

Supporting Children With Additional Learning Needs: Attention Deficit Hyperactivity Disorder (ADHD)

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Introduction

ADHD is a term that has become more frequently used by parents and practitioners when discussing possible additional needs children may have. This could be because as (CDC, 2023) tells us it is the neurodevelopmental condition most common in children. This belief of ADHD being a common condition for children is supported by (Parekh, 2022) who noted the disorder is the most common amongst children and can affect various areas of their lives. Children who have ADHD may present with a lack of self-control, the ability to sit still or give attention due to their brain activity and development having differences (Hasan, 2018).

Barriers

Children who maybe impacted by a diagnosis of ADHD will possibly be faced with different barriers to their specific additional learning need. ADHD whilst heard of by many may not always be understood, with parents, the public and on times professionals not having a fitting knowledge of the condition and what it means for those living with it. A study conducted by (Dodangi, Vameghi and Habibi, 2017) found that parents did not have sufficient information and were unaware of processes such as diagnosis and treatment, with the correct information it was believed that improvements could be made in regards to parental resistance leading to a shrink in complications. (See et al., 2021) conducted a study and found that teachers had a better knowledge of ADHD than parents and the general public, the general public's knowledge was affected by age and being aware of someone with the condition. Different promotional methods were discussed to reach and educate a larger number of people. This could be helpful in the social aspects of breaking down these barriers that are faced by people with ADHD. (See et al., 2021) supports the previous statement that parents were not the most informed when it came to ADHD. Another barrier that can stem from what we have already discussed is engagement with support particularly if parent's knowledge is limited. (Baweja, Soutullo and Waxmonsky, 2021) found that ADHD support can come to an end quickly and that parents lack of self-belief skills or attitudes can be a barrier to getting the needs of the child met. This lack of self-belief and attitude could be due to the parents having being exposed to ACEs adverse childhood experiences as children and as (Parenting with ACEs Parenting with ACEs, 2018) tells us this could affect a parents ability to think logically and judge when your child needs you.

Diagnosis

The process to gaining an ADHD diagnosis requires the involvement of several professionals. (ADHD Aware, no date) informs parents and carers that if they feel their child may have ADHD to begin discussions with the school, general practitioner (GP) or any mental health services that may be involved. A referral from a GP aids the diagnosis as well as the gathering of information from relevant parties such as schools, this will help to facilitate a process which can be very slow (Nottingham University, no date). A detailed assessment will need to be conducted but there is no simple test and (NHS, 2018) explains to us the assessment may include physical examinations, discussions with the child and the reviewing of reports from stakeholders such as parents and teachers. For children to receive an ADHD diagnosis behaviour that are consistent for a period of time and in various settings would need to be observed (Swansea council, no date). However as mentioned this diagnosis process can be slow to access (ADHD UK, 2023) acknowledges that private treatment is becoming a serious consideration for many based on long wait lists despite the costs that will be incurred to those seeking support. Many who seek diagnosis privately may still want to access treatment through the NHS, (ADHD Aware, no date) explains many GP's are happy to accept private diagnosis but to check that your health care professional accepts a shared care agreement. Receiving or not receiving their diagnosis of ADHD can affect children in many different ways. (Hamed, Kauer and Stevens, 2015) discussed that the failure to diagnose could impact children from developing and achieving their full potential in the academic field. However (Information et al., 2018) presses the importance of correct diagnosis as this can have similar outcomes of children not reaching their full potential and believing they are less capable due to their condition. There is talk around the stigma ADHD has and how this can affect children causing them anxiety, depression and low self-esteem (Raymond, 2022). As much as there may be stigma other work has found how people with ADHD felt relieved when knowing what their symptoms meant and represented for them and their lives (Aoki et al., 2020).

Strategy

There are many treatments for children with ADHD to access, with two types being behaviour therapies and medication (Centers for Disease Control and Prevention, 2022). Some organisations such as (National Institute of Mental Health, 2014) believe that to reduce ADHD symptom's medication is the most effective way. However, to achieve the best possible outcome for ADHD patients (NHS, 2021) believe that combining these two practices would be the best option. The use of medication has many points to be considered before being prescribed to children. Parent's may have conflicting thoughts and fears around medication but (Braaten, 2017) informs us that it is a highly studied area of medicine. ADHD medications have many positives according to (CHADD, no date) such as increased participation in friendships, the ability to stay focused educationally and socially and reduce incidents if suffering from other conditions. Although some report positives from these medications other outlets talk about the side effects that may occur and have a detrimental effect on children such as sleep patterns, mood changes and loss of appetite (Pietro, 2016).

Conclusion

ADHD is experienced differently for all children. And a one shoe fits all method does not work in the treatment and support of ADHD. Even after what can be a long diagnosis process finding the correct treatment can be equally as frustrating.

