

What is ADHD

Attention deficit hyperactivity disorder, also referred to as ADHD, is a neuro development condition of the brain and is a treatable condition, that is diagnosed in childhood. This condition affects how individuals interact with and process the world around them. The typical onset of ADHD starts before the age of six, According to CAMHS Assessment pathway (2023) ADHD is suspected to effect one in 20 school-aged children across the world and has a significant impact on an individual's life, academic abilities, and social skills (Faraone et al., 2001) and According to the (American Psychiatric Association, 1994) ADHD affects up to 5% of school aged children, having fundamental features that involve symptoms of overactivity, inattention and impulsiveness. For the children that are experiencing educational and social difficulties their families are significantly impacted (Sayal, Taylor & Beecham, 2003). (Willoughby, 2003) states that other risks for a child with ADHD, development involves education, employment, relationships and could face the risk of offending.

The ADHD disorder falls into three key categories; Inattention, Hyperactivity and Impulsivity, children who have the condition often struggle with organisation, time management or sustaining attention on tasks.

Identifying the symptoms of ADHD

Within in the United Kingdom, children are formally diagnosed following a specialist assessment period within a multidisciplinary team, integrating the clinical views of professionals such as education, SENCO, nursing, GP, educational psychologists, pediatricians and social work staff. The guidelines are set by the National Institute for Health and Care Excellence (NICE), (2018) which involves information being collected by multiple sources; for example, the child's parents and teachers, by using methods such as interviews, observations, self-report measures. Which is also suggested by multiple clinical practice guidelines (Sayal et al.,2008)

According to the (NHS, 2025) the symptoms of ADHD usually start before the age of 12 years of age. Recognising the signs of ADHD in children cannot always be easily identifiable especially as many behaviours associated with ADHD, for example; being easily distracted, impulsive, or highly energetic can also be typical behaviour in young children. Poor attention levels and overactivity can significantly change how a child behaves; children diagnosed with ADHD can find themselves in difficult situations as their actions can be dominated as an overactive child as they have little impulse control and appear to have no off button. These actions can cause them to get into trouble causing them to suffer injury or have poor understanding of the safety of the environment around them being 'predictably unpredictable'.

It has been acknowledged that once a child has been diagnosed with ADHD in childhood it is a condition that will affect a child throughout their lifespan (Barkley et al., 2004). This condition has been recognised to be one of the most common reasons for preschool aged children to be referred to the mental health services

Common signs include:

- **Inattention:** Difficulty focusing, forgetting tasks, or losing things frequently.
- **Hyperactivity:** Fidgeting, excessive talking, or struggling to stay seated.
- **Impulsivity:** Interrupting or shouting out or acting without thinking, even not understanding the consequence of the actions.

Symptoms of ADHD can differ between boys and girls, presenting different symptoms;

- **Girls** - Many girls are not diagnosed; their symptoms are often shown more towards Inattention symptoms and display fewer behavioral problems which make ADHD harder to spot in girls than boys.
- **Boys** – symptoms in boys are often presented through impulsivity and hyperactivity behaviours, and boys will also struggle with keeping focus.

The ratio of boys to girls diagnosed with ADHD falls into the range of 2:1 to 10:1 (Arnett et al., 2015, Biederman et al., 2002, Novik et al., 2006, Ramtekkar et al., 2010, Willcutt, 2012). It is suggested that ‘further investigation could be extended to enrich and further educate our understanding of ADHD, with higher ratios seen in clinics compared to population samples, furthering the differences with male and female diagnoses’ (Ramtekkar et al., 2010). ‘Girls present with inattentive symptoms, as well as internalising symptoms such as anxiety and depression which may lead to alternative diagnoses’ (Arnold, 1996, Quinn, 2008).

Teachers in the setting are usually the first to detect ADHD behaviors, identifying ADHD as soon as possible allows for early intervention, to deliver the appropriate interventions and provisions made, this must be reviewed at least annually. If a child is suspected of showing the symptoms of ADHD, the class teacher will make a referral to the school’s special educational needs coordinator (SENCO). The SENCO is the primary point of contact for special needs and disabilities in the school setting; they will assess a child’s needs and will refer them to the appropriate professionals, in addition to helping the child with their behaviour and should inform parents about local training/ education programmes, according to (NICE) guidelines (2008, amended 2018).

