

ADHD

ADHD IN CHILDREN AND YOUNG PEOPLE



AN INFORMATION RESOURCE FOR PARENTS AND CARERS



This resource was developed by E. MacKinnon,
Assistant Psychologist, Dumfries and Galloway NHS



Being well-informed enables parents to become active decision makers during their child's development and treatment.

Plus, an increased awareness of ADHD aims to empower parents to support their child to reach their full potential and also improve the parent-child relationship.

Supporting someone with a fairly recent diagnosis of ADHD can be overwhelming, especially when information is unfamiliar.

Psychoeducation aims to provide children and their families with essential information concerning their condition, and ultimately empower families to cope in an optimal manner.

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ADHD DEFINED

ADHD means Attention Deficit Hyperactivity Disorder.



It is a neurodevelopmental disorder. This means:



The traits of ADHD emerge early in a child's development and persist throughout their teenage and adult years.



Due to genetics and differences in the development and function of the **brain**, people with ADHD experience varied personal and social functions compared to those without ADHD.

More specifically, ADHD is defined by the core signs which include:

Difficulty trying to pay attention or concentrate

Tendency to be impulsive; acting before thinking

High activity levels; fidgeting and finding it challenging to sit still.

Recognising patterns of ADHD behaviours is like looking through a kaleidoscope.

Although it is made up of the same components (inattention, and/or hyperactivity and impulsivity), patterns of behaviour will vary depending on how you look at it; ADHD will vary from child to child, but also within one child over time and across different contexts.

CORE SYMPTOMS

The symptoms of ADHD can be categorised into 2 types:

Inattentiveness

Hyperactivity
and impulsivity

It is possible for individuals to experience difficulties of one type. When someone mainly experiences problems of inattention, but does not struggle with hyperactivity and impulsivity, this is known as ADD (Attention Deficit Disorder), instead of ADHD. Others may have signs of hyperactivity-impulsivity only, but most people experience both types. Each individual experience is unique

Subtypes of ADHD

Inattentive
Subtype (known
as ADD)

Combined
Subtype
(MOST COMMON)

Hyperactive
Subtype

The symptoms of ADHD are things everyone can experience and may find challenging from time to time.

However, for behaviour to be considered a symptom of ADHD the behaviour must:

BE FREQUENT OFTEN

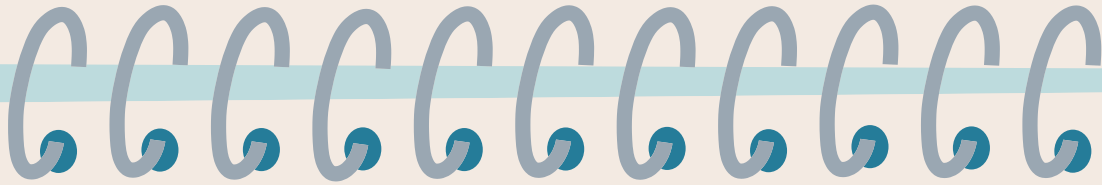
**SIGNIFICANTLY IMPACT THE
INDIVIDUAL'S SOCIAL AND OR
LEARNING FUNCTIONING**

INATTENTIVENESS

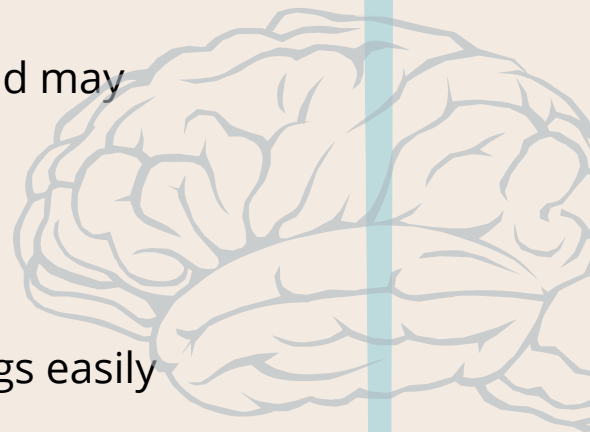


Inattentiveness is the difficulty concentrating and focusing.

So what does it look like?



- Short attention span and easily distracted by noise and other stimuli
- Appears to not be listening and struggles to follow instructions
- Finds it difficult to sustain focus for a length of time
- Avoids, dislikes or does not want to start activities which require sustained mental effort
- Does not pay attention to details or makes careless mistakes during activities
- Finds it difficult to finish a task, and may constantly change task instead
- Easily bored
- Appears forgetful and loses things easily
- Difficulty keeping track of time
- Difficulty organising tasks and activities