Presentation Script

Imogen's Presentation: ADHD

Good afternoon everyone, as mentioned earlier I'm Imogen Jones and I will be discussing with you my academic poster on Supporting Children with Additional Learning Needs: Attention Deficit Hyperactivity Disorder (ADHD). If you have any questions at the end of the presentation please feel free to ask.

Introduction

So as stated in the poster ADHD is a term we are hearing more often when discussing additional learning needs that children may have. (Curatolo, D'Agati and Moavero, 2010) support (CDC, 2023) stating it is a common childhood disorder. As we have also mentioned here in our introduction ADHD can affect various areas of a child's life and how they engage with the wider world. (Smith, Robinson and Segal, 2019) recognised this by suggesting that ADHD could affect a child's responses in movement, speech and attentiveness. ADHD can present in many different ways within children. As already discussed (Hasan, 2018) noted children may lack self-control, or the ability to sit still and pay attention. However, these are not the only experiences people with ADHD may show signs of. (John Hopkins Medicine, 2023) talks of ADHD having 3 forms that each present different experience for the person it affects. The first being Combined meaning impulsive and hyperactive whilst struggling to pay attention and becoming distracted. The second being Impulsive/hyperactive, the least common showing that attention can be shown. And thirdly inattentive/ distractible being inattentive and easy to distract.

Diagnosis

The ADHD diagnosis process can be a long and challenging process. (Magnus et al., 2023) supports many of the statements made in the opening of our diagnosis chapter, stating that for a diagnosis to happen the symptom's must be identified in numerous settings and may require the information from key people within the child's life such as parent's and teacher's. As we have also discussed there are barriers to an ADHD diagnosis, specialist services are stretched which in turn can lead to long wait times and the prioritizing of more severe cases leaving some with delayed intervention that can affect social and academic areas of a child's life (Think ADHD, 2023). This supports (Hamed, Kauer and Stevens, 2015) who believed children could be affected in many ways from a lack of diagnosis including academically. In the poster we explored (Raymond, 2022) who spoke of the stigma surrounding ADHD diagnosis and the effects it could cause such as anxiety and depression, (Mueller et al., 2012) supported this thinking that the stigma attached to these children would be of a high nature due to the fact the additional need can affect so many areas of life which in turn could interfere with general life and well-being. Despite this stigma some groups such as (The Autism Service, 2022) believe a diagnosis for a child can help to give them an answer to who they are and why they do the things that they do, the negative notion of themselves can be lifted to empower and support them in their journey to manage their ADHD and what that looks like for them. This was something (Aoki et al., 2020) also believed that despite the stigma a diagnosis was a positive for children giving them a sense of relief.

Whilst talking of diagnosis (Skogli et al., 2013) talks of how an ADHD diagnosis is more common in boys than girls and how girls are potentially being under diagnosed based on how they may be presenting and expressing the disorder. (Mowlem et al., 2019) supported Skogli recognising boys were more likely to receive a referral and that girls were potentially being under diagnosed based off how they present the additional learning mainly through inattentive symptoms. However, (Grskovic and Zentall, 2010) spoke of how girls presenting with ADHD may engage in conversations that are fast paced, verbally intrusive and a likeliness to engage in trouble making and moodiness.

Barriers

For children with an ADHD diagnosis it can range across wide areas of their lives but a main barrier for most is the lack of understanding those around them may have of the condition. Parents, the public and practitioner's may not have the sufficient knowledge to understand and support children with this condition. As mentioned in this section of the poster parents did not have sufficient information to be able to support and understand their child's condition, (Leslie, 2002) agreed believing that competence in treatment and diagnosis should be importance in order to present relevant information on ADHD to families in order to help them develop long term plans. We also spoke of the publics lack of knowledge around ADHD and how a larger audience could be reached to promote the additional learning need. (dosReis et al., 2010) also found that the publics knowledge was lacking around the topic of ADHD and this ill-informed attitude effected how some people chose the treat ADHD. (Shaw, 2020) supports the educating of people with little ADHD knowledge through using social media platforms that can guide people to fact-based literature that can dispel myths and promote positive education, challenge misconceptions whether they be with family or friends or within the wider community and organising events with local supports groups who can share information. Another barrier we touched on in this section was how on times some ADHD support can be inconsistent and leave abruptly, interventions such as (Resiliant Families Service, no date) can provide intensive packages in the short term but this may not be sufficient for many. To continuously support children in school and other settings such as the home there are various provisions to access, at school your child may have and IDP individual development plan. Strategies on this plan must be carried out by the setting but could also provide some ideas and support for at home, school can also help find and access support such as resilient families even if it is only accessed on a small-time scale than may be needed (Action for Children, no date). By providing ADHD children the tools to break down these barriers we are engaging the Equality Act 2014 (Department of Education, 2014).

