

Attention Deficit Hyperactivity Disorder

Identifying and Diagnosing ADHD as an Additional Learning Need

According to Rocco *et al.* (2021), Rodríguez *et al.* (2016) and Zoromski *et al.* (2015) a neurodevelopmental disorder known as attention deficit hyperactivity disorder (ADHD) is defined by repeated occurrences of hyperactivity, impulsivity, and inattention that have a substantial influence on everyday life.

Observations and Referrals

Nkosi (2022), Tseng *et al.* (2021), and Friedman *et al.* (2020) believe that Parents, guardians, teachers, or other carers that observe recurring behavioural patterns may notice symptoms and tend to be the first to identify ADHD.

They and Garcia-Rosales *et al.* (2021) also suggest that when parents or teachers voice concerns, it is often necessary to refer the child to a healthcare professional to receive further assessment.

Leffa, Caye and Rohde (2022), Rocco *et al.* (2021) and Drechsler *et al.* (2020) explain that an accurate diagnosis of ADHD requires a thorough assessment by qualified medical specialists. Usually, this evaluation consists of several parts, such as:

Clinical Interview

They share that it helps medical professionals to learn more about a child's developmental background, medical history, and current signs and symptoms. Healthcare professionals complete a thorough clinical interview with the child, their parents, or other carers.

Behavioural Assessments

According to Leffa, Caye and Rohde, (2022) Cavus *et al.* (2021) and Rocco *et al.* (2021) Behavioural Assessments are used to help medical professionals learn more about childrens behaviour in a variety of situations. Andersonn *et al.* (2022), Staff *et al.* (2021), and Lucas (2023) explain that behavioural rating scales and checklists are frequently utilised.

Neuropsychological Testing

Guo *et al.* (2021), Benallie *et al.* (2021) and Merkt, Siniatchkin, and Petermann (2020) share that to evaluate executive functioning, cognitive functioning, and attentional functions, neuropsychological testing may be recommended.

Diagnostic criteria

Pacciarotti *et al.* (2020), Perera *et al.* (2020) and Drechsler *et al.* (2020) suggest that the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has specific criteria used to determine the diagnosis of ADHD. Krakowski agrees and duscusses how persistent patterns of hyperactivity, impulsivity and inattention that substantially impair functioning are the DSM-5 criteria for diagnosing ADHD. They believe along with Dvorsky *et al.* (2021) and DuPaul (2020) in order to meet the diagnostic criteria, symptoms must be present in a number of settings for example at home, school, or social environments, and they must be present for a minimum of six months. Sibley (2021), Breda *et al.* (2020) agree and add that usually, before the age of twelve symptoms first appear. But symptoms might not show until later in life. If symptoms reflect the criteria and significantly impact functioning, a child may be diagnosed with ADHD.

Differential Diagnosis

Pranjic *et al.* (2023), Mittal *et al.* (2023) and Deavenport-Saman *et al.* (2022) believes that when making a diagnosis, it is crucial to consider any other disorders that might present symptoms like ADHD. They suggest that challenges with anxiety, mood, learning, and sensory processing can co-exist with symptoms of ADHD, and may need to be diagnosed differently to provide an accurate diagnosis and form of treatment to positively impact the child.

Interdisciplinary Collaboration

According to Schlesinger *et al.* (2023), Talbott *et al.* (2021) and Dong *et al.* (2020) accurate identification and diagnosis of ADHD can be impacted by interdisciplinary teamwork. In order to collect information, collaborate on assessments, and create thorough treatment plans, healthcare experts, educators, and parents are key contributors.

Impact & Barriers of ADHD

Ching'oma *et al.* (2022), Morsink *et al.* (2021) and Ringer *et al.* (2020) Speak about how children with ADHD face a range of obstacles and difficulties, such as emotional dysregulation, social impairment, and academically.

They say that childrens educational journey and general well-being may be greatly impacted by these obstacles:

Academic Difficulties

Ching'oma *et al.* (2022), Morsink *et al.* (2021) and Visser, Linkersdörfer and Hasselhorn (2020) believe that children with ADHD may have trouble focusing, staying organised, and managing time, which can result in poor academic performance and disappointment.

Social Impairment

Jaisle *et al.* (2023), Cohen (2022) and Parks *et al.* (2021) suggest that impulsivity and hyperactivity, can cause problems in social situations and relationships with others, potentially resulting in feelings of isolation and rejection from friends.

