

Attention Deficit-Hyperactivity Disorder (ADHD) Script

I acknowledge that I have not used AI for any aspects of this assignment.

Introduction

Good morning everyone, my name is Leah Waters and I wanted to thank you all for attending today's webinar. Today we are joined with four additional members, who will be introducing themselves as we go. So today's webinar has been constructed to discuss a multitude of Childhood Additional Learning Needs. We will discuss how each ALN is recognised and diagnosed, how they impact children and families, and finally, the strategies in which can offer support. An agenda has been created based on today's topics and has since been emailed to everyone prior to the meeting.

Terminology Stigma

To begin today, I will be discussing Attention deficit-hyperactivity disorder, otherwise known as ADHD. First, I would like to address the word 'disorder'. Throughout my research I have come across various terms in which could be seen as negative stigmas, such as 'disorder', 'disability', and 'condition'. As supported by Rose, *et al.* (2007) and Lavani (2015) these types of labels can be considered to be controversial and potentially harmful as it can create negative attitudes and emotions, falsely indicating that there is something wrong with being diagnosed with an additional learning need. This can often hinder individuals from seeking out the necessary advice and assistance, potentially resulting in lower academic achievements, inability to develop enriching relationships, and the development of low self-esteem (Song, et al., 2018). A more inclusive term to use would be neurodivergent.

What does neurodivergent mean?

As supported by Royal Collage of Nursing (2022), the non-medical term 'neurodivergent' can be used to describe variations in the brain which can result in changes to an individual's thinking, learning, and behaviour. Some conditions that fall into this category are Dyslexia, Autism, and ADHD. Those who do not have these neurodevelopmental differences can be referred to as 'neurotypical' (The Brain Charity, 2022). As supported by Wake Forest University (No date) this term aims to educate society that although neurodivergent individuals experience the world differently, they should be treated with equity, disapproving stigmatic labels such as 'disabled' or 'disorder'.

Inclusive Practice

What is inclusive practice?

As suggested by Rohwerder (2018), inclusive practice is considered to play a key role in combating societies negative attitude towards mental and physical health conditions. It can be described as an approach in which diminishes the potential barriers of learning, advocating and encouraging participation and acceptance of vulnerable children (Devarakonda, 2013).

Educating and celebrating each child's unique qualities creates a safe, emotionally informed, and inclusive environment for all children to socialise and thrive in (Gilmore and Howard, 2016).

Ensuring that appropriate, tailored support is provided to best fit each child's specific needs is fundamental to inclusive practice (Moore, *et al.*, 2017); This is especially important for children with ADHD. Need-specific practice may be implemented through adapted teaching strategies, additional, supplementary resources, or alterations to the environment (Mould, 2021).

Linking to this, Toye, *et al.* (2019) discusses that communication amongst parents, educators, and medical specialists is considered to be significant when creating support strategies for children with additional learning needs. Establishing a welcoming, inclusive environment for families to feel validated and included, can offer parents an outlet to discuss potential concerns or worries regarding their children (Bryant, *et al.*, 2019). These interactions can be used as supporting evidence for a referral to the appropriate medical professional, prioritising early intervention.

Policy

As supported by the UNCRC (1992) Article 23, all children with disabilities attain the right to a full, enriching life. Further stating that governments must do all they can to support and facilitate safe environments for both disabled children and families. Wilson, *et al.* (2024) suggests that although there are legislative policies in place to support children with additional learning needs, educational settings are considered to be one of the toughest scenarios for children with ADHD to experience. The Additional Learning Needs Tribunal (Wales) Act 2018 is legislation which aims to provide support for children and young people with additional learning needs in educational settings. This policy states that all schools within Wales are required to create individual developmental plans (IDP) for each child with ALN, which clearly sets out specific strategies to cater and support each child's unique needs. Moreover, by encouraging parent, medical professional, and educator involvement the Act promotes an informed collaborative approach to ensure children are provided the best opportunities possible.

ADHD Definition

As supported by Mahone and Denckla (2017) and Coghill, *et al.* (2021), Attention deficit-hyperactivity disorder, often referred to as ADHD, can often be described as one of the most recognised neurodivergent conditions affecting children's behaviour worldwide. Ayano, *et al.* (2023) studies show the prevalence of ADHD in children and adolescence globally was 8%. Peasgood, *et al.* (2016) discusses the potential impact ADHD can have on a child's social, emotional, and academic development, in which can often have lasting effects through early childhood continuing on into adulthood.