Strategy

So, in terms of strategy and treatment we have mentioned in our work poster 2 areas. Behavioural therapies and medication. The most common medication for the treatment of ADHD in children in the UK is methylphenidate, used to control areas of the brain that deal with attention and behaviour (NHS, 2018). Methylphenidate can be known by several brand names including Ritalin, doctors prescribe the dosage which must be given accurately by the parents, the dosage may change under the doctor's guidance to find the correct amount that works for each child (NHS, 2021). However, (Kids Health, no date) states that not all children need medicating but acknowledges that it can help many children to stay on task and engaged for longer. The fact that (kids health, no date) believes that not all children need medicating might be something some parents want to hear. Medicating your child can not be an easy choice to make. (Coletti et al., 2012) found that some barriers to parent's decision making around putting their child on medication resulted from a fear of the possible side effects they may incur or that their child's personality maybe altered. As we said earlier choosing to medicate a child is no easy choice for parents who may have initially struggled with the diagnosis. Methods heard of through the media, the points of view of family and the general stigma that can be attached to medication can all play a role in the decision making of how to deal with treatment and strategy best (Charach et al., 2006).

(Cormier, 2012) found that parents were initially keen to explore other avenues before medication but that doing what helps the most became a priority in stabilizing home and school life for the whole family. Before the outcome was reached though it is important to recognise that parents wrestled with many of the barriers we have just previously discussed such as stigma and the effects of medication.

Conclusion

From researching and exploring ADHD and all that it entails for the child and their family I have come to see how personal each aspect is for the individual family. The experiences will be different as will the barriers and of course the treatments. Finding out what is best for your child and dealing with the stigma that still surrounds ALN such as ADHD requires support and resilience by all involved.

Thank you everyone for listening any questions?

Question 1

Jess - Thank you for discussing the medication side of strategy for the treatment of ADHD in children. You touched on the use of behaviour therapies, could you expand on that please?

Yes of course so as discussed medication held both positives and negatives to the treatment of ADHD with the likes of the (American Academy of Pediatrics, 2019) highlighting potential negatives such as weight loss, and sleep problems whilst (Scheffler et al., 2009) found positive links between children, medication and maths and reading assessments. Despite this numerous outlets discussed the successes that could be achieved with a mixture of both medication and behavioural therapies. (Braaten, 2016) felt the use of medication could support the engagement in therapies to help participants get the best out of the treatment. (Felt et al., 2014) also believed that ADHD was the disorder most common in children but also felt that at an early age behavioural therapies could be effective, this included the use of parent training which (Newby, Fischer and Roman, 1991) recommended as a treatment for ADHD. Parents training is described to us by (Long, Edwards and Bellando, 2017) as the parents and care givers being taught how and when to intervene with children's behaviours. ADHD parent training involves working with a therapist for a number of sessions which will hopefully equip parents to support children at home, in school and socially (CDC, 2020). (Daley et al., 2017) felt that there were benefits to parent training such as reducing levels of non-compliant behaviours but should also not be used as a specific treatment for those with ADHD.

However, (Zwi et al., 2011) suggested parental training may affect children with ADHD positively but could have greater benefits for parents in building confidence and managing stress. (Ragni et al., 2022) supported the statements made by Zwi, believing parent training in a child's life supported families.

Hope this answered your question.

Question 2

Hannah - It is important as you stated to receive the correct diagnosis, what other conditions and factors may intervene to stop the correct diagnosis?

The correct diagnosis of ADHD can be complicated by many other circumstances that can occur in children's lives. For instance, as (Mayo Clinic, 2019) tells us other medical treatments and conditions can cause similar signs to ADHD, such as learning and language problems, depression, vision or hearing loss, sleep disorders, medication or autistic spectrum disorder. Supporting this notion that other factors could come into play within the diagnosis process, is the (NHS, 2016), who speak of the importance of using a professional to conduct the assessment, and engaging the knowledge, guidance and advice of other groups of professionals from different fields to support diagnosis. These other professionals may be in the form of speech and language therapists and occupational therapists.

Parents play a huge role in children's ADHD through from identifying symptoms to diagnosis. But parents in some cases may also be the barriers without even realising. (Foley, no date) is asking the question if there is a link between ADHD and Adverse Childhood Experiences (ACES). His work suggests that children who have ADHD have a higher prevalence of ACES. Which leads us to needing to provide the correct support with early intervention to families and support how they are living. (Brown et al., 2017) supported this thought that ACES and ADHD were linked stating that the higher the ACES exposure children were more likely to have ADHD, believing that ACEs should be evaluated to improve ADHD assessment for children. (Gupta, Randell and Dowd, 2021) spoke of ACES being linked to child hyperactivity and aggressive behaviour.

It is also interesting to note that children with ADHD can be misdiagnosed through the presentation of other symptom's and factors but through the ADHD diagnosis may also be diagnosed with another behaviour disorder. (Miller, 2017) speaks of the children with ADHD who are chronically defiant and how this can lead to a diagnosis of oppositional defiance disorder (ODD). (Wender, 2001) supported this in his book by talking about how ADHD often occurs with other disorders such as ODD and conduct disorder.

By correctly diagnosing children it can help identify other areas where support may be needed.

Thank you all for listening and I hope you've enjoyed.

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