

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

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Boys are more likely to receive a diagnosis than girls, this is due to them exhibiting behaviours that tend to be visible in the classroom and at home. Whereas girls often present symptoms that are misinterpreted as shyness which can lead to misdiagnosis.

According to Koutsoklenis & Honkasilta (2023), ADHD is characterised as a neurodevelopmental disorder marked by varying degrees of disorganisation, hyperactivity, inattention, and impulsivity that do not align with a child's developmental stage. Disorganisation and inattention can manifest as challenges in maintaining focus, frequently losing necessary items for tasks, and giving the impression of not paying attention. Such behaviours may not align with what is typical for the child's age or development. On the other hand, impulsivity and hyperactivity may present as excessive movement, restlessness, interrupting others, or difficulty in exercising patience.

- ADHD is typically divided into three categories:
- Predominantly Hyperactive-Impulsive Type:** This type is characterized by excessive movement, trouble staying seated, impatience, fidgeting, and frequently interrupting others.
 - Predominantly Inattentive Type:** Individuals with this type struggle to maintain attention, often forget information, fail to complete tasks, and make frequent errors.
 - Combined Type:** This type encompasses characteristics from both previous types, including elements of inattention alongside hyperactivity and impulsivity (Horn, 2020).

The Diagnostic Process (NICE, 2019): Diagnosing ADHD requires a comprehensive approach that incorporates multiple methods and sources of information. It is essential to collect input from various parties, including parents, teachers, and the child. Health professionals, such as paediatricians, child psychologists, and educational psychologists, play a vital role in this process. Classroom observations, along with school reports, are instrumental in gaining insight into how a child's symptoms may appear in different settings. Early identification of ADHD is crucial to help reduce the long-term impact it may have on a child's academic achievement, emotional wellbeing and social development. If ADHD is not recognised, children may internalise their struggles which can then follow onto anxiety disorders or potential depression later on in life. Early diagnosis enables timely interventions and can potentially prevent the development of secondary issues (Doering,et al. (2022).

Professionals can utilize three tools to ensure they gather consistent information from various sources.

Rating Scale	Purpose	Respondents	Key Features	Strengths	Limitations
Conners 3 Rating Scales	In-depth assessment of ADHD and related behaviours	Child, Parents, Teachers	Assesses ADHD symptoms, function, learning issues and peer problems	Comprehensive, identifies co-occurring issues	Time-consuming; can be influenced by subjective reporting and costly (O’Brien, 2019)
Vanderbilt ADHD Rating Scales	Diagnostic support and screening for coexisting conditions	Parents and Teachers	Screens for ADHD, ODD, anxiety & depression includes child’s academic/social impact	No cost, quick to use; broad symptom coverage	Less detailed than Conners 3; better suited for initial screening than full diagnosis (Anderson, et al. 2022)
SNAP-IV	Symptom tracking based on DSM criteria	Parents and Teachers	Covers core ADHD symptoms and traits of ODD	No cost, simple to administer; good for monitoring symptom changes over time	Lacks depth; does not assess emotional or learning difficulties in detail (Hall, et al. 2019)

Behavioural scales are essential tools for identifying and assessing ADHD-related behaviours in children. They provide organized and quantifiable data from different environments, such as home and school. By gathering input from both parents and teachers, these instruments create a well-rounded perspective on how symptoms manifest across various contexts. This multi-informant approach is critical for an accurate ADHD diagnosis, as symptoms must be observed in at least two different settings to confirm the disorder. However, it is important to note that a diagnosis should not rely solely on the outcomes of a rating scale (NICE, 2019). The current approaches to diagnosing ADHD are grounded in a structured framework and actively involve multiple stakeholders, including parents, teachers, and professionals, which contributes to a comprehensive understanding of the child (Musullulu, 2025). Nonetheless, challenges persist, such as the potential for overdiagnosis in boys due to societal expectations regarding behaviour, while girls may be underdiagnosed since their symptoms can be less apparent (Kazda, et al. 2021). Additionally, cultural, linguistic, and socioeconomic factors may complicate the diagnosis process and influence how behaviours are perceived, compounded by long wait times in under-resourced regions (QuinnEssential, 2024).

Supporting children with ADHD requires a multifaceted approach. One effective method is behavioural intervention, which aims to modify environmental aspects while teaching children skills to better manage their behaviours (Pfiffner & Haack, 2014). These methods are central to **Positive Behaviour Support (PBS)** (Lyu, 2023) and frequently incorporate techniques from **Cognitive Behavioural Therapy (CBT)** (Sciberras, et al. 2019). Key elements of behavioural interventions should be applied in structured settings, such as schools and home environments (Daley, et al. 2017). Children with ADHD typically thrive on routines and consistent rules (Shikerkar & Vajaratkar, 2022). Implementing reward systems, like sticker charts, can motivate children to remain focused on tasks or to raise their hands before speaking. Addressing behaviours—both positive and negative—alongside modifying tasks by breaking them into smaller, manageable steps can help mitigate frustration and lapses in concentration. Successful interventions depend on collaboration among families, educators, and specialists, with consistency being crucial. It is also vital to provide staff training in schools to prevent misunderstandings of ADHD-related behaviours as acts of defiance. When these strategies are introduced early, they can significantly enhance social skills, learning outcomes, and overall behaviour (Staff, 2022). Tools like the Conners 3, Vanderbilt, and SNAP-IV provide structure but must be assessed critically due to their subjective limitations. Engaging various stakeholders can enhance understanding, but excessive reliance on rating scales without professional insight may lead to misdiagnosis. Tailored behavioral interventions offer effective, non-drug support, but they require training and collaboration, sometimes alongside other resources like assistive technology or medication. Early detection and personalised interventions are essential for enabling children with ADHD to reach their full potential