

ADHD

Attention Deficit Hyperactivity Disorder

“Individuals with ADHD do not have a disease, nor do they have a deficit of attention; in fact, what they have is an abundance of attention. The challenge is controlling it.”

What is ADHD?

'ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development and negatively impacts directly on social, academic or occupational functioning.'

(Diagnostic Statistical Manual V)



ADHD Diagnostic Criteria (DSM V)

One umbrella term:

Attention Deficit Hyperactivity Disorder (ADHD)

Three sub-types:



Predominantly Inattentive Presentation (prev. ADD)
RHINO - Really Here In Name Only



Predominantly Hyperactive/Impulsive Presentation
No brakes!



Combined Presentation
Inattentive
Hyperactive
Impulsive

Things people might (incorrectly) say about children with ADHD.....

He's just making excuses

He's problematic

If she was nicer, she'd have some friends

She's lazy

She's rude

He's trouble

He's a liar

It's because he eats junk food, all those additives

She's so forgetful

He has no idea how to behave himself

He's naughty

He just can't be bothered

He's out of control

He's explosive

He's vicious

He doesn't try hard enough

He's so defiant

He'll end up in a gang

He chooses not to

He's unkind / bully

She's ditsy

It's poor parenting

She's always late

Notice the number of 'he's'?

Mean age for diagnosis
In males 6-12 years

For women it's 36-38 years

Worried about a label?



Sometimes parents are reluctant to pursue assessment. They may be worried about ‘labelling’ their child or about stigma, or they may prefer to watch and wait. These feelings are normal. But parents and young people who do seek diagnosis can find it helps them access the right support, understand and manage challenges, and identify individual strengths.

If children aren’t given a medical ‘label’ i.e. a medical diagnosis, others will label them. Teachers, peers, parents, other parents, employers, society....themselves. Children will already know they are different to peers.

“lazy, naughty, stupid, forgetful, unreliable, weird, un-educatable.....”

Teaching and managing students that have **ADHD**

How does a student with ADHD feel?^{1,8}

One of the most important stages in teaching and managing a student with ADHD is to try and understand how they may see the world around them.

Students who have ADHD explain that they get lots of different thoughts at the same time. It's confusing and they are always in trouble with someone. They feel unpopular and know that sometimes they are difficult to like.

From the student's point of view, nobody seems to understand them.

ADHD is included in the Social, Emotional, and Mental Health (SEMH) area of need in the SEND Code of Practice because it can manifest as challenging, disruptive, or disturbing behaviours, and these behaviours can impact a child's social and emotional well-being and their ability to learn.

"I get picked on every day. I just get treated weird, like an alien."

Jack,
13

This is how they feel

You seem to get the blame for everything. It's miserable and unfair.

This is how they feel

You seem to get the blame for everything. It's miserable and unfair.

It's hard making and keeping friends. At school, other kids wind you up because you are different.

Adults are always annoyed because you've forgotten something or done something silly. They spend ages telling you off and making you feel stupid.

If you had some type of physical disability that people could see, they'd understand, but as they can't see that your brain isn't receiving a perfect signal, you don't get any sympathy at all.



Social and Emotional Safety before Academic Learning

Shame

Shame is a feeling of embarrassment or humiliation that arises from the perception of having done something dishonourable, immoral, or improper. People who experience shame usually try to hide the thing they feel ashamed of. When shame is chronic, it can involve the feeling that you are fundamentally flawed.

“For many people with ADHD, shame arises from the repeated failure to meet expectations from parents, teachers, friends, bosses, and the world.”

It is estimated that those with ADHD receive 20,000 corrective or negative messages by age 10. This can lead to viewing themselves as fundamentally different and flawed. They are not like other people.

