

Life for children with ADHD

Introduction

An ailment that influences behavior is known as attention deficit hyperactivity disorder (ADHD). Individuals suffering from ADHD may exhibit agitation, difficulty focusing, and impulsive behavior (NHS, 2019). Two primary areas of difficulties linked to ADHD in children are as follows: Forgetting things, having trouble focusing, getting organized, or paying attention to what the teacher is saying are examples of **Inattention**.

Hyperactivity and impulsivity: The inability to remain motionless, restlessness, pestering others, passing others in queue, not waiting one's time, and a lack of awareness of danger are some symptoms (BBC n.d, HOSEINI, 2014).



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Though its precise causes are unknown, genes play a role because ADHD tends to run in families. It is not poor parenting that causes ADHD. A child with ADHD can lead a successful life if they receive appropriate assistance at home and school and in certain situations, and medication.

Barriers linked to ADHD

When compared to their peers who do not have attention deficit/hyperactivity disorder (ADHD), children with this diagnosis may perform less well academically. However, the knowledge of the mechanisms behind this connection is limited. The disorder's symptoms as well as executive function impairments can have a detrimental effect on learning behaviors, such as perseverance, motivation, and attitude towards learning—all important components of the learning process. In a recent study (Fried et al., 2016), even after adjusting for socioeconomic status, IQ, and learning difficulties, participants with ADHD were more likely than those without ADHD to have repeated a grade or dropped out of high school.

The National Institute for Health and Care Excellence (NICE, 2018) estimates that 3% to 9% of students in UK schools suffer from ADHD. There has been a notable rise in the diagnosis of ADHD in children due to modifications in policy on the identification of individuals with the disorder (Young et al., 2021). Children with symptoms of inattention are easily distracted, which makes it difficult for them to finish tasks and obey directions. Fidgeting, talking too much, and having trouble sitting still are signs of hyperactivity. Children that are impulsive find it difficult to wait for their time and frequently interrupt or trespass on other people (Mohr-Jensen et al., 2019). Teachers have noted that the most difficult classroom actions are those linked to ADHD, which cause unpleasant feelings in both teachers and peers. Specifically, impulsive, and hyperactive actions frequently lead to punishment, rejection by peers, and stigma (Barkley, 2018; Nguyen & Hinshaw, 2020). Children diagnosed with ADHD are far more likely to experience exclusion from school (Parker et al., 2016) and low academic achievement (Moore et al., 2017). They are more likely to require special education services due to these challenges (Murray et al., 2014).

Diagnosis

About 4% of children have attention deficit hyperactivity disorder (ADHD), a neurodevelopmental condition that significantly impairs functioning (Nice, 2013; Weiss, 2015) and frequently carries on until adulthood. Studies have indicated that children with ADHD are underdiagnosed, despite evidence-based treatments helping control ADHD.

The National Institute for Health and Care Excellence (NICE) guidelines state that 2% of adults and 3-5% of children in the UK should be able to receive an ADHD diagnosis; however, in 2010 it was estimated that only 0.506% of adults and 0.016% of children met the diagnostic criteria for ADHD (Holden et al, 2013). It is critically necessary to have a deeper comprehension of the causes of these disparities (Wright, 2015).

A specialist psychiatrist, pediatrician, or other suitably trained healthcare practitioner with training and skill in the diagnosis of ADHD should be the only ones to make an ADHD diagnosis based on the following criteria:

The individual should have a comprehensive clinical and psychosocial evaluation, which should encompass a dialogue regarding their behavior and symptoms in various contexts and areas of their daily existence. When children show six or more signs of hyperactivity-impulsivity and inattention before the age of twelve for at least six months in two or more contexts like home and school a diagnosis is made.

Children with ADHD symptoms find school situations difficult because of the demands placed on them to listen, sit quietly, obey rules, and finish assignments (Kos, Richdale, & Hay, 2006; Kendall, 2016). Clinicians frequently use observations gathered in a school context since diagnosis depends on detecting symptoms across two or more settings (APA, 2013). Teachers and other adults who interact directly with students, such teaching assistants, keep an eye on students' behavior at school. However, rating scales and observational data alone should not be used to make an ADHD diagnosis. But when symptoms are unclear, rating scales like the Strengths and Difficulties Questionnaire and Conner's' rating scales are helpful supplementary tools. Observations, like those made at school, can also be helpful (NICE, 2018).

Strategy

Movement is one tactic used to support ADHD in children, as it provides the benefits of physical activity for attention, focus, and self-regulation. Prearranged Rest Periods, throughout the day, incorporate quick pauses for physical activity. To help the child focus better and burn off extra energy, let them do some fast stretches, exercises, or even a little stroll. However, focus groups were held by Moore et al. (2017) with primary and secondary school teachers in the UK to learn about their experiences dealing with ADHD in the classroom and to identify the obstacles and enablers of providing help for children. Despite the numerous strategies intended to support ADHD that are documented elsewhere in the literature, they discovered that educators primarily focused on general inclusive strategies in the classroom that hardly ever specifically addressed ADHD symptoms or difficulties (DuPaul et al., 2012; Richardson et al., 2015). Furthermore, Lawrence et al. (2017) specifically inquired about interventions or methods utilized in the classroom with children who have ADHD while questioning teachers about their experiences instructing students with the disorder. All the tactics mentioned were behavior-based, such as letting children walk around the classroom or fidget, rewarding good behavior, employing redirection strategies, or minimizing distractions. It is unexpected that there is no more emphasis on cognitive methods considering the volume of research on the cognitive challenges associated with ADHD (e.g., Coghill et al., 2014; Gathercole et al., 2018; Rhodes et al., 2012). Also, there is no research done on the strengths connected to ADHD or strategy utilization from the perspective of children with ADHD themselves.

Conclusion

Despite being a neurological disorder, ADHD can be managed more effectively if identified and treated in the early stages of development. Children with ADHD can still develop and advance with the correct support and guidance, despite common misconceptions about their condition. In summary, childhood ADHD is a multifaceted disorder with a wide range of contributing factors. It takes a comprehensive, customized strategy that considers social, psychological, and biological aspects to effectively manage ADHD and promote the growth and well-being of impacted children. To maximize outcomes for children with ADHD, it is critical to keep up with the most recent research and to foster an open communication between parents, educators, and healthcare providers.