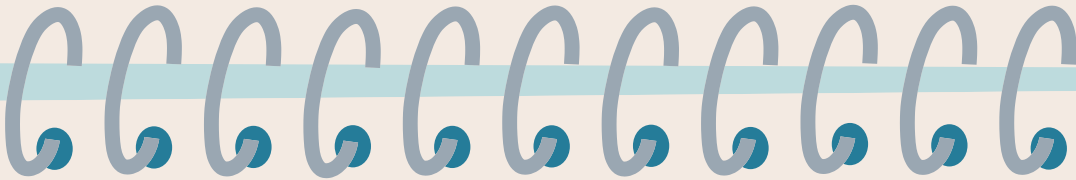
HYPERACTIVITY AND IMPULSIVITY



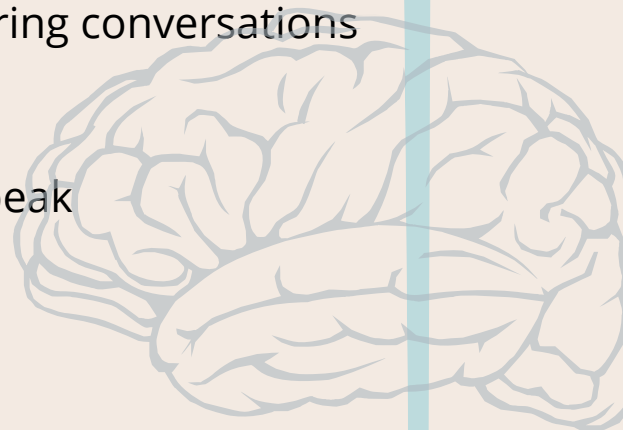
Hyperactivity is excess motor energy.

Impulsiveness is when there is disconnect between thinking and actions.

So what does it look like?



- Difficulty sitting still for long periods of time
- Constant fidgeting and fiddling with hands or feet, or squirms in seat
- Appears 'on the go' with an abundance of physical energy
- Difficulty playing or working quietly, especially in calm surroundings
- Difficulty making the association between their action and consequence (doing before thinking)
- Blurts out answers before the question has been completed
- Interrupts or intrudes others during conversations or activities
- Difficulty thinking before they speak
- Excessive talking
- Difficulty waiting their turn



Hyperactivity and impulsivity is often the first thing that is visible. However, there is a need to look past the external behaviours and also remember the effects on thinking difficulties.

Individuals with ADHD may experience difficulties in regulating their emotions. So, they may need support to recognise and monitor how they think, feel and behave.

ADHD AND EMOTIONS



Like everyone else, those with ADHD have emotions, however what varies is that they often feel these emotions more intensely and they may last longer, interfering with everyday life.

Those with ADHD have troubles with their emotions because they struggle with mental skills known as 'executive functions'. These functions include the ability to put things into perspective, think flexibly and exert control over impulses.



May find it difficult to be motivated when the find something boring

May avoid interactions with others

Likely to give up quickly

Having ADHD and trouble with emotion management can look like:

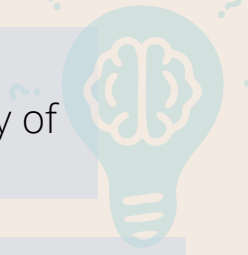
Excessive worry

Find it challenging to calm down after being in a state of anger or distress

Easily overwhelmed with feelings of discouragement, frustration or anger over seemingly minor annoyances

STRENGTHS OF ADHD

Despite ADHD being characterised by what individuals find challenging, living with ADHD enables children to have a variety of skills and abilities beyond those without ADHD.



Although it is important to manage the symptoms of ADHD, it is also crucial to not lose sight of their strengths.

Children's strengths should be nurtured to allow those with ADHD to reach their full potential. Individual strengths are unique to the individual and depend on a variety of factors such as personality, temperament and interests.



With the appropriate support, individuals can enjoy successful lives and careers. For example, many well-known public figures, celebrities and athletes have achieved high levels of success by overcoming their difficulties and exploiting the positive features of ADHD.

WELL KNOWN FIGURES WITH ADHD:

Michael Phelps

Walt Disney

John F. Kennedy

Simone Biles

Emma Watson

WHAT CAUSES ADHD

There is no research evidence to suggest a single cause of ADHD. However, studies have shown that a combination of factors contribute to ADHD.

