



Image: Porter (2021)

Identification and Diagnosis

The Centers for Disease Control and Prevention (2021a) state that an ADHD diagnosis is usually obtained by using a combination of processes as there is no one single assessment for diagnosis. There can be difficulties during the diagnosis process as other disorders can display similar symptoms. DuPaul and Stoner (2014) discuss how these symptoms are most commonly identified when the child begins/attends school. The signs and symptoms are more evident when in school as children are asked to concentrate on tasks. However, Arnett, MacDonald and Pennington (2013) found that identifying factors of ADHD were evident in pre school children but there are no supporting tools suitable enough to give a consistent diagnosis that early on. NHS (2021b) recommend that parents concerned that their child is displaying symptoms they should approach the child's educators to ask if they have any concerns before seeking medical help from the GP. However, Miller (2022) states that practitioners are not medically trained and that even though they may feel they are witnessing symptoms such as being distracted, fidgeting or forgetfulness, these may be reactions to something happening at home. Nottingham.ac.uk (2022) Assert that although the GP is the first step to achieving access to support and diagnosis they cannot actually diagnose ADHD themselves. Quinn and Madhoo (2014) discuss the difficulty and differences in diagnosing females and males with ADHD. They state that the rates of people with ADHD are higher in males than females and this can be down to females developing strategies to help conceal their symptoms. This is supported by Chapple and Collinson (2021) who warn that many females are being undiagnosed due to a gender bias of ADHD being linked to the discriminating stereotype of difficult boys.

Child law advice (2022) discusses a range of conditions which can result in a child having Additional learning needs, one of the many mentioned conditions is Attention Deficit Hyperactivity Disorder, otherwise known as ADHD. NHS (2021a) Identifies ADHD as a condition that causes a change in people's behaviour, this can be displayed as a limited concentration skills, impulsive traits and a shorted or non-existent attention span. ADHD Coaching (2022) states that between 2-5% of children in school in the UK are thought to have ADHD.

Barriers

Misdiagnosis

Mind (2022) state that ADHD can be an issue throughout a person's life, starting from early childhood throughout to their adulthood. People diagnosed with ADHD do run a higher risk of experiencing mental health issues such as anxiety, depression and substance abuse. This is supported by CHADD (2019) that discusses the link between ADHD and depression and how they are often misdiagnosed. It states that doctors often see patients that have been told they have depression when they actually have ADHD. There needs to be analysis of the person's feelings and question if they always felt a certain way about one thing or is that a feeling that has newly developed.

Medication

Boorady (2022) discusses the two different styles of medication these are methylphenidate or dextroamphetamine based. They are different stimulants that work on levelling the chemicals in the brain. If done correctly this will help the child become more focussed and ease some other symptoms. This process can take a length of time to find the correct dosage, therefore having a negative impact on the child. NHS (2021c) supports this stating that when diagnosed children are prescribed medication, they will begin on a low dose and build it up gradually to find the correct dosage. Children will be monitored throughout to ensure they are not overdosing and it is having a positive impact whilst looking for any side effects or any arising issues. However, Understood.org (2022) discusses the side effects, stating that some are mild and temporary and others are more severe and long term, like loss of appetite or disrupted sleep may not go away. These can happen whilst the medication is active within the body or when they are wearing off.

Social Skills

Tseng and Gau (2013) discusses the link between ADHD and limited social skills stating that children with ADHD have a higher probability of problems creating friends and socialising. In the research study parents had commented on how their children had difficulties not being liked by other children and teased due to having poor relationship skills.

Kumperscak (2013) agrees and discusses this further stating that the child's impulsivity creates problems when playing games as they often can't wait for their turn and tend to interrupt others. This joint with the inability to listen to instructions can cause unpleasant experiences for all children involved, therefore impacting on the child's relationship skills.

However, UKAP (2022) state that many children displaying these symptoms are slipping through the net and being dismissed as children with bad behaviour from not wanting to take part in learning, when really, they have a disability, and they are unable to act a specific way.

Oliver (2013) discusses the social model of disability and how people are not disabled by their conditions but by the barriers society had created. This is why the social model promotes people to look at what can be changed and adapted to meet the individual's needs and obtain full inclusivity.



Image: Openedu (2021)

Strategy to support ADHD

Lego Therapy

Wang (2013) writes about Lego therapy and the impact it can have on a child's social skills. It builds on interaction skills, turn taking, problem solving and both types of communication, verbal and non verbal. The principles of the sessions are the same regardless of the child's abilities, they set rules, roles and it is an open ended activity that is facilitated by the adult. Initially Lego therapy was created for children with ASD, however it has now changed to be used by children with many different conditions, specifically those that have issues with social skills. Brodie and Mather (2017) further supports this listing the possible positive social skills developed through the use of Lego Therapy, such as problem solving, developing a team approach, building attention skills and perseverance as well as progression with their language skills and the use of spoken sentences to each other. However, Boylan (2019) states that Lego therapy is not a designated tool for children with ADHD, but they found the reason behind this is that there is limited research evidence to support it to be specifically recommended. Boyne (2014) discusses how it can be difficult for settings to release staff for training and interventions. It is a commitment that the school needs to allow funding and time for to ensure the therapy can be fully delivered to reach the full potential.

Conclusion

ADHD is an additional learning need that is often displayed though hyperactivity, inattentiveness and often having difficulty socialising effectively. The diagnosis can often be challenging and lengthy as there is no one tool to assess it. There is no cure, however some children may grow out of it in adulthood. Treatment can be given in a variety of ways such as therapy and medication. However, medication can take time to get the correct dosage and can result in the child experiencing mild to severe side effects that can affect their education and development. Lego Therapy is just one type of many therapies that can help a child with ADHD. This one was chosen in particular to focus on building their social skills.

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