

A Critical Examination of ADHD. Identification, Barriers, and Support Strategies

Presentation

Good afternoon, everyone.

Today, I am going to talk about Attention-Deficit/Hyperactivity Disorder, commonly referred to as ADHD. The National Institute of Mental Health (2021) defines ADHD as a developmental disease characterised by persistent hyperactivity, inattention, and impulsivity. It affects not just early childhood but also adolescence and adulthood, affecting daily activities and relationships. The current academic poster critically explores the identification and diagnosis of ADHD, analyses the effect of ADHD-related obstacles, and thoroughly examines support strategies suited for children with ADHD. According to Drechsler *et al.* (2020), the diagnosis of attention-deficit/hyperactivity disorder is a complex process that includes clinical evaluations, behavioural observations, and cooperation between educators, parents, and professionals in the medical field.

Firstly, I am going to talk about **behavioural observations**. According to DePaul *et al.* (2016), behavioural observations play an important role in identifying and diagnosing ADHD since they provide immediate information about an individual's everyday activities. One of their strengths is their ecological validity since observations are performed in natural contexts, such as classrooms, and reflect real-world behaviours. Moreover, this strategy permits medical professionals to observe ADHD-related behaviours, which improves evaluation accuracy. However, since observations depend on the observer's judgment, there is subjectivity and a possible bias in interpretation. Furthermore, behaviours observed under specific situations may not wholly represent the complexities of ADHD symptoms, requiring a comprehensive, multimodal examination for a more accurate diagnosis, according to Chandler (2011).

Secondly, I am going to look at the **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5**. According to the Centres for Disease Control and Prevention (2023), DSM-5 is an indispensable instrument for identifying and diagnosing ADHD. Additionally, its standardised criteria represent a strength, as they provide experts with a similar language, promote diagnostic consistency, and facilitate communication among medical specialists.

On the other hand, Martin *et al.* (2015) assert that relying only on symptom checklists has many limitations, including the possibility of simplifying the many different aspects of ADHD, which may lead to an overdiagnosis or an underestimation of specific variations in the presentation of symptoms. However, a comprehensive and multimodal assessment should be performed in conjunction with the DSM-5 in order to acquire an in-depth understanding of ADHD and to arrive at an accurate diagnosis of the condition.

Given this, in the third point, I am going to speak about **multimodal assessment**, which, according to DuPaul *et al.* (2016), incorporates several sources of information and is considered a complete technique for detecting and diagnosing ADHD. Its strengths include its capacity to capture the many presentations of ADHD symptoms across different circumstances, offering a more holistic perspective. Moreover, the diagnosis accuracy is improved when clinical interviews, neuropsychological evaluations, and reports from parents and teachers are combined. However, Hinshaw and Arnold (2014) argue that organising information from many sources may take time, resulting in inaccuracies and possible biases. Furthermore, the cost and time required to complete a multimodal evaluation may impose practical limitations. Despite limitations, the technique remains necessary for a nuanced assessment of ADHD and informed decision-making in clinical settings.

We now focus on **barriers**, namely the **medical and social modules**. According to Sayal *et al.* (2018), ADHD barriers in children, which include medical and social aspects, substantially influence their well-being, academic performance, and general development. Moreover, in the medical module, there are still challenges with accurate diagnoses and access to suitable treatment because ADHD evaluations are subjective, and there is a risk of overdiagnosis or underdiagnosis, which affects the accuracy of prevalence numbers.

As a result, Bussing *et al.* (2012) claim that differences in healthcare access and treatment accessibility may prevent children from obtaining immediate and complete medical care, aggravating the long-term effects of untreated ADHD symptoms. Moreover, the medical approach to ADHD care requires finding a balance between symptom control and an in-depth understanding of the child's well-being.

Furthermore, according to Bussing *et al.* (2012), in the **social module**, the stigma associated with ADHD is a significant obstacle for children. Stereotypes and unfavourable attitudes affect social judgment and discrimination. These social difficulties may harm a child's self-esteem, social interactions, and psychological development. Therefore, Langberg *et al.*

(2013) argue that social barriers negatively impact educational environments. Given this, inadequate support for afflicted students might result from differences in teacher awareness of ADHD and the implementation of necessary adjustments, and this misunderstanding may lead to academic underachievement, more stress, and an increased probability of dropping out. Furthermore, according to Baweja, Soutullo, and Waxmonsky (2021), effective ADHD interventions have to address both the medical and social aspects of the disorder. In that case, improving awareness, decreasing stigma, and promoting evidence-based interventions in school and healthcare settings are all essential steps in minimising the effect of these barriers on ADHD children.

Moving on, let us explore the **therapeutic potential of outdoor activities** for children with ADHD. According to Mathers (2022), nature-based therapy, outdoor play, and multisensory experiences are all examples of outdoor physical activity interventions. This strategy is based on the concept that spending time in nature and participating in physical activities outside helps improve concentration, control of emotions, and overall well-being.

Further research into outdoor therapies reveals that combining **play therapy** in natural settings is an effective method, as followed by the work of Fjørtoft (2022), which highlighted the cognitive and emotional advantages that children with attention-deficit/hyperactivity disorder (ADHD) may experience from engaging in physical activity outside. Moreover, according to Kuo and Taylor (2020), exposure to natural environments has been linked to greater attention and an amelioration in the symptoms of hyperactivity, while Taylor and Kuo (2021) claim that nature's multimodal stimulation promotes sensory processing and regulation.

Furthermore, according to Bundy *et al.* (2019), incorporating **play therapy** in natural settings has earned recognition as an effective intervention, as play therapy encourages children to participate in unstructured, creative play, developing self-regulation and problem-solving abilities. Similarly, the Theory of Loose Parts, developed by Nicholson (1972), highlights the significance of unstructured play and creativity in reducing impulsive behaviour. Moreover, play therapy in outdoor settings favourably influences children with attention deficit hyperactivity disorder (ADHD) in terms of both their attention and their social behaviour, according to research conducted by Howard *et al.* (2023). However, while outdoor physical exercise shows promise, it is necessary to be aware of possible barriers and difficulties. Given this, the accessibility of natural areas and weather limits might prevent the continual application of this approach, according to Kilkelly (2016). Moreover, Söderström and Björklund (2021)

claim that individual variations in preferences for outdoor activities and sensory sensitivities also require to be addressed to customise interventions successfully.

As I approach the conclusion, I want to highlight the importance of integrating outdoor physical activity into educational settings, mentioning Neudecker *et al.* (2019), who claim that integrating outdoor physical exercise into educational settings is essential for long-term benefits. Given this, educators, therapists, and parents should work together to develop an atmosphere that encourages frequent outside activities. Additionally, Janssen and Chaloupka (2022) sustain the same idea, following a holistic approach to education, which recognises the interdependence of physical exercise, cognitive functioning, and emotional well-being.

In conclusion, identifying and diagnosing ADHD requires various methods, each with strengths and limitations. Furthermore, outdoor activity, including play and nature-based therapies, offers promise as a support tool for children with ADHD. However, to overcome these obstacles, schools, employers, healthcare professionals, and society need to collaborate to increase awareness, decrease stigma, and adopt inclusive practices. By doing so, we create a more supportive and understanding environment for children with ADHD.

Thank you very much for listening. I am open to any questions or discussions you may have.

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