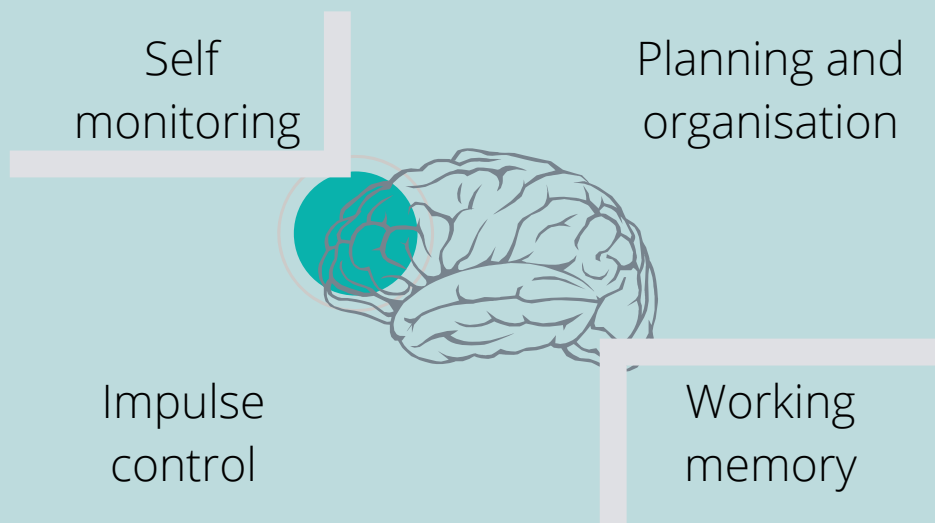
GENES

Studies have found that genes which are inherited from parents are a significant factor in the development of ADHD. Although ADHD is thought to be hereditary, there is no research to suggest that one gene is responsible for ADHD. Instead, it is a complex combination of many.

BRAIN STRUCTURE AND FUNCTION

Studies involving brain scans have suggested that the frontal lobes in the brain develops differently in children with ADHD, compared to those without.

The frontal lobes control an individual's executive functions. These functions are mental skills which allow us to carry out everyday tasks, such as:



However the size and structure of the frontal lobes vary in those with ADHD, meaning their executive functions are unregulated compared to those without ADHD. Hence, they experience deficits in regulating attention, thoughts, impulses and emotional reactions.

Research has also suggested that those with ADHD may have an imbalance in the amount of neurotransmitters (chemical messengers) which connects parts of the brain.

Although the brain structure and function of someone with ADHD may differ from someone who does not, there is not one single difference which is responsible.

GROUPS AT RISK

There are some environmental factors which mean that certain groups are more at risk of ADHD. Some factors include:

Exposure to medication or drugs during pregnancy

Exposure to maternal stress during pregnancy



Premature birth or low birth weight



It is common for parents to blame their control and discipline as a cause of ADHD.

There is no evidence to suggest that poor parenting causes ADHD.

However, effective parenting strategies are beneficial and play a crucial role in the management of ADHD symptoms.

Since inattentiveness, impulsivity and hyperactivity are determined by genetics and differing brain functioning those with ADHD have little choice or control over their behaviours.

Children with ADHD should also not be the subject of blame.

Separating the child from their behaviours is crucial when adults are trying to build a connection and support the management of their child's behaviour.

DIAGNOSIS AND ASSESSMENT

The diagnosis of ADHD requires a detailed assessment made by specialists who utilise a variety of methods - **there is not one single test for ADHD.**

Methods used during assessment include:

- Gathering a detailed report of the child's development history
- Conducting interviews and obtaining reports from those that work closely with the child, including parents and teachers
- Use of standardised questionnaires
- Observations of the child's presentation, possibly in both a clinical and/or school setting

The assessment can be a lengthy process, especially if there are other medical or mental health conditions present. Plus, due to the depth of assessment required to diagnose ADHD a number of clinicians are involved in the process. This variety of different clinicians, all trained within their own field, are united in the process to provide the best support for both child and family.

DIAGNOSIS

IN CHILDREN AND YOUNG PEOPLE

The diagnosis of ADHD depends on a strict set of criteria as set out by the DSM-5 (Diagnostic and statistical manual of mental disorders).

A DIAGNOSIS OF ADHD REQUIRES:

- 6 or more symptoms of inattentiveness, and/or 6 or more symptoms of hyperactivity and impulsiveness**
- Symptoms must be displayed continuously for 6 months**
- Symptoms must start before the age of 12**
- Symptoms must be present across at least two different settings (e.g., home and school)**
- Symptoms must have a significant impact on the child's functioning on a social and or academic level**
- Symptoms must not be due to a difficult developmental phase or better accounted for by another condition**

RELATED CONDITIONS IN CHILDREN WITH ADHD

Although not always the case, more than two-thirds of individuals with ADHD have signs or problems of at least one other co-existing condition. This may further impact their functioning and achievement in both their social and learning environment. Therefore, if additional issues are identified, clinicians will ensure that either the appropriate support or specific interventions are put in place.

Some issues which commonly co-occur with ADHD include:

Autism Spectrum Disorder (ASD):

Affects social interaction, communication, sensitivity and behavioural patterns

Learning Difficulties

Such as, Dyslexia or Dyscalculia

Tourette's

Involuntary noises and movements known as tics

Dyspraxia

Affects physical co-ordination

Epilepsy

Affects the brain and can cause fits or seizures

Some mood disorders which commonly co-occur with ADHD include:



Anxiety

Excessive worrying and feeling tense



Depression

Prolonged sadness, helplessness and loss of interests in activities

Sleep Disorder

Excessive sleeping or prolonged difficulties with sleep

OVERLAPS OF ADHD

Despite being separate conditions, symptoms of ADHD resemble behaviours which are also associated with the likes of:

Anxiety

Depression

Trauma

These overlaps mean:

- Many symptoms of one condition may underlie and or accentuate another condition
- Many symptoms can be mistaken for one another which may lead to a misdiagnosis or under-diagnosing (diagnosing one condition, but not the other).

