

Introduction

Hello, the definition, symptoms, diagnosis and inclusive practices ADHD will be the main topics of the poster. The lack of awareness, challenges of upholding friendships and the importance of routine will also be included.

The I chose to focus on ADHD since I have a strong interest in how children with ADHD develop and learn and how they can be supported, since I was recently diagnosed with the at the age of 28 and struggled throughout my time in school without receiving the assistance I required. I also wanted to spread the word about ADHD and educate others about the resources available to help families and children with ADHD including how early awareness and diagnosis can make a difference.

ADHD definition

According to Coghill *et al* (2021) and Salari *et al* (2023), the neurodevelopmental condition known as Attention deficit/Hyperactivity disorder (ADHD) is characterised by persistent, adverse and developmentally inappropriate hyperactive/ impulsive and /or inattentive/disorganised behaviours. Braithwaite *et al* (2025) and Gonzalez (2020) explain the neuro part of neurodiversity relates to the fact that it is brain-based, and the developmental component indicates that it begins at a very young age. Cleavland Health (2025) NHS (2025) and National Institute of Mental Health (NIH) (2024) all state that the brain function and effects of the how brain develops differently affect children who have ADHD. Hasan (2022) and Seattle Children (2021) state that variations in brain activity and development in children with ADHD impact self-control, attention and the capacity to remain stationary (Brown, no date).

Signs and Symptoms

According to Athanasiadu *et al* (2019) and Chang *et al* (2020) ADHD symptoms include motor delay and language delay. Furthermore, CDC (2024) also add that some signs of ADHD may include frequently daydreaming, losing or forgetting possessions, fidgeting, continuous talking, thoughtless errors or taking needless chances and finding it difficult

to avoid temptation. Visser *et al* (2016) continues to add verbal and visual memory, coordination of gross and fine motor functions, emotional dysregulation and speech and language deficiencies are also signs of ADHD (Lu *et al* 2022). NHS (2016), CDC (2024) and Mezzanotte (2020) claim that even though ADHD is present from birth, it is sometimes not observed until a child starts school due to expectations in behaviour. Activities in the classroom require more concentration, patience and self-control, all of which children with ADHD find difficult (Healthy Children, 2024).

Diagnosing ADHD

Mezzanotte (2020) says that between the ages of 6 and 12 is when most children receive an ADHD diagnosis. Due to the irregularities in the developing process of young children, identifying ADHD can be extremely challenging. Since children investigate their environment, impulsivity and inattention are thought of as natural behaviours (Adler *et al*, 2015 and Mechler *et al* 2022). Hall *et al* (2016) state that ADHD is usually determined by subjective informant reports and clinical observation since there is no one test that can be used to identify ADHD. Moghaddari *et al* (2020) and Adler *et al* (2015) say that one of the obstructions to regulating and managing ADHD is an early diagnosis. However, there is currently no proven expert technique for early detection of ADHD (McKenna *et al* 2023). Furthermore, to diagnose a child with ADHD, a medical professional needs to collect information from parents, teachers, and the child along with observations at home and school. A thorough assessment of the child and family background is the first step in diagnosing ADHD. Peterson *et al* (2024) say that the diagnostic process and criteria have not changed. However, clinical diagnoses have gradually increased over time.

Adler *et al* (2015), Mezzanotte (2020) and Sulkes (2024) adds to diagnose ADHD there are guidelines drawn from the Diagnostic and Statistical Manual of Mental Health Disorder, fourth edition text revision (DSM-IV-TR). In accordance with the DSM-IV-TR an applicant currently needs to display at least six primary signs of inattention and/or hyperactivity/impulsivity in order to get a diagnosis. Additionally, there must be apparent evidence of difficulties in both school and home, and these must be

evident for at least 6 months. Leffa *et al* (2022) states that the primary clinical diagnosis of ADHD is still made entirely on the behavioural signs of hyperactivity, impulsivity, and inattention.

ADHD and inclusive practice

Carr-Fanning (2023) states that inclusion is about education for all, including those with ADHD. Children with ADHD have a right to learn alongside their peers. Inclusion focuses on altering the social and environmental settings that are limiting and embrace a more progressive approach for those with ADHD. For children with ADHD and their families as well as teachers, inclusion is a continuous process of learning, reflective learning and compromise. Families and teachers can provide useful information on this process. Continually evolving and adjusting for inclusion processes form a priority in an educator's work. Knowledge and understanding of ADHD is essential. However, Carr-Fanning (2023) claims that due to the teachers' inadequate understanding, children can be significantly impacted by the teachers' preconceptions. According to Moore *et al* (2017), before implementing techniques in the classroom, it is important to carefully analyse attitudes and relationships between teachers and children with ADHD. The introduction of evidence-based school techniques for ADHD inclusion needs more work.

Moore *et al* (2017) and Boon (2020) also claim that teachers' conflicting opinions about ADHD have not been settled by ongoing discussions. This is a significant issue, since teacher's beliefs affect their classroom management, pedagogy and the ADHD referral process. Teachers need to receive up to date professional training on ADHD to create a safe and inclusive environment for those children.