Emotional

Dysregulation

McQuade *et al.* (2021), Vacher *et al.* (2020) and Nigg *et al.* (2020) imply that mood swings, impatience, and a low tolerance for irritation are commonly associated with ADHD that can have an adverse effect on childrens mental and emotional health.

Challenges and Obstacles

1. Overdiagnosis and Misdiagnosis

Heady *et al.* (2022) and Poulton (2021) say that symptoms of ADHD might be misdiagnosed or overdiagnosed when they co-exist with other conditions. Abdelnour *et al.* (2022), and O'Connor and McNicholas (2020) agree and explain that overdiagnosis is the occurrence of when those who do not fit the criteria for ADHD are given the diagnosis, even though different factors could be more likely the cause of their symptoms.

Diagnostic Criteria Interpretation

Friedman *et al.* (2022) and Bluschke *et al.* (2021) imply when different healthcare providers have different interpretations of ADHD's diagnostic criteria, which could result in inconsistent diagnoses.

Pressure from Parents and Teachers

Rhinehart, Iyer and Haager (2022), Hinshaw *et al.* (2022) believe when faced with behavioural or learning barriers, parents and teachers may push for an ADHD diagnosis, which may raise the diagnostic rate.

Misdiagnosis

According to Comparelli *et al.* (2022), Abdelnour, Jansen and Gold (2022) and Le *et al.* (2020) individuals can receive the wrong diagnosis of ADHD rather than one that more accurately accounts for their symptoms.

Two of many disorders that can be mistakenly identified as ADHD include:

- Anxiety Disorders.
- Mood Disorders.

Stigma

According to Özaslan and Yıldırım (2021), Ferrie, Miller and Hunter (2020) and Varma and Wiener (2020) the diagnosis of ADHD may be associated with stigma, which may originate from misconceptions, such as viewing ADHD as a flaw being a result of poor parenting, or a lack of discipline. They also suggest labelling can affect how others view and communicate with someone who has ADHD, resulting in stereotypes, lowered expectations, and differential treatment.

Fabiano (2022), Owen (2021), and Hust us *et al.* (2020) suggest that children with ADHD may be eligible for support services and aids in the classroom with a certified diagnosis, guaranteeing equal access to opportunities for education. They suggest that educational allowances assist in making educational oportunites more equal for children with ADHD. For example; Providing children with ADHD extra time for exams, preferred seating, or assistive technology.They also imply that support services offer focused interventions and tools to address academic challenges and foster academic achievement for children with ADHD. Examples of these include individualised education plans (IEPs), 504 plans, or specialised instruction.

Support strategy for ADHD

According to Cibrian *et al.* (2022), Craig *et al.* (2020) and Vacher *et al.* (2020) suggest that behavioural interventions, that emphasise behaviour modification, coping skill instruction, and promotion of self-regulation, are an essential support strategy of managing symptoms of ADHD.

Behavioural Intervention Components:

Techniques for Managing Behaviour

- Hornstra *et al.* (2023), Irianjani and Rohmah (2020) and Van der Oord and Tripp (2020) Discuss positive reinforcement as a technique for managing behaviour. Giving praise, rewards, or privileges to encourage desired behaviours in order to make them more frequent. Additionally they share that in order discourage negative behaviours from happening again, consequences for example time-outs or privilege decreases may also be utilised.
- Day (2021) and Irianjani and Rohmah (2020) suggest that token economies are incentive scheme in which children receive tokens or points for acting in certain ways. They suggest that children are encouraged to participate in positive behaviours by having the option to trade these tokens for preferred prizes or privileges.
- According to McKenna *et al.* (2023), Heck (2022) and Siebelink *et al.* (2021) encouraging children to track their own behaviour, recognise desired behaviours, and assess their development over time is known as self-monitoring.They believe children learn to track their behaviour and exercise self-control by using self-monitoring resources like behaviour charts and checklists.

Behavioural Interventions' advantages

Sibley *et al.* (2023), Cibrian *et al.* (2022) and Pandya (2020) believe that children who receive behavioural interventions are better able to listen and engage with others in social situations because they have better self-control, adaptive behaviours, and problem-solving abilities. They believe behavioural interventions give children the tools they need to better control their impulses and emotions by teaching them self-monitoring and self-regulation skills. They also imply by giving parents effective parenting guidance and support, parent training programmes enhance parent-child communication, lower conflict, and reinforce parent-child bonds. Also they share how behavioural interventions encourage focused behaviour, teamwork, and participation in educational activities, which enhances students' academic achievement and success in the classroom

Obstacles and considerations

Zhang *et al.* (2021), DuPaul *et al.* (2020) and Young *et al.* (2020) discuss the impact of behavioural interventions depends on the implementation of these tactics consistently. Collaboration between parents and educators is necessary to guarantee consistency in a variety of situations and scenarios.