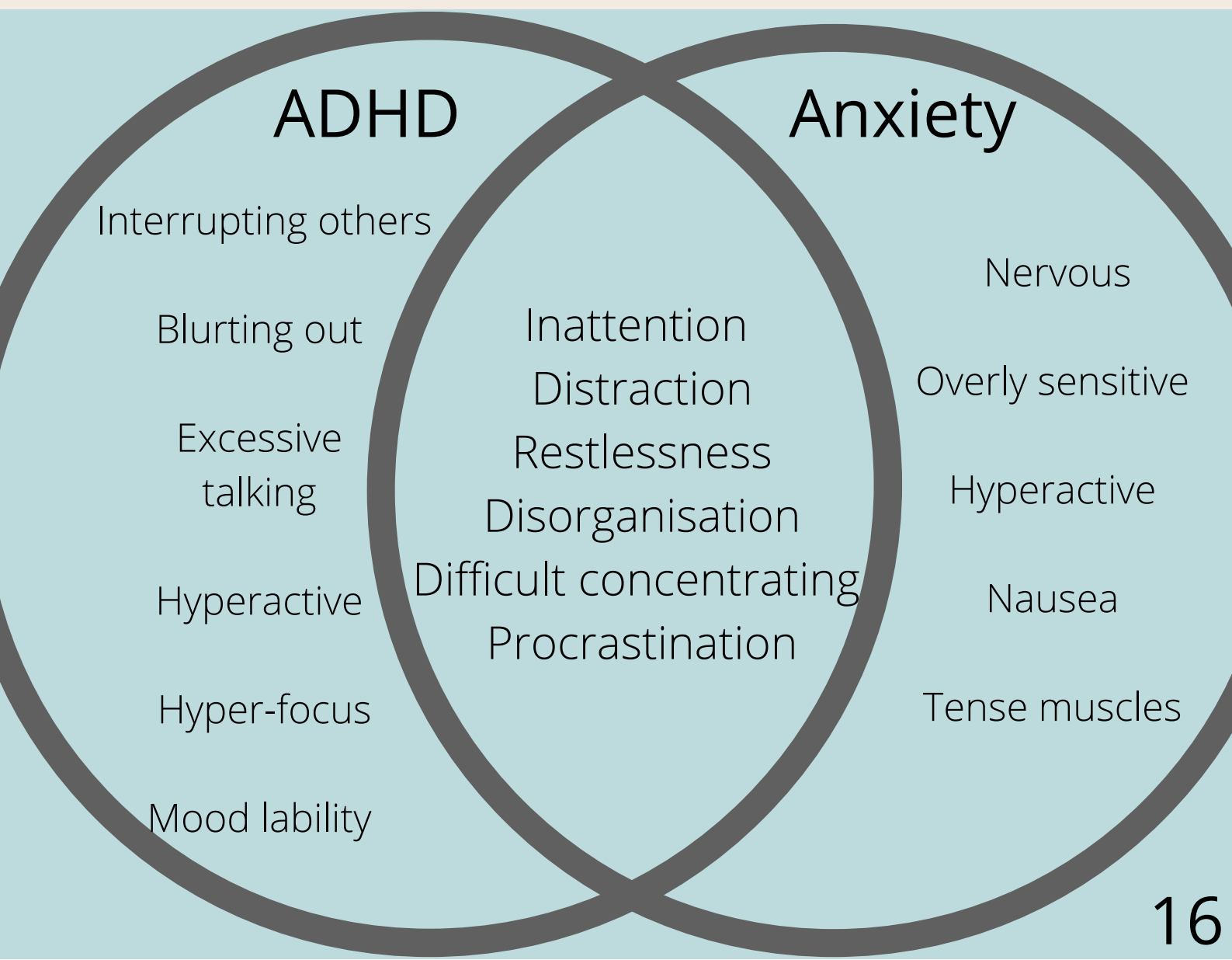
Overlap of ADHD and Anxiety

While ADHD can cause difficulty focusing and concentrating, anxiety can also cause these behaviours.

Excessive worry uses up a lot of cognitive resources, causing individuals to find concentration challenging. In addition, when the brain is focused on the threat of danger, cognitive processes such as learning and memory are suppressed which hinders an individual's ability to concentrate, organise and follow instructions.

Anxiety can also manifest itself physically, if feeling on edge an anxious individual may tremble or shake, or resort to self-soothing behaviours such as tapping, all of which mimic the hyperactivity associated with ADHD. Hence, anxiety can be commonly mistaken for ADHD, especially when children have not yet developed the cognitive capacity to verbalise how they are feeling.

Untreated ADHD can also lead to anxiety; if a child struggles to concentrate then it may lead to feelings of underachieving and failing to fulfil expectations, causing an individual to get anxious.