capable

belonging

acceptance

worthwhile

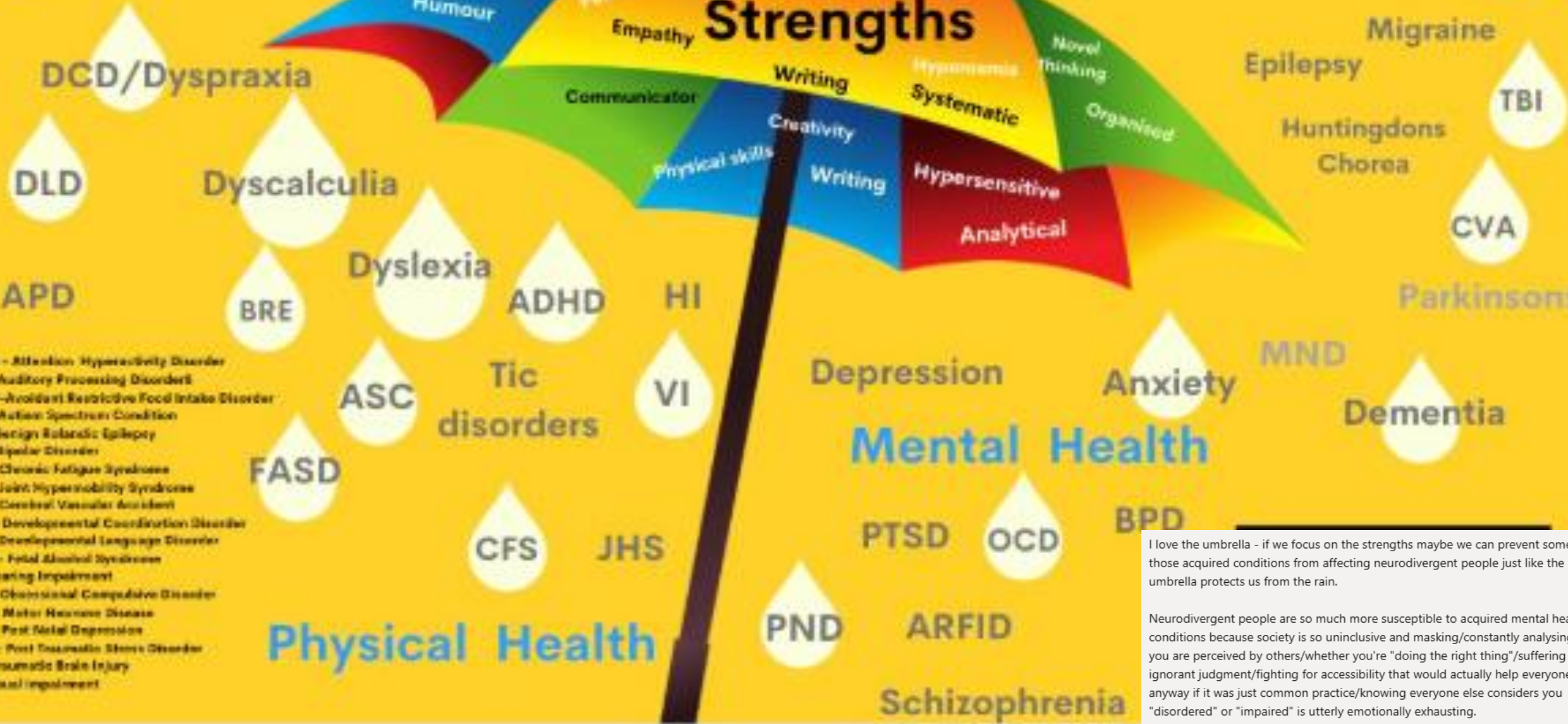
welcome

NEURODIVERSITY

Developmental

Acquired

Strengths



Physical Health

Mental Health

I love the umbrella - if we focus on the strengths maybe we can prevent some of those acquired conditions from affecting neurodivergent people just like the umbrella protects us from the rain.

Neurodivergent people are so much more susceptible to acquired mental health conditions because society is so uninclusive and masking/constantly analysing how you are perceived by others/whether you're "doing the right thing"/suffering the ignorant judgment/fighting for accessibility that would actually help everyone anyway if it was just common practice/knowing everyone else considers you "disordered" or "impaired" is utterly emotionally exhausting.