Children that display the symptoms of ADHD often unconsciously use self- stimulatory behaviour known as (stimming), This is when a child is displaying and repeating behaviour, such as certain movements or sounds. Signs of stimming behaviours that the child may display;

- Visual: Repetitive blinking, arranging objects, flipping pages in books.
- Verbal: Humming, whistling, repeating words, shouting, clearing their throat or clicking their tongue.
- Auditory: Making repetitive sounds or listening to the same song repeatedly.
- Touch (tactile): nail biting, scratching, hair pulling or twirling, chewing inside of their cheeks, rubbing fingers and fidgeting with their clothes or other items.
- Olfactory: Sniffing or smelling a particular scent, they may find calming, tiptoeing pacing,
- Vestibular (balance- based): Rocking back and forth, spinning, head or leg shaking

There are many different reasons for why a child with ADHD uses stimming and it can vary depending on the child and the environment that they are in. A child may need refer to these behaviours when they feel that they need to self- sooth and self- regulate, improve focus or channel their frustrated energy to avoid triggers.

(De Carolis et al 2019) states that to be sitting with both feet on the floor, hands at rest and gazing forward is the posture that is imagined reflects, an attentive student and a measure in learning. However, stimming doesn't always mean that a child has ADHD as many people can engage in these types of self-stimulatory behaviours, in neurotypical people these behaviours can be

referred to as fidgeting. These behaviours can occur in anyone, and are not exclusive to ADHD, it would be easy to make assumptions

According to the American psychiatric Association, (2023) a form of self-stimulation, or stimming is considered to be excessive or ill-fitting to the setting, whether repetitive or not, is considered to be attention hyperactivity deficit disorder. In response to the statement, critical scholars and neurodiversity advocacy groups (e.g., Loud hands project Autistic Self Advocacy Network (ASAN), (2012) have reclaimed the medical term “stimming,” celebrating stimming as an expression of autistic embodied experience and identify, not only for self-regulatory but also political, aesthetic, and communitive (Felepchuk, 2021; Nolan & McBride, 2015)

Treatment and management of this condition are strategies that include therapy, lifestyle adjustments and in some cases medication. There have been concerns about the accuracy of the identification of children with the symptoms of ADHD, false positives are common as symptoms of ADHD overlap with other disorders and development problems that have similar symptoms, also the behaviour of a young child can sometimes make a child look like they show symptoms when in fact they do not suffer from them. According to (The MTA Cooperative Group, 1999) Evidence based treatments are available, and early identification and intervention may improve progress for the child. Concern by the National Institute for Clinical Excellence (NICE) (2000) was expressed about the considerable under-diagnosis of children with ADHD. Also recommending that the diagnoses and treatment with stimulant must only be carried out by specialists.

(CAMHS) the Child Adolescent Mental Health Services, have developed specialist ADHD teams and specific ADHD clinics have been set up within the pediatric services.

According to (CAMHS) ADHD Assessment Pathway, (2023) “Literature has explored both the parental impact of living with a child diagnosed

with ADHD”. But also states from a recent qualitative service evaluation that “there is less known about the ADHD assessment journey for children and the parental experiences and gives suggestion that exploring the parental perceptions of their child’s ADHD assessment pathway could be beneficial in understanding experiences.”

A diagnosis of ADHD should not be made only on the basis of the rating scale or observational data but should be in conjunction with all evidence when in doubt about symptoms (NICE, 2008). For children of such a young age there is a combination of pharmacological and psychological treatment approaches that are recommended for school age children with ADHD (Taylor et al., 2004). However, these medications can have side effects (Handen et al., 1991; Graham & Coghill 2008) there are also reservations from parents about their child receiving this medication and using it or controlling behaviour, particularly in very young children (Berger et al., 2008). For alternative treatment early intervention approaches have been put into place, these are parenting programmes (PPs), these programs have been increasingly recognised as having an important impact on the family. (Daley et al 2006; Sonuga-Barke & Halperin 2010; Sonuga-Barke et al., 2011; Charach et al., 2013).

Family members of a child with ADHD

There have been views on how a child with ADHD is not the only member of their family that is impacted from their diagnoses. Parents can struggle with; situational and psychological barriers.