According to Talbott *et al.* (2021), DuPaul *et al.* (2020) and Breaux *et al.* (2020) for behavioural treatments to be successful, communication between parents, educators, and other specialists is essential. To guarantee that everyone is on the same path and working towards same targets, transparency and collaboration are essential.

Script

Identifying and Diagnosing ADHD as an Additional Learning Need

According to Rocco et al (2021), Rodríguez et al (2016) and Zoromski et al. (2015) A neurodevelopmental disorder known as attention deficit hyperactivity disorder (ADHD) is defined by repeated occurrences of hyperactivity, impulsivity, and inattention that have a substantial influence on everyday life. They explain that ADHD identification and diagnosis is an intricate process involving numerous parties along with assessment methods.

Nkosi (2022), Tseng et al. (2021), and Friedman et al (2020) believe that Parents, guardians, teachers, or other carers that observe recurring behavioural patterns may notice symptoms and tend to be the first to identify ADHD. These behaviours could include restlessness, impulsivity, difficulty paying attention, and issues obeying rules. They imply while teachers may see these behaviours in the classroom, parents may also see them at home. They and Garcia-Rosales et al. (2021) also suggest that when parents or teachers voice concerns, it is often necessary to refer the child to a healthcare professional to receive further assessment.

Leffa, Caye and Rohde (2022), Rocco et al. (2021) and Drechsler et al. (2020) explain that an accurate diagnosis of ADHD requires a thorough assessment by qualified medical specialists. Usually, this evaluation consists of several parts, such as:

Clinical Interview's: The previous source explain that it helps medical professionals to learn more about a child's developmental background, medical history, and current signs and symptoms. Healthcare professionals complete a thorough clinical interview with the child, their parents, or other carers. In addition, family relationships, academic achievement, and social functioning may be discussed during these interviews (Rocco et al., 2021; Drechsler et al., 2020; Waltereit et al., 2020).

According to Leffa, Caye and Rohde, (2022) Cavus et al. (2021) and Rocco et al. (2021) Behavioural Assessments are used to help medical professionals learn more about childrens behaviour in a variety of situations. Andersonn et al. (2022), Staff et al. (2021), and Lucas (2023) explain that behavioural rating scales and checklists, like the Conners Rating Scales or the Vanderbilt Assessment Scale, and the Behavior Assessment System for Children (BASC) are frequently utilised. They suggest how these tests aid the diagnosis process, offering insightful information about the occurrence and extent of ADHD symptoms.

Guo et al. (2021), Benallie et al. (2021) and Merkt, Siniatchkin, and Petermann (2020) share that to evaluate executive functioning, cognitive functioning, and attentional functions, neuropsychological testing may be recommended. They imply that by ruling out other underlying disorders that might resemble symptoms of ADHD, these tests assist in identifying cognitive strengths and weaknesses.

Moving onto Diagnostic criteria

Pacciarotti et al. (2020), Perera et al. (2020) and Drechsler et al. (2020) suggest that the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has specific criteria used to determine the diagnosis of ADHD. Krakowski agrees and discusses how persistent patterns of hyperactivity, impulsivity and inattention that substantially impair functioning are the DSM-5 criteria for diagnosing ADHD. They believe along with Dvorsky et al. (2021) and DuPaul (2020) in order to meet the diagnostic criteria, symptoms must be present in a number of settings for example at home, school, or social environments, and they must be present for a minimum of six months. Sibley (2021), Breda et al. (2020) agree and add that usually, before the age of twelve symptoms first appear. But symptoms might not show until later in life. If symptoms reflect the criteria and significantly impact functioning, a child may be diagnosed with ADHD.

Next is Differential Diagnosis

Pranjić et al. (2023), Mittal et al. (2023) and Deavenport-Saman et al. (2022) believes that when making a diagnosis, it is crucial to consider any other disorders that might present symptoms like ADHD. They suggest that challenges with anxiety, mood, learning, and sensory processing can co-exist with symptoms of ADHD, and may need to be diagnosed differently to provide an accurate diagnosis and form of treatment to positively impact the child.