- ADHD - Attention Hyperactivity Disorder
- APD - Auditory Processing Disorders
- ARFID - Avoidant Restrictive Food Intake Disorder
- ASC - Autism Spectrum Condition
- BRE - Benign Rolandic Epilepsy
- CFS - Chronic Fatigue Syndrome
- JHS - Joint Hypermobility Syndrome
- CVA - Cerebral Vascular Accident
- DCD - Developmental Coordination Disorder
- DLD - Developmental Language Disorder
- FASD - Fetal Alcohol Syndrome
- HI - Hearing Impairment
- OCD - Obsessive Compulsive Disorder
- MND - Motor Neuron Disease
- PND - Post Natal Depression
- PTSD - Post Traumatic Stress Disorder
- TBI - Traumatic Brain Injury
- VI - Visual Impairment



ADHD rarely travels alone

70% will have one co-occurring condition:
30% will have two additional conditions.

- then add 40% who experience anxiety and depression. ADHD is complex - but 'relatively' easy to treat and support when identified early in childhood.

NICE Guidance for ADHD Diagnosis

Introduction:

Receiving an accurate diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) is pivotal for effective management and treatment. In the UK, the National Institute for Health and Care Excellence (NICE) provides comprehensive guidelines to ensure consistency and accuracy in ADHD diagnosis across different age groups. Understanding these guidelines can help individuals seeking a diagnosis, as well as their families, know what to expect from the diagnostic process and ensure that all necessary standards are met.

NICE Guidelines for ADHD Diagnosis

The diagnosis of ADHD should be thorough and multifaceted, according to the [NICE guidelines](#).

Specialist Diagnosis

ADHD diagnosis must be made by a specialist—such as a psychiatrist, paediatrician, or other qualified healthcare professional—who has specific training and expertise in diagnosing ADHD..

This diagnosis should be based on:

A Full Clinical and Psychosocial Assessment: This includes a discussion about the individual's behaviours and symptoms across various domains of everyday life.

A Comprehensive Developmental and Psychiatric History: Understanding the individual's past health, developmental milestones, and any previous psychiatric issues is crucial.

Observer Reports and Mental State Assessment: Reports from those who observe the individual in different settings (e.g., parents, teachers) and direct assessment of the individual's mental state are necessary components.

Comprehensive Evaluation Tools: A diagnosis should not rely solely on rating scales or observational data. Tools like the **Conners' rating scales**, **SNAP IV** and the **Strengths and Difficulties Questionnaire** are valuable, but they should complement other diagnostic assessments, particularly in cases where there is uncertainty about symptoms.

Symptom Assessment Criteria:

For a valid ADHD diagnosis, symptoms of hyperactivity, impulsivity, and/or inattention must:

Meet Diagnostic Criteria: Symptoms should align with those described in the DSM-5 or ICD-11.

Cause Significant Impairment: There must be at least moderate psychological, social, and/or educational or occupational impairment observed in multiple settings.

Be Pervasive: Symptoms should occur in two or more significant settings, such as at home, school, work, or social environments.

ADHD is a recognised DISABILITY. Not providing reasonable adjustments in school, or in the workplace is disability discrimination under the Equality Act 2010.

A disability is a condition that affects EVERY aspect of that person's life.

ADHD referrals for children with a GP in St Albans only:

- This is a Health referral
- Referrals **MUST** come from parents or via their GP
- <https://thegrid.org.uk/send-and-additional-needs/health-referrals-asd-adhd-therapies/attention-deficit-hyperactivity-disorder-adhd-referral-pathway>

Please note: the pathway for ADHD and ASD assessment will be changing from March/April 2025 when there will be a singular assessment process for both ASD and ADHD which will be used in all areas of the county. We will update this page once these changes are fully implemented.