Although Sroubek, *et al.* (2013) argues that there is reoccurring evidence that suggests genetics, neurological, and environmental factors play a role in the development of ADHD, literature shows that defining ADHD can be difficult and

controversial due to the lack of definitive causation. As supported by Grimm, et al. (2020), many reported cases show that children who are diagnosed with ADHD often have relatives who are either diagnosed, or demonstrates similar ADHD tendencies.

Signs and Symptoms

According to Jacobson (2023), ADHD can affect children in various aspects of life. Some may demonstrate difficulty with their attention span, while others may be unable to sit still for certain periods of time. It is further explained that although both boys and girls can be diagnosed with attention deficit hyperactivity disorder, girls may demonstrate a different set of symptoms, often revolving around inattentiveness. These symptoms are commonly overlooked and labelled as 'personality issues' rather than ADHD.

NHS 111 Wales (2023) suggests that many parents may notice potential symptoms of ADHD in their children from an early age. Of which these symptoms may become increasingly noticeable as the child gets older or their circumstances change, such as a transition into a school environment. However, it is further discussed that the majority of children are diagnosed with ADHD from the ages of six to twelve years old.

Inattentiveness

The first core symptom of ADHD is inattentiveness. Inattentiveness can be defined as the action of being unable to pay attention, or is easily distracted (National Institute of Mental Health, 2024). Children with ADHD often, but not always, demonstrate difficulty in concentrating on one or more tasks.

Hyperactivity-Impulsiveness

The second core symptom of ADHD is Hyperactivity-impulsiveness. Hyperactivity-impulsiveness can be described as a pattern of behaviours which involve excessive movement and the inability to control your impulses (HealthyChildren.Org, 2019). There are a plethora of sub symptoms that fall under this category such as fidgeting, interrupting others, unable to sit still, and talking excessively (National Institute of Mental Health, 2024).

Recognition and Diagnosis

As supported by Harris (2024) In Wales the diagnosis of ADHD in children is considered to be a time consuming process which consists of multiple steps, including comprehensive assessments held by medical professionals such as paediatricians or child psychologists. The process often begins when parents, carers, or educators recognise reoccurring patterns of behaviour in children (Felt, et al., 2014). Typically the first initial step in the process is a consultation meeting between the family and local general practitioner (GP), who may then further refer the child to a paediatrician who specialises in Attention Deficit-Hyperactivity Disorder (ADHD), or medical specialist services such as Child and Adolescent Mental Health Services (CAMHS) (NHS 111 Wales, 2023). CAMHS is a free NHS service which provides support and treatment for children and young people experiencing mental health conditions, such as depression, anxiety, or ADHD (Young Minds, No date).

Specialists are better equipped to make an accurate diagnosis following an in-depth assessment, entailing physical examination, interviews with the child and family, collecting additional evidence from multiple settings such as educational settings, GPs, and home environments. Such professionals often require children to be observed over a certain period of time, usually around six months. (NHS, 2021).

many argue that diagnosing children with mental health conditions at an early age can expose them to unnecessary medicating and harmful labelling, causing negative health effects and low self-esteem (Owens and Jackson, 2017).

Overall both arguments emphasise the importance of accurate and early diagnosis of mental health conditions in children.

Treatment

As supported by NHS Foundation Trust (No date) there is no 'cure' or quick solutions to improving ADHD symptoms, however it can be supported through behavioural therapy, support strategies, and sometimes, medication. As explained by Mayo Clinic (2019), the most common medication prescribed to children via medical specialists are called stimulant medications. This form of medication is used to enhance and balance chemical levels of the brain to improve the effects of inattentiveness and hyperactivity. Medication dosage with vary depending on the child and may require to be taken throughout the day. Powys Teaching Health Board (2024) suggests that if a child is on medication for ADHD it is crucial for medical professionals or parents to include the dosage and time requirements in the child's school support plan, preventing potential complications such as a missed dosage, overdose, or incorrect administration.