Interdisciplinary Collaboration is the next topic

According to Schlesinger et al. (2023), Talbott et al. (2021) and Dong et al. (2020) accurate identification and diagnosis of ADHD can be impacted by interdisciplinary teamwork. In order to collect information, collaborate on assessments, and create thorough treatment plans, healthcare experts, educators, and parents are key contributors. They discuss how parties involved collaborate and communicate transparently to guarantee children needs are recognised and met.

Moving onto Impact & Barriers of ADHD

Ching'oma et al. (2022), Morsink et al. (2021) and Ringer et al. (2020) Speak about how children with ADHD face a range of obstacles and difficulties, such as emotional dysregulation, social impairment, and academically. They say that childrens educational journey and general well-being may be greatly impacted by these obstacles.

One being Academic Difficulties, Ching'oma et al. (2022), Morsink et al. (2021) and Visser, Linkersdörfer and Hasselhorn (2020) believe that children with ADHD may have trouble focusing, staying organised, and managing time, which can result in poor academic performance and disappointment.

Another is Social Impairment: Jaisle et al. (2023), Cohen (2022) and Parks et al. (2021) suggest that impulsivity and hyperactivity, can cause problems in social situations and relationships with others, potentially resulting in feelings of isolation and rejection from friends.

Finally, Emotional Dysregulation McQuade et al. (2021), Vacher et al. (2020) and Nigg et al. (2020) imply that mood swings, impatience, and a low tolerance for irritation are commonly associated with ADHD and can have an adverse effect on childrens mental and emotional health.

Moving onto Challenges and Obstacles. Firstly I would like to dicuss Overdiagnosis and Misdiagnosis. Heady et al. (2022), and Poulton (2021) say that symptoms of ADHD might be misdiagnosed or overdiagnosed when they co-exist with other conditions.

Abdelnour et al. (2022), and O'Connor and McNicholas (2020) agree and explain that overdiagnosis is the occurrence of when those who do not fit the criteria for ADHD are given the diagnosis, even though different factors could be more likely the cause of their symptoms. This can be caused by:

Diagnostic Criteria Interpretation. Friedman et al. (2022) and Bluschke et al. (2021) imply when different healthcare providers have different interpretations of ADHD's diagnostic criteria, which could result in inconsistent diagnoses.

Rhinehart, Iyer and Haager (2022), and Hinshaw et al. (2022) believe when faced with behavioural or learning barriers, parents and teachers may push for an ADHD diagnosis, which may raise the diagnostic rate.

According to Comparelli et al. (2022), Abdelnour, Jansen and Gold (2022) and Le et al. (2020) individuals can receive the wrong diagnosis of ADHD rather than one that more accurately accounts for their symptoms.

Two of many disorders that can be mistakenly identified as ADHD include:

Anxiety Disorders, as the symptoms often resemble those of ADHD, including restlessness, difficulty concentrating, and frustration.

and also Mood Disorders, due to the Inattention, exhaustion, and low energy symptoms, for example bipolar disorder and depression can be mistaken for ADHD.

Morgan, Woods and Wang (2023), Austin (2021) and Massuti et al. (2021) suggest the impact of misdiagnosing and overdiagnosing ADHD can be significant for individuals, families, and the community as a whole.

They explain that children who are misdiagnosed or overdiagnosed with ADHD may be prescribed behavioural interventions, stimulant medication, or educational adjustments, among other unnecessary or inefficient treatment.

Secondly I would like to discuss Labelling and Stigma

According to Özaslan and Yıldırım (2021), Ferrie, Miller and Hunter (2020) and Varma and Wiener (2020) the diagnosis of ADHD may be associated with stigma, which may originate from misconceptions, such as viewing ADHD as a flaw being a result of poor parenting, or a lack of discipline.

They also suggest labelling can affect how others view and communicate with someone who has ADHD, resulting in stereotypes, lowered expectations, and differential treatment.

Fabiano (2022), Owen (2021), and Hustus et al. (2020) suggest that children with ADHD may be eligible for support services and aids in the classroom with a certified diagnosis, guaranteeing equal access to opportunities for education.

They suggest that educational allowances assist in making educational opportunities more equal for children with ADHD. For example:

Providing children with ADHD extra time for exams, preferred seating, or assistive technology.

They also imply that support services offer focused interventions and tools to address academic challenges and foster academic achievement for children with ADHD. Examples of these include individualised education plans (IEPs), 504 plans, or specialised instruction.

