Deasley, S (2019) *Executive Functioning Rating Scale as a Screening Tool for ADHD: Independent Validation of the BDEFS-CA*. Available at: [Executive Functioning Rating Scale as a Screening Tool for ADHD: Independent Validation of the BDEFS-CA - Amanda M. O'Brien, Lynette R. Kivisto, Shanna Deasley, Joseph E. Casey, 2021](#) (Accessed Date: 6th May 2025)

Pfiffner, L & Haack L (2014) *Behaviour Management for School Aged Children with ADHD*. Available at: [Behavior Management for School Aged Children with ADHD - PMC](#) (Accessed Date: 8th of May 2025)

Quinn Essential Healthcare (2024) *Cultural Perspectives on ADHD: Understanding Variations in Diagnosis and Treatment*. Available at: [Cultural Perspectives on ADHD: Understanding Variations in Diagnosis and Treatment | QuinnEssential Healthcare](#) (Accessed Date: 8th of May 2025)

Rajeh, A, Amanullah, S, FRCPsych, CCT, FRCP, Shivajumar, A, Cole, J (2016) *Interventions in ADHD: A Comparative Review Of Stimulant Medications and Behavioural Therapies*. Available at: [Interventions in ADHD: A comparative review of stimulant medications and behavioral therapies](#) (Accessed Date: 11th of May 2025)

Koutsoklenis, A & Honkasilta, J (2023) *ADHD in the DSM-5-TR: What has changed and what has not*. Available at: [Frontiers | ADHD in the DSM-5-TR: What has changed and what has not](#) (Accessed Date: 6th of May 2025)

Sciberras, E, Efron, D, Patel, P, Mulraney, M, Lee, K, Mihalopoulos, C, Engel, L Rapee, R, Anderson, V, Nicholson, J, Schembri, R, & Hiscock, H (2019) *Does The Treatment of Anxiety in Children With Attention-Deficit /Hyperactivity Disorder (ADHD) Using Cognitive Behavioural Therapy Improve Child and Family*

Outcomes? Protocol for a Randomized Controlled Trail. Available at: [Does the treatment of anxiety in children with Attention-Deficit/Hyperactivity Disorder \(ADHD\) using cognitive behavioral therapy improve child and family outcomes? Protocol for a randomized controlled trial | BMC Psychiatry](#) (Accessed Date: 8th of May 2025)

Shikerkar, D & Vajaratkar, PV (2022) *Understanding Daily Routine and Schedule of Children With Attention-Deficit Hyperactivity Disorder: A Qualitative Study*. Available at: [understanding_daily_routine_and_schedule_of.3.pdf](#) (Accessed Date: 7th of May 2025)

Staff, A (2022) *Dealing with ADHD at School: Further Insight Into The Assessment and Treatment of ADHD Behaviour in the Classroom*. Available at: [Dealing with ADHD at school: Further insight into the assessment and treatment of ADHD behavior in the classroom - Vrije Universiteit Amsterdam](#) (Accessed Date: 8th of May 2025)

Xing, S, Gao, X, Jiang, Y, Archer, M, & Liu X (2018) *Effects of Ability and Effort Praise on Children's Failure Attribution, Self-Handicapping, and Performance*. Available at: [Frontiers | Effects of Ability and Effort Praise on Children's Failure Attribution, Self-Handicapping, and Performance](#) (Accessed Date: 8th of May 2025)