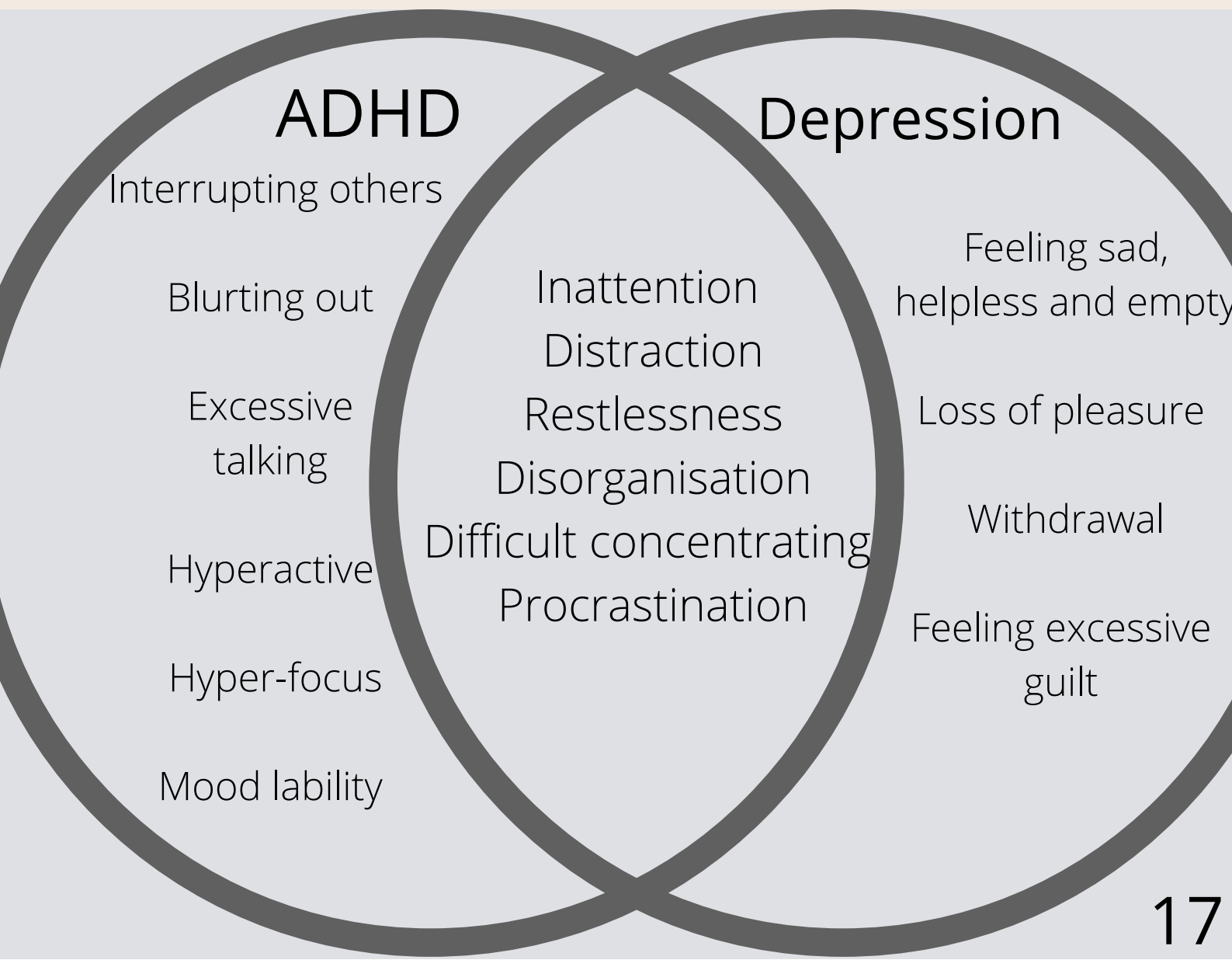
Overlap of ADHD and Depression

One of the connections between ADHD and depression is the similarity of the symptoms, making it harder to tell them apart:

Those who experience deep sadness have impaired processing speed (ability to process information quickly) which means they also have trouble focusing, akin to those with ADHD who have a short attention span.

An individual with ADHD may seem to lack motivation since they find it hard to focus, whereas someone with depression may feel a lack of purpose and therefore not complete a task.

Those with ADHD may feel overwhelmed and struggle to cope with their symptoms; if children have trouble getting along with peers or feel like they are disappointing others due to their ADHD symptoms this may lead to feelings of hopelessness, a core symptom of depression.