Finally I would like to discuss a support strategy for ADHD

According to Cibrian et al. (2022), Craig et al. (2020) and Vacher et al. (2020) behavioural interventions, that emphasise behaviour modification, coping skill instruction, and promotion of self-regulation, are an essential support strategy of managing symptoms of ADHD. This method recognises that behavioural methods are essential for addressing the daily challenges that children with ADHD face in a variety of environments, even though medication may help regulate symptoms.

Hornstra et al. (2023), Irianjani and Rohmah (2020) and Van der Oord and Tripp (2020) believe that the goal of behaviour management strategies is to decrease challenging or disruptive behaviours while promoting and reinforcing desirable behaviours.

They explain that one strategy is positive reinforcement, which is giving praise, rewards, or privileges to encourage desired behaviours in order to make them more frequent. Additionally they share that in order discourage negative behaviours from happening again, consequences for example time-outs or privilege decreases may also be utilised.

Day (2021) and Irianjani and Rohmah (2020) suggest that token economies are incentive schemes in which children receive tokens or points for acting in certain ways. They suggest that children are encouraged to participate in positive behaviours by having the option to trade these tokens for preferred prizes or privileges. They imply in educational contexts, token economies are frequently employed to promote engagement, teamwork, and focused behaviour.

According to McKenna et al. (2023), Heck (2022) and Siebelink et al. (2021) encouraging children to track their own behaviour, recognise desired behaviours, and assess their development over time is known as self-monitoring.

They believe children learn to track their behaviour and exercise self-control by using self-monitoring resources like behaviour charts and checklists.

They imply children who practise self-regulation skills, like deep breathing techniques or mindfulness activities, are better able to control their emotions and impulses.

Moving onto Behavioural Interventions' advantages. Firstly it can help Encourage Positive Behaviour. Sibley et al. (2023), Cibrian et al. (2022) and Pandya (2020) believes that children who receive behavioural interventions are better able to listen and engage with others in social situations because they have better self-control, adaptive behaviours, and problem-solving abilities. Secondly it can improve Self-Regulation. They believe behavioural interventions give children the tools they need to better control their impulses and emotions by teaching them self-monitoring and self-regulation skills. Additionally it can help to Strengthen Parent-Child Relationships. They also imply by giving parents effective parenting guidance and support, parent training programmes enhance parent-child communication, lower conflict, and reinforce parent-child bonds. It can also help supports Academic Achievement, the previous sources also share how behavioural interventions encourage focused behaviour, teamwork, and participation in educational activities, which enhances students' academic achievement and success in the classroom.

Next, Obstacles and considerations. Zhang et al. (2021), DuPaul et al. (2020) and Young et al. (2020) discuss the impact of behavioural interventions depends on the implementation of these tactics consistently. Collaboration between parents and educators is necessary to guarantee consistency in a variety of situations and scenarios.

According to Talbott et al. (2021), DuPaul et al. (2020) and Breaux et al. (2020) for behavioural treatments to be successful, communication between parents, educators, and other specialists is essential. To guarantee that everyone is on the same path and working towards same targets, transparency and collaboration are essential.

Questions

Question to ask Ellie: How would you suggest overcoming the lack of access to treatment.

Question to ask Emili: Could I interject quickly and ask a question. I have noticed on your poster you have included the teams Elective Mutism and Voluntary Affcsia in Red Can you expand on these please?

My Questions:

Question 1: You discussed Obstacles and Considerations of Behavioural interventions as a support strategy of ADHD. Do you have another example of an obstacle or considerations to share with us?

Answer: Yes. I feel another important consideration of Behavioural interventions is individualization. By this I mean that each child has different requirements and interests, therefore behavioural therapies will need be adjusted to fit their needs. I feel that individualization and adaptability are essential as what works for one child might not work for another (Rios-Davies et al. 2023; Hornstra et al., 2021; McCabe, Yeh and Zerr, 2020).

Question 2: You have spoken about many different disorders that can be mistakenly identified as ADHD, are there any more examples of disorders that are mistaken for ADHD?

Answer: Yes there are. Another is Learning Difficulties, for example attention problems and difficulty with schoolwork resulting from learning disabilities, such as dyslexia or dyscalculia, may be misdiagnosed as ADHD. Also Sensory Processing Disorders, such as hypersensitivity to stimuli, can mimic symptoms of ADHD, by presenting as hyperactivity and distraction (Hokken et al., 2023; Mulligan, Douglas and Armstrong, 2021; Delgado-Lobete et al., 2020).

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