Barriers 1 social (Maintaining friendships)

According to Kennedy-Moore (2015) and Mikami and Normand (2015) Over 50% of children experiencing ADHD are widely excluded by their classmates. Soucisse and Normand (2015) refer to research from the past 35 years that indicates children with ADHD are four times more likely to experience peer rejection. Furthermore, 56% of

children with ADHD do not have friendships that are reciprocated. Meanwhile when children with ADHD form friendships, they are typically less permanent and of lesser quality, since the friendships can be impacted by ADHD symptoms (Kennedy-Moore, 2015, Normand et al 2019, Neprily *et al* 2025). Spender *et al* (2023), Vallejo (2023) and Gill and Hsker (2021) describe how friendships can be difficult for individuals with ADHD since they may struggle to listen, share, take turn and pick up on social cues. When engaging with others, children with ADHD may struggle to control their emotions, have the tendency to take over the conversation or become sidetracked. Additionally, children with ADHD may get easily overwhelmed, anxious, or frustrated as they form friendships. However, learning to collaborate, compromise, and solve problems are all benefits of maintaining friendships, and are all intended to foster healthy connections. can also offer a feeling of acceptance, purpose, belonging, and caring. Nonetheless, it can be very challenging for children with ADHD (Spencer *et al* 2023).

Smit et al (2022) and Mikami et al (2020) suggest that parents can assist their children with maintaining friendships by implementing the parental friendships coaching (PFC) intervention, which teaches parents how to help their children develop friendship skills, including emotional regulation. According to parents, since the PFC training their children seemed more outgoing and less introverted. Lu et al (2022) and Wilson and Elizabeth (2021) explain that many parents have talked about how difficult and stressful it is to help their children both inside and outside of school. Parents emphasised that the actions of the child's ADHD affects their other children and the family structure. Additionally Lu et al (2022) mentioned that some parents were experimenting with various techniques at home to help their children with ADHD such as dietary adjustments, aromatherapy and exercise. Following these methods a number of parents believe that they worked. However other parents claimed little to no apparent impact on their child (Lu et al, 2022)

Medical Barrier (Lack of awareness)

French *et al* (2019) indicates that a number of interrelated factors influence medical professionals' detection of ADHD with a recurrent theme being the urgent need for more

education on the disorder. Li *et al* (2022) claims that ADHD symptoms are recognised differently by teachers and parents.how? According to Flanigan and Climie (2018) and Safaan *et al* (2017) children with ADHD require support in the classroom from their teachers but due to the lack of understanding of the disorder teachers find it hard to support those children. Al-Omari *et al* (2015) conducted a research on the knowladge of ADHD on the results showed that teachers understanding of the disorder was lacking. Many misunderstandings regarding the origins and treatment of ADHD have come to light and the teachers' attitudes towards children with ADHD were aslo less than anticipated. Lu *et al*, (2022) claim that more should be done to educate parents and teachers about ADHD.

Furthermore, Flanigan and Climie (2018) and Dahl *et al* (2020) affirm that teachers, schools, and families are likely to benefit from thorough understanding about ADHD. A psychoeducation programme was made to educate families and communities on ADHD (Bai *et al* 2015) Dahl *et al* (2020) affirms that when parents are more aware of the signs, symptoms, and diagnosis of ADHD it can influence their child's behaviours.

Strategy (Importance of routine)

According to Lussier-Desrochers (2023) and Golos *et al* (2024) the growth of children is influenced by routines. Routines are closely linked to a higher quality of life. However, children with ADHD struggle with managing their time which makes it difficult for them to develop, establish and follow new routines. Lussier-Desrochers *et al* (2023) affirm that mornings, mealtimes, homework, and bedtimes were especially challenging and needing a lot of parental supervision, regular reinforcement, and consistency which can be stressful for the parents. Creating routines for children with ADHD can cause parents to feel overburdened, worn out and anxious.

However, Lussier-Desrochers *et al* (2023) and Frisch *et al* (2023) advise that parents can make it easier for themselves by enforcing techniques to help with routines such as pictures, as time reminders and a step-by-step routine of the day . Primary school-aged children who have ADHD may benefit from visual interventions that can improve engagement and task completion.

Conclusion

In conclusion, ADHD is a neurodevelopmental condition that usually becomes apparent in children at school age. Since every child is different, the indications and symptoms of ADHD might also differ from one individual to another. Although it can be challenging to diagnose ADHD, early symptom detection and accurate information from parents and educators about their child can aid in the diagnosis process. In order for children with ADHD to feel supported and included, it is crucial that teachers create an inclusive environment. Teachers must first understand ADHD in order to support children who have this disorder. Maintaining friendships is crucial for children with ADHD to enjoy school, despite the fact that they confront numerous obstacles in life. Although children with ADHD struggle to follow a routine, once they have established one, it can help them manage their emotions, which is another reason why routine is so important for them. Furthermore, parents' and teachers' lack of knowledge of ADHD can have a significant effect on children's life. More work has to be done to inform parents and teachers about ADHD.

Thankyou for listening are there any questions?

Q1; What percentage of children have ADHD?

Excellent question Braithwaite *et al* (2020) Kaiser *et al* (2025) affirm that between 5.9 and 11.4% of school age children suffer with ADHD. However, Roberts *et al* (2015) suggest that ADHD is a prevalent and widely acknowledged behavioural disorder that impacts millions of children.

Q2: Are there any other rating scales to diagnose ADHD?

Adler *et al* (2015) adds along with the DSM-IV-TR there are also a range of rating scales that medical professionals can use to gather information and those include Conner's rating Scales, The ADHD Rating Scale-IV, Swanson, Nolan and Pelham Questionnaire (SNAP), Swanson, Kokin, Agler M-Flynn and Pelham Scale (SKAMP), Brown ADD rating Scale and child behaviour checklist. Depending on the duration, versions, and standard data each has advantages and disadvantages. However these rating scales should not

be used to make a diagnosis alone rather they should be used to help determine a diagnosis.

Thankyou for your questions.

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