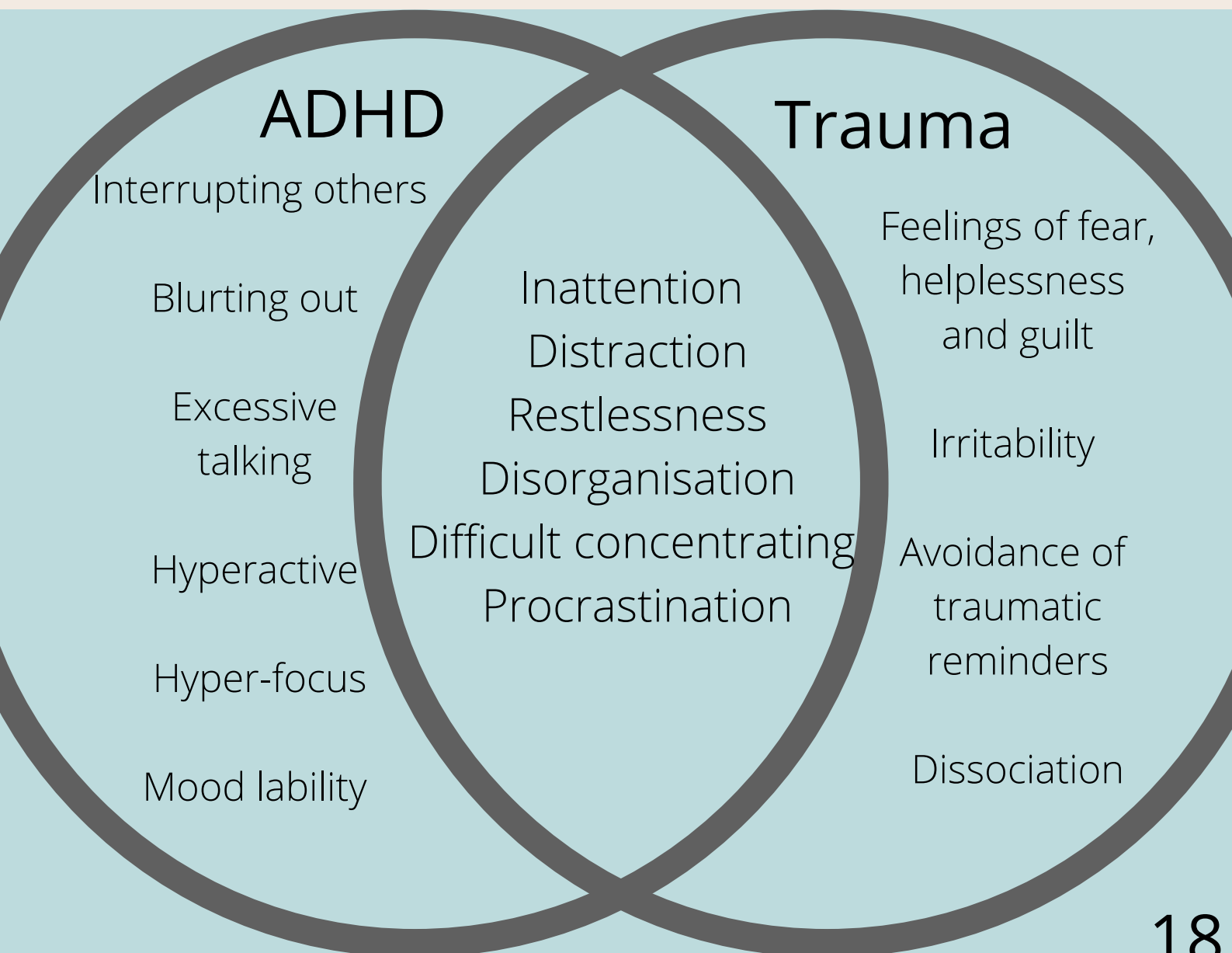
Overlap of ADHD and Trauma

Trauma reactions which persist and impact daily life following exposure to trauma are subjective.

Those reacting to trauma can reflect similar presentations to those with ADHD. Following a traumatic event, a child's brain can become programmed to 'look out' for stimulus which they perceive as threatening. Appearing hyper vigilant and feeling on edge can mimic hyperactivity which is associated with ADHD.

Daydreaming and inattention in ADHD are also known symptoms of dissociation (feelings of unreality/being outside one's own body) or subconscious avoidance when reacting to traumatic reminders.

Intrusive thoughts and reminders of the trauma may cause children to feel confused, agitated and on edge, which can resemble impulsivity, as seen in those with ADHD.



Despite there being overlaps and complications when it comes to diagnosing, **ALL** children, no matter what they are going through in terms of their ADHD, anxiety, depression or trauma, **all crave similar support from their support network.**



ALL CHILDREN CRAVE:

Consistency, predictability and routine implemented in their daily life

Safe, stable and long lasting relationships

Support which empathises what they are going through

Support to recognise and build their strengths and resilience

ADHD IN GIRLS

ADHD is easily overlooked in girls compared to boys, meaning many girls struggle to navigate their daily life without an ADHD diagnosis for quite some time.

It is thought that under diagnosis in girls is because they are more likely to experience ADD (Attention Deficit Disorder).



ADD

Symptoms include lack of attention to detail, forgetfulness, distractibility and limited attention span. Girls with ADD have the tendency to be less disruptive and therefore less obvious compared to those with hyperactive symptoms.

