

Attention Deficit Hyperactivity Disorder

Introduction

What is Attention Deficit Hyperactivity Disorder (ADHD)? Centers for Disease and Control Prevention, (2021) state ADHD is a neurodevelopmental disorder in children. Parekh (2017) agrees and states that ADHD is one of the most common disorders for school-aged children. The exact cause of ADHD is unknown, however, NHS (2021) state that being born before the 37th week of pregnancy, a low birthweight or drug, alcohol & smoking during pregnancy can be a contributing factor., and the exact cause of ADHD is not known. Felt *et al.* (2014) state ADHD is 2-8 times more likely to present in a person whose immediate family has ADHD.

Identification & Diagnosis

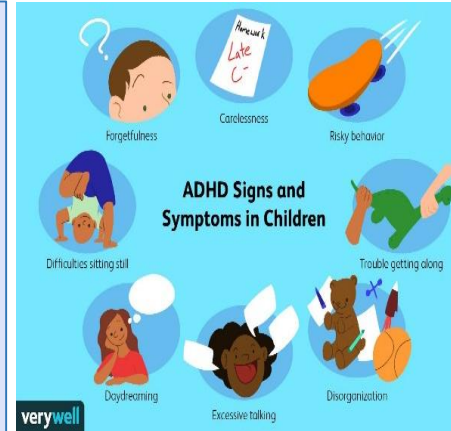
The Additional Learning Needs Code for Wales (2021) and Additional Learning Needs and Education Act (2018) (ALNET) both state schools have a legal requirement to identify an Additional Learning Need in a child. CDC (2021) state there are 3 types of ADHD, Predominantly Inattentive Presentation, Predominantly Hyperactive-Impulsive Presentation & Combined Presentation. Symptoms of ADHD are Inattentiveness, Hyperactivity and Impulsiveness. (Hassan, 2018; NHS, 2021). However, other disorders like depression or anxiety, or other learning disabilities may present with similar symptoms, they can impact on a child's home, social life and impact peer relationships. (CDC, 2021).

A child with inattentive ADHD may be easily distracted, and unable to concentrate to complete a task, they would be unable to focus, be forgetful and not able to listen attentively (CDC, 2021). NHS (2018) states Hyperactivity would be identified where a child is unable to sit still, they would become bored very easily, and display disruptive behaviour.

Parekh (2017) states that Impulsiveness would be identified with a child not thinking before they act, find it difficult to wait and will interrupt often.

NHS, 2021 state that out of 10 people with the condition 2-3 people would have these symptoms. Riley Children's Health (2017) state that if a child's behaviour is disruptive, aggressive to peers, does not pay attention to things, this is a cause for concern.

Felt *et al.* 2014 state that there is no identified test for ADHD and identification is through recognition of symptoms, of which this requires a significant number of main symptoms to be evident, and this assessment should be completed by a ADHD specialist.



Verywell Health, 2021

Strategies

Therapy can be used combined with medication to treat a child with ADHD (NHS, 2021). Smoot, Boothby and Gillett (2007) state, behavioural therapy combined with medication were more beneficial on core symptoms.

Cognitive Behaviour Therapy is evidence based on scientific research (Krouse, 2014). Antshel, Faraone and Gordon, (2012) support this by stating CBT has substantial research that shows support for treating ADHD.

Behavioural Therapy treatment can support the child's behaviour management, by using reward systems. These can be used by parents and teachers to help control their symptoms (NHS, 2021).

CBT can work as well as medication but will not suit everyone. However, Sometimes it works in supporting medication and it is a shorter treatment than other therapies. CBT sets itself apart from other therapies due to the emphasis it places on the interactive role of cognitions (Low, 2020).

Miranda and Presentation (2000) completed a study on CBT and ADHD in children, the results showed that CBT reduced basic symptoms and anti-social behaviour.

Barriers –Teacher and student relationships

Although children of any ability can develop ADHD, evidence suggests a child with learning difficulties is more likely to be diagnosed with ADHD (NHS, 2021). Teachers have little understanding of ADHD and don't always recognise the symptoms (Gwernan-Jones *et al.* 2016). Teachers tend to bond better with children that are less disruptive and challenging. Greenway and Rees Edwards (2021) support this and state that children with ADHD displayed the most challenging behaviour, which attracted negative emotions from teachers and peers. Rogers *et al.* (2015) reports that the closer the bond between teacher and child the better academically motivated the child will be.

Furthermore, Sharples *et al.* (2015) state that focus tasks with children are completed by teaching assistants in schools to support teacher workload, therefore less teacher/ child interaction time. Smeets and Roelevelt (2016) state that children with a SEN will be teacher identified, however, most systems rely mostly on medical diagnosis.

Medication is a treatment used to treat ADHD., it stabilises the chemicals in the brain to support concentration and attention. However, there are many negative side effects (Toomey *et al.* 2012).

These may include: Moodiness, Jitteriness, Stomach aches, Poor weight gain/weight loss, Trouble sleeping. Parents' attitudes around medication were negative, parents feel that their children should be treated with counselling rather than medication and are worried about the side effects (Toomey *et al.*, 2012; Charach and Fernandez, 2013). In total 96% of parents had discontinued medication as treatment after 6 months, 62% after 3 months stating side effects as the reason and a further 34% after 6 months due to the effect on the condition (Toomey *et al.* 2012).

Conclusion

Identifying an additional Learning need in a child in the early years is now a legal requirement. However, what is evident in the research is that teachers are not always able to identify the ALN, as it may be put down to bad behaviour. There are 3 types of ADHD Predominantly Inattentive Presentation, Predominantly Hyperactive-Impulsive Presentation & Combined Presentation which in themselves are identified by symptoms that potentially could be a different condition. The diagnosis of ADHD is not straight forward and practitioners/parents will need to gather evidence of the symptoms over a period of time. Behaviour of children with ADHD is damaging relationships with peers and teachers and inhibiting socialisation. Medication is a way forward in supporting symptoms however, side effects and parental concern prevent parental consent. Cognitive Behaviour Therapy can work well supported by medication or on its own.

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