Barriers and Impacts

Funding

As supported by Harris (2024) due to financial cutbacks from the conservative government over the recent years, accompanied by an increase of children seeking diagnosis within Wales, the additional learning needs sector has been deprived of staff, resources, and time. Poor funding in Wales has a substantial impact on children with ADHD as it can prevent access to effective resources and specialised support services (Children's Commissioner for Wales, 2022). Due to poor financial allocation, educational and childcare settings often find providing specific needs-targeted interventions, such as one-to-one support, therapy based activities, and modified classroom routines to be particularly difficult (Perera, 2019). Additionally, a shortage of resources in these environments can lead to children feeling overwhelmed, frustrated, and insecure, further impacting their ability to participate in social and academic activities (Thomas, 2020).

According to the Welsh Government (2023), due to classrooms in Wales having low teacher-to-pupil ratios, children with additional learning needs such as ADHD often go unnoticed, leading to potential outbursts or changes in behaviour.

Furthermore, inadequate funding can also have an impact on families, as assessment and support service waiting lists are lengthening, preventing early

interventions (Senedd Research, 2024). Leaving symptoms untreated can cause significant harm to children's well-being and future health. Leitch, et al. (2019) explains that the consistent management of behaviour and pressure of family dynamic, many families may experience tension within the home environment, leading to stress and anxiety for both the parents and the child (Kids Health, 2022). This pressure can put a lot of pressure on children, worsening their symptoms, there is also potential that this stress can lead to violence in the home environment.

Early Intervention

According to Halperin, *et al.*, (2012) and Shepard, *et al.*, (2022), Early intervention is considered vital for children with additional learning needs as it allows professionals to identify and address developmental challenges at the early stages of life, ensuring all children are treated with equity, by providing the best possible support, whether that is medication, support strategies, or alterations to every day routine.

McGoey, *et al.*, (2002) and Feil, *et al.*, (2016) discusses that by recognising and identifying attention deficit disorder in children at an early stage support strategies can be implemented by educators and caregivers to promote and build upon academic and developmental skills. Such support strategies can assist children to better understand and manage their impulsiveness, whilst also giving them coping mechanisms to further improve on their ability to focus. Alongside this, early intervention can enlighten families on the complexities of the condition, by doing so they can collaborate with both educators and medical professionals to create a support plan that best fits the child's specific needs (Johnston and Chronis-Tuscano, 2015).

Strategies

Strategies for children with additional learning needs can be referred to as plans in which are designed to support children who require additional assistance daily. They are created to outline specific requirements for the child's specific mental or physical condition.

Main strategy – Routine

Finally I am going to discuss my chosen strategy that can support children with Attention deficit hyperactivity disorder.

Contact for Families with Disabled Children (No date) suggests that strategies for children with additional learning needs can be referred to as plans in which are designed to support children who require additional assistance daily. They are created to outline specific requirements for the child's specific mental or physical condition.

As supported by Betker (2017), children with ADHD are particularly sensitive to spontaneous or unstructured scenarios, often resulting in emotional outbursts and frustration. Therefore, implementing an organized routine can prepare children with ADHD on what to expect throughout their day such as, attending school, bathtime, or grocery shopping with a parent. This can facilitate confidence and security, decreasing the risk of anxiety and upset. This strategy may include the introduction

to visual aids such as picture schedules, timers, and transitional cues (Young and Smith, 2017). These resources can also encourage critical thinking skills as well as improve memory retention. Additionally, Doesn't Fit All (2024) explains that creating small, manageable outcomes can improve children's engagement and concentration, preventing them from feeling overwhelmed.

Taylor (2022) suggests that for younger children, such as two year olds, who may not fully understand the visual resources, maintaining a consistent day and night time routine can pre-emptively prepare them what to expect. She further adds that implementing these routines can encourage self-regulation, making transitional experiences easier for toddlers and babies. Raising Children.Net (2024) explains that the key to any effective routine is to make it fun and engaging. This can be achieved by creating traditions around these routines such as reading a story at bedtime or singing a song before bathtime.

Very end of Presentation

Thank you all for listening and contributing to today's webinar. To conclude I would like to ask if anyone has any questions?

My Questions and Answers:

Question: What percentage of children in the UK specifically are diagnosed with ADHD?

Answer: As reported by Ayano, et al. (2023) 3 – 5% of children in the UK are diagnosed with ADHD, averaging at around one child per classroom.

Question: What percentage of children with ADHD have a co-existing condition?

Answer: As seen in CHADD (2007) National Survey of Children's Health, 33% of children with ADHD have at least one co-existing ALN.

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