Even those that do have hyperactive or impulsive behaviours tend to exhibit less extreme behaviours compared to boys.

It is also thought that girls mask their ADHD more so than boys, making it easier to miss their symptoms of ADHD.



Masking

When an individual 'camouflages' visible symptoms of ADHD by mirroring behaviours of others who do not have ADHD. Masking is often used to fit in socially, gain peer-acceptance and avoid stigmatisation.

Although it is important to be aware of the differences in presentation, the treatment for both boys and girls remains the same.

TREATMENT

HIGHLY TREATABLE

ADHD cannot be cured since it is caused by genetics and brain differences. However, it is considered to be highly highly treatable.

MULTI-MODAL

A multimodal treatment approach (more than one approach) is considered to be the most effective approach to manage symptoms of ADHD in children; one single intervention would not be considered best practice or lead to optimal outcomes.

The treatment of ADHD is set out by the National Institute for Health and Care Excellence (NICE) guidelines.

NATIONAL INSTITUTE OF HEALTH AND CARE EXCELLENCE (NICE) :

PSYCHOEDUCATION

PSYCHOTHERAPIES

**BEHAVIOUR
MANAGEMENT
INTERVENTIONS**

MEDICAL TREATMENT

What treatment is suitable?

NICE GUIDELINES:

Psycho-education and parent training programmes focused upon behavioural approaches are considered in the first instance.

Many psychological therapies are effective in treating additional problems which commonly co-occur with ADHD, such as anxiety.

Medical treatment is not considered for school age children presenting with mild symptoms.

Medication is only considered for those over 5 if:

- Their ADHD symptoms are severe enough to significantly impair functioning across more than one setting, despite environmental modifications
- Parents have been educated on ADHD
- A baseline assessment has been completed

PSYCHOEDUCATION

Supporting someone with a fairly recent diagnosis of ADHD can be overwhelming, especially when information is unfamiliar.

Psychoeducation aims to provide children and their families with essential information concerning their condition, and ultimately empower families to cope in an optimal manner.

PSYCHOEDUCATION:

Is informative

Reminds parents of their child's ability to succeed



Provides strategies to promote desirable behaviours

Discourages the need to waste emotional energy on self blame

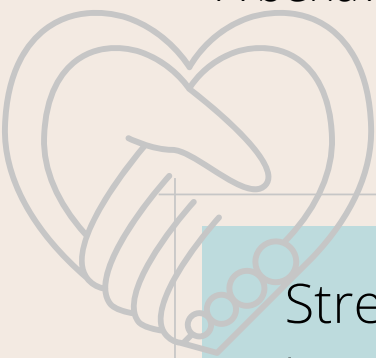
Psychoeducation can be delivered on a group basis or parents may receive a resource pack lack this one with information on ADHD as a condition and advice on how to manage the symptoms of ADHD.

Receiving psychoeducation within a group of other parents and caregivers who share the same experiences grants caregivers the opportunity to meet likeminded people, decrease feelings of isolation and receive validation and support.

BEHAVIOUR MANAGEMENT INTERVENTIONS

It is recognised that behaviour management interventions are most effective when knowledge and strategies are delivered to those who closely support children with ADHD, namely parents and carers, and occasionally to children themselves.

A behaviour management programme for parents tends to focus on the following aspects:



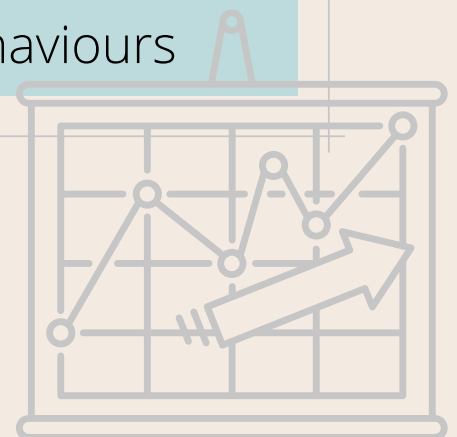
Strengthening the relationship with the child

Theories on child development and behaviour

Foster parent's ability to increase desirable behaviours

Foster parent's ability to cope and deal with undesirable behaviours

Being recommended a parent training programme is not a reflection of poor parenting.



PSYCHOTHERAPIES

Those with ADHD struggle with more than the core symptoms of inattentiveness, hyperactivity and impulsivity.

Poor problem solving

Lack of self control

Secondary to their core symptoms of ADHD children may also experience:

Difficulty dealing with and expressing feelings

Poor active listening skills

Unfulfilling peer relations

If symptoms significantly impact at least one of these domains then they may be considered for a course of individual therapy. Individual therapy aims to recognise and accept ADHD related behaviours and thoughts, and implement strategies to improve them.

CBT

Cognitive behavioural therapy (CBT)

The therapist will likely target thoughts and behaviour which interfere with school, family and social functioning. The premise being if the child changes their thoughts, they can change their mood and behaviour.