When should a child be referred for an ADHD diagnosis? +

Making a referral for an ADHD assessment +

ADHD referrals in West and South Hertfordshire +

ADHD referrals in East and North Hertfordshire +

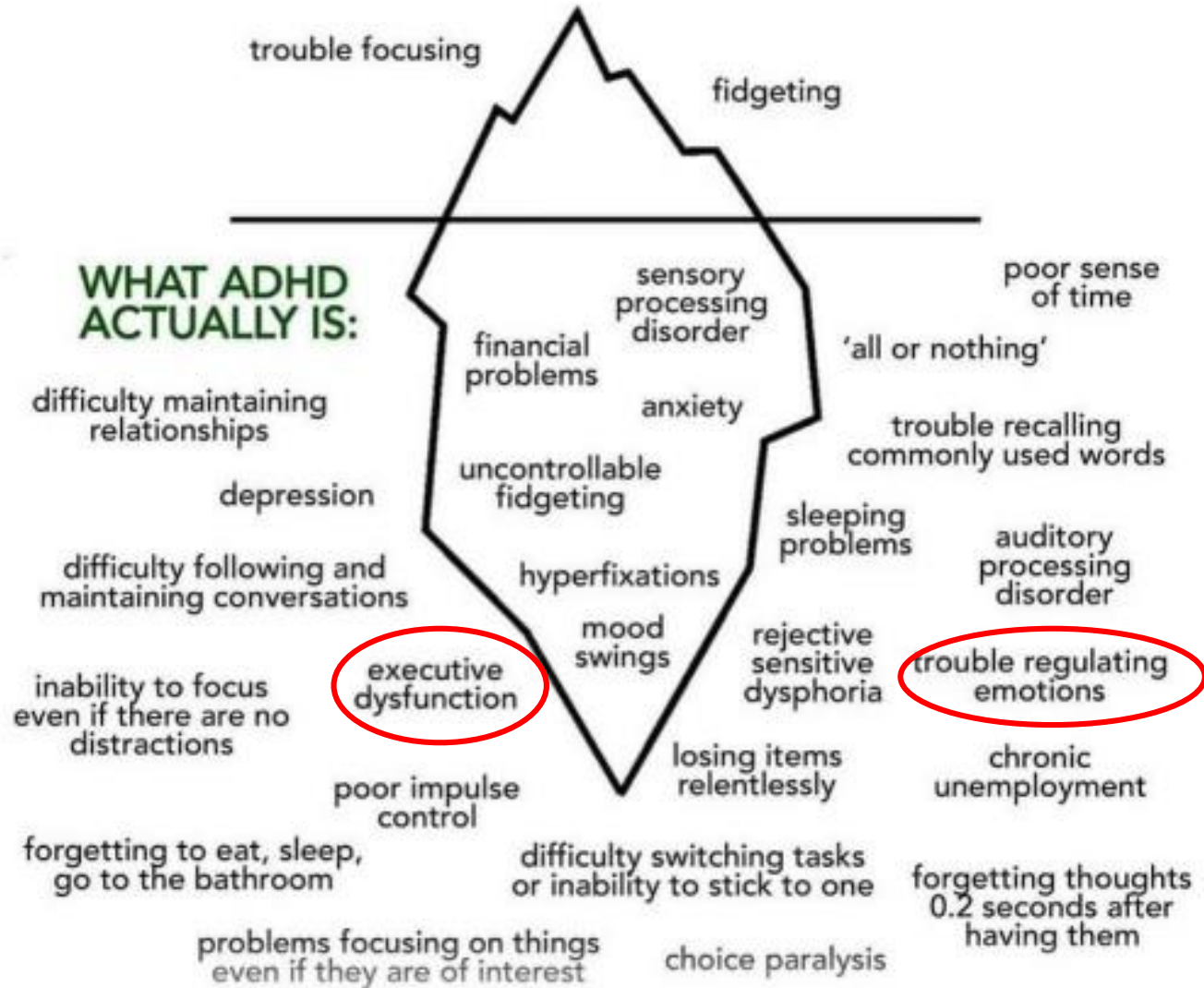
Private diagnoses +

ADHD medication +

Support for families waiting for a diagnosis +

Supporting a child with ADHD in the classroom +

WHAT PEOPLE THINK ADHD IS:



ADHD is linked to imbalances in neurotransmitters, particularly dopamine and norepinephrine, which play crucial roles in attention, focus, and impulse control, and medications often target these neurotransmitters.

Neurotransmitters and ADHD:

Dopamine:

This neurotransmitter is involved in reward, motivation, and focus. Imbalances in dopamine levels are thought to contribute to inattention, impulsivity, and difficulty with executive functions in individuals with ADHD.

Norepinephrine:

Also known as noradrenaline, this neurotransmitter plays a role in alertness, attention, and arousal. Low levels of norepinephrine, or a dysregulation of its activity, are linked to ADHD symptoms like inattention and hyperactivity.

Serotonin:

While not as extensively studied as dopamine and norepinephrine, serotonin, a neurotransmitter involved in mood regulation, may also play a role in ADHD, and its dysregulation can lead to mood swings and other behavioural issues.