The initial approach to parents should be encouraged and be supported with their own personal, social and mental health needs. They should be given extra support when needed and feel that they are supported when making their own decisions. There are current guidelines recommended for the use of parenting programs for preschool children with ADHD (NICE

2008). Parents should be advised on strategy at home and given direction to implement targets at home as they are more than likely to drop out of any program they are supported with if they do not see expectations materialise quick enough. Evidence from systematic reviews states, that Parental programs can improve a range of outcomes (Bunting 2004; Barlow & Parsons 2009; Charach et al., 2013). However, studies have indicated that factors such as low 'take-up' and high 'drop-out' rates can have a significant impact on effectiveness, studies have found 35-68% of families that have a child with disruptive behaviour problems are more than likely to decline to take part in parenting programmes. According to (Gov.uk) a child diagnosed with ADHD will be given support through an (EHC) plan .

Barriers

Individuals with ADHD may experience difficulties with communication, especially with the struggle of making eye contact. Eye contact shows when an individual is actively listening, enabling and showing engagement, establishing a connection. For children with ADHD encouraging eye contact may help to build a bond, as to reassure the child that they are being listened to allowing for the child's needs to be seen and met, helping the individual their own communication styles, to prevent triggers from causing a sensory overload. (Green, B, C.; Johnson, KA, Bretherton, L Pragmatic (2014) symptoms of inattention and hyperactivity can typically with poor communication skills.

Strategy

Children with ADHD become quite easily overwhelmed in a classroom environment, the practitioners in the setting should be able to recognise when a child with ADHD is about to have a sensory overload. This can

lead to the child experiencing symptoms such as anxiety, irritability, and difficulty focusing. This makes it very difficult to stay still and Practitioners should have in place a structured sequence

One strategy used in my own setting is the ADHD Activity circuit when the child is supported through physical and sensory activities. These activities should have a time duration of around 3-5 minutes allowing the child to rotate and engage in different activities, visual aids should also be used on display for the child to visually see the instruction of what is expected from the activity at each station. The activity circuit needs to be incorporated into the child's daily routine and should be shown on the child's visual timetable.

According to the Journal of the educational therapeutic of sensory therapy (2022) sensory therapy uses play that has a design to change the way a child with ADHD's brain reacts to touch, sound, sight and movement. The journal also states that teachers who work with child who have ADHD will argue that the children with this disorder will have a more successful teaching and recovery approaches from the physical activity and movement that the sensory circuits provide them with.

Enabling a child with ADHD to take part in scheduled activity circuit has many positive effects by allowing them to engage in physical activity, which can lead to improvements in the child's concentration, mood, and overall learning experience.

According to the article, (interpreting pupil participation into practice: contributions of the SEN Code of Practice (2001) and also stated from the (Department for Education and Skills (DFES), 2001) the revised Code of Practice for special educational needs, governs the way schools must operate, to implement the right of the child within the education system. The SEND code of practice is put in place to ensure children receive the best possible support from the

school and teachers, local authorities, healthcare professionals and to provide a voice for their education. However, they have been arguments about the effectiveness of the SEND code of practice , such as funding issues, training gaps, complicated and time consuming, and students that face exclusion, according to the article, (“SEN’S completely different now” (2015)

Social and medical model

The medical model focuses on primarily individual impairments and the need for medical intervention to manage the condition, looking at the individual's condition of health or impairment. By taking only this view, the medical mode can overlook the impact of emotional and social factors and may only look for the advice of medical professionals.

The Social model focuses on the social and environmental barriers, advocating for inclusion and removing obstacles that can limit individuals with a disability. The social model recognises that the attitudes of people are the way society has been designed, is what causes disability which creates barriers and inclusion. However, this model can occasionally overlook the individual experiences and the needs of people with disabilities.

(Hahn, H. 1986:128) states that “the failure of a structured social environment is to adjust to the needs of the citizen with disabilities rather than that individual adapt to society”.

(The United Nations, 1993), passes the resolution “Standard Rules for the Equalisation on Opportunities for Persons with Disabilities” stating that equal rights are of importance, particularly persons with a disability.

By taking a holistic approach towards integrating both models professionals can give a holistic approach, enabling them to recognise the individual barriers and experiences of each individual with an impairment. When barriers are removed, we can create a more accessible society for everyone. The voices and opinions of these individuals should be heard and valued in order to improve policies and practices that have an impact on living full and meaningful lives.

To summarise, ADHD should be supportive in a holistic approach, sensory circuits are an ideal way to calm and help a child to self-regulate during a sensory overload can help practitioners identify a child's triggers therefore meeting the needs of that child.

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