CBT is also very effective when trying to manage commonly co-occurring conditions of ADHD, such as anxiety.

MEDICAL TREATMENT



Initiation and prescription of medication for ADHD will only be done by a healthcare professional with training and expertise in managing ADHD (most likely a specialist child psychiatrist).

Despite not curing ADHD, medication has been known to ease the symptoms of ADHD during the time it is active.

PSYCHO-STIMULANT

Psycho-stimulant medication is the most common type of medication; it improves attention span and on-task behaviour, especially in structured environments.

While it may seem counterproductive to prescribe hyperactive children a stimulating medication, the administering of medication works by

**INCREASING BRAIN ACTIVITY IN
AREAS WHICH CONTROL
ATTENTION AND BEHAVIOUR**





The common medications used for ADHD, like all medications, may carry the risk of side effects.

Due to this, children are given small doses at first which may gradually increase.

Once your child begins a trial of medication, they will remain under review by the doctor.

The doctor will monitor and ensure the treatment is working effectively whilst also checking for the development of any side effects.

METHYLPHENIDATE

Methylphenidate is the first line pharmacological treatment for children aged 6 and above

If Methylphenidate does not reduce symptoms after a trial of an adequate dose then other options, such as Lisdexamfetamine, Dexamfetamine and Atomoxetine may be considered.

REMINDER:

Psycho-education and parent training programmes focused upon behavioural approaches are considered in the first instance.

Medication is only considered for those over 6 **if:**

- Their ADHD symptoms are severe enough to significantly impair functioning across more than one setting, despite environmental modifications
- Parents have been educated on ADHD
- A baseline assessment has been completed

FURTHER INFORMATION ON ADHD

NHS DUMFRIES AND GALLOWAY

CAMHS DUTY NUMBER:

01387 244 662

MON - FRI 2 - 4 PM

ADHD AND YOU

Information and
resources

**[www.adhdandyou
u.co.uk](http://www.adhdandyou.co.uk)**

ADHD Foundation

Leading charity for
Neurodiversity

- Resource Hub for ADHD
- ADHD, A Guide for Parents
- A Young Person's Guide to Thriving with ADHD

**[www.adhdfoundation.
org.uk](http://www.adhdfoundation.org.uk)**

YOUNG MINDS

Mental health charity supporting
children, young people and their
parents

- Guide for young people ADHD and mental health
- Guide for parenting supporting your child with ADHD

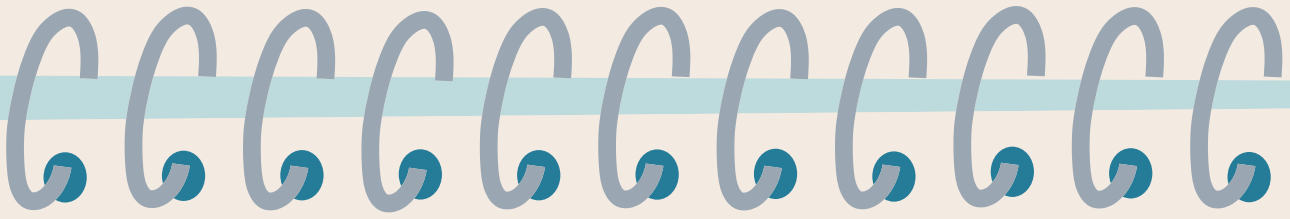
www.youngminds.org.uk

ADDIS

National Attention Deficit
Disorder information and
support service

www.addiss.co.uk

USEFUL READING



FOR PARENTS

- Cognitive Behavioural Therapy for ADHD in Adolescents and Adults by Susan Young
- No-Drama Discipline by Daniel Siegel and Tina Payne Bryson
- 12 Principles for Raising a child with ADHD by Russell Barkley
- Taking Charge of ADHD, Revised Edition: The Complete Authoritative Guide for Parents by Russell Barkley
- The ADHD Handbook: A Guide for Parents and Professionals by Alison Munden and Jon Arcelus


FOR TEENS

- Putting on the Breaks by Patricia Quinn and Judith Stern
- You Mean I'm Not Lazy, Stupid or Crazy? By Kate Kelly and Peggy Ramundo

FOR CHILDREN

- All dogs have ADHD by Kathy Hoopmann
- Stories That Never Stand Still (available as an e-book)
- Trouble with Dragons by Conrad Robson and Ben Koberry (available as an e-book)
- Thriving with ADHD Workbook for Kids by Kelli Miller

RESOURCES FOR MENTAL HEALTH AND WELLBEING



Anna Freud National Centre for Children and Families

- Self care tips of young people and parents
- Create own self care plan
- Self care pack for young people

www.annafreud.org



CAMHS resources

A pool of resources ranging from downloads to self-help guides, websites and apps to support mental health and well-being

www.camhs-resources.co.uk



Healthy Mind Platter

Essential activities to optimise brain matter and create well-being

<https://drdansiegel.com/healthy-mind-platter/>