

Introduction

According to Weaver (no date) there are thought to be three types of ADHD: hyperactive, inattentive and combined. These are named after the symptoms that are commonly displayed with each type. Previously inattentive ADHD has been diagnosed as ADD however it has been recognised as being a type of ADHD according to Anderson (2022).

The NHS (2018) continues to state that the main symptoms of ADHD are also put into those 3 categories. Hyperactivity, inattention and impulsivity. Children with ADHD may act more impulsively than children without ADHD. For example they may be more accident prone as they do things impulsively without thinking about the consequences or potential risks. Children with ADHD may appear to daydream and not pay attention, or they may be hyperactive and disruptive.. Hyperactivity is often described as the child feeling like they are being run by a motor according to Gawrilow (2014). They can find it difficult to focus on activities that they do not enjoy or that they do not find stimulating. For example, although a child may enjoy a story they may not enjoy sitting in silence listening to it being read.

Children with ADHD may also display challenging behaviour. This can be triggered by boredom and sensory aspects such as too much noise states Miller (2022). Emotional dysregulation is also common in children with ADHD however this may not be noticed as children are likely to have poor emotional regulating skills until they are eight or nine years old according to Morin (2021).

Difficulties with Diagnosis in their Early Years

ADHD symptoms often overlap with symptoms of other conditions making it challenging to understand the cause of the behaviour. There are also other circumstances which can cause a child to display ADHD symptoms despite them not having this disorder. For example, a child may have trouble focusing in school if they are experiencing abuse at home according to Odhayani (2013).

According to Weaver (no date) a child does not have to have all three types of symptoms to have ADHD. Children that do not have ADHD will also display behaviours related to ADHD during the early years. This is because during the early stages of child development some aspects such as emotional regulation and attention span are not fully developed. However, a child with ADHD will present symptoms more than children without and this will continue beyond these stages of development. They will display these symptoms more often and to a greater extent.

ADHD has overlapping symptoms with disorders such as autism or dyspraxia. For example, Rusting (2018) states that heightened sensory responses and poor emotional regulation are symptoms of both ADHD and autism. Another example of this would be that being accident prone is associated with both ADHD and dyspraxia according to AADD UK (2017) however the causes are different. While a child with dyspraxia will struggle with coordination, a child with ADHD may not be paying attention to their surroundings or taking greater risks due to impulsivity. Great Ormond Street Hospital (2016) adds to this stating that roughly 60 - 80% Of children will have at least one other condition making it much more difficult to fully understand what the child is experiencing.

Great Ormond Street Hospital (2016) also states that boys are more likely to be diagnosed with ADHD than girls. This could be because girls are more likely to display inattentive symptoms which may go unnoticed. Whereas boys are more likely to display hyperactive symptoms. However, this is not always the case.

Diagnosis

The aim of diagnosis is to understand which symptoms the child is experiencing and what could be put in place to support them. If ADHD is left untreated it can lead to the child having difficulties with learning and behaviour Problems. They may also develop social and emotional difficulties according to the Great Ormond Street Hospital (2016).

ADHD is likely to be noticed by parents or teachers. According to the NHS the diagnosis process starts by speaking to a doctor that can refer the child to a specialist. They will gather information on the child's behaviour through questionnaires, rating scales and interviews.

According to Lyon The child must have six or more symptoms of inattentiveness or hyperactivity and impulsiveness. The child must also have been displaying these symptoms for at least 6 months.

According to the NHS (2018) proof is required that the child has been showing symptoms in at least 2 different settings such as at home and at school. It must also be determined that these symptoms are not caused by their current stage of development or other Additional Learning needs.

There will be an interview with the child and the Parent led by the Specialist. There may be multiple if they find this to be necessary. The specialist may also want to observe them at school to view how the child behaves socially and academically according to Lyon (no date).

However, some parents may not want their child to be diagnosed. As the child can not consent at least one parent has to consent on their behalf according to the NHS (2019).

Barriers to Learning

According to Segal and Smith (2021) due to inattentiveness they will often miss parts of lessons and instructions. They can also struggle to retain information that they have been given. They may also frequently make mistakes in their work, have untidy handwriting and misspell words due to a lack of focus. A child with ADHD is also likely to display challenging behaviour according to Miller (2022).

Strategies

By understanding that all children work in different ways this can be utilised by introducing other methods of learning. Allowing children to move and fidget in ways that are not too distracting to themselves or other children would be beneficial. This allows them to use extra energy and provides another source of sensory stimulation which can aid them in focusing on the task at hand as discussed by Segal and Smith (2021). Flexibility within the classroom and providing the children with choices during lessons could also help. For example, allowing them to choose between two different activities or allowing them to sit on a chair or on the floor could also help.

Inattention and concentration are prominent problems for some children with ADHD stated by the NHS (2018). Therefore taking extra steps to ensure that instructions are clear could be helpful. Segal and Smith (2021) suggest having important information displayed where the child can read it easily. This allows the child to revisit the information if they forget anything. Practitioners can also work closely with the child and checking in with them to make sure that they understand the task. They can also answer any questions that they may have.

Implementing these strategies is supported by the social model of disability. By providing more choices and options to accommodate the child this is following the social model of disability.

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