The "brain fist" or "hand model of the brain" analogy, popularized by Dr. Dan Siegel, helps explain brain function, especially in the context of ADHD, by representing the brain's regions with different parts of the hand: the fingers as the cortex (thinking brain), the thumb as the limbic system (emotional brain), and the palm as the brainstem (basic functions).

•**The Hand as a Brain Model:**

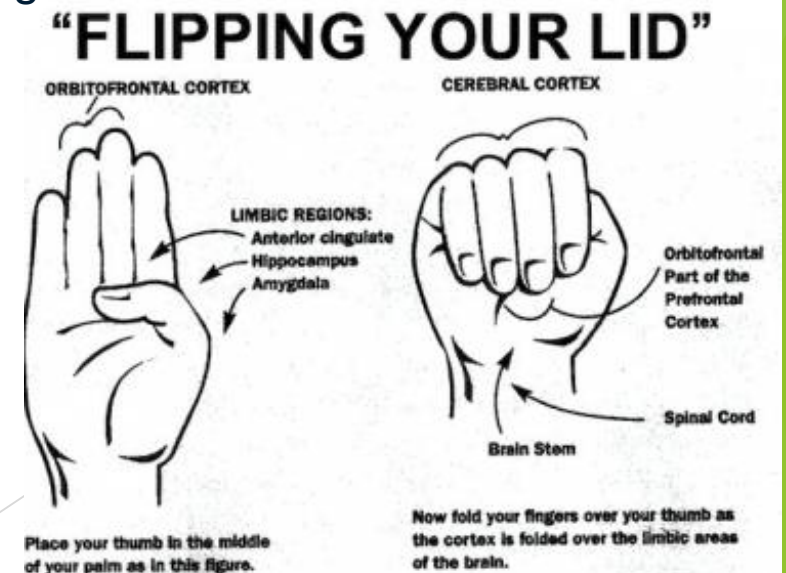
•**Fingers (Cortex):** Represent the thinking, reasoning, and executive functions of the brain.

•**Thumb (Limbic System):** Represents the emotional brain, including the amygdala, which is responsible for processing emotions and stress responses.

•**Palm (Brainstem):** Represents the basic functions of the brain, like breathing and heart rate.

•**Wrist (Vagus Nerve and Spinal Cord):** Represents the connection between the brain and the rest of the body

<https://www.tiktok.com/@neuroteachers/video/7475063659006414102>



"Flipping the Lid" and ADHD:

- When the emotional brain (thumb/limbic system) takes over, the connection between the thinking brain (fingers/cortex) and the emotional brain weakens, leading to a "lid flip".
- In the context of ADHD, this can manifest as difficulty with impulse control, emotional regulation, and focusing on tasks, as the thinking brain struggles to connect with and manage the strong emotions.

How it helps explain ADHD:

- The hand model helps illustrate how the emotional brain can dominate the thinking brain, making it difficult for individuals with ADHD to regulate their emotions and impulses.
- It also highlights the importance of building stronger connections between the thinking and emotional brains through strategies like mindfulness, emotional regulation techniques, and creating a safe and supportive environment.

Examples of "Lid Flip" in ADHD:

- A child with ADHD might suddenly become overwhelmed and start crying uncontrollably, even if they were previously calm.
- An adult with ADHD might impulsively make a purchase or say something they later regret.
- The inability to focus on a task, even when they understand what needs to be done, can also be a manifestation of the lid flip.

Dysregulation and Compassion:

- When we understand that feeling unsafe or being dysregulated causes interference in communication between our logic centre and our emotional centre, it is easier to be compassionate towards someone whose external behaviours are alerting us to their internal experience

<https://www.tiktok.com/@neuroteachers/video/7472852939514727702>

All neurodivergent children will have at least one need in each of the 4 areas:

4 Areas of Difference

Processing (sensory)

The children will have processing differences affecting their ability to follow instructions.

Sensory Needs

What are their sensory needs?
Hyper or hypo to which particular sensory system (8 systems)

Executive Function

The skills you need to do activities
8 of these. The most important being working memory.

- Flexible thinking
- Emotional control
- Impulse control
- Organisation
- Self-monitoring
- Planning and prioritising
- Task initiation
- **WORKING MEMORY**

Social Communication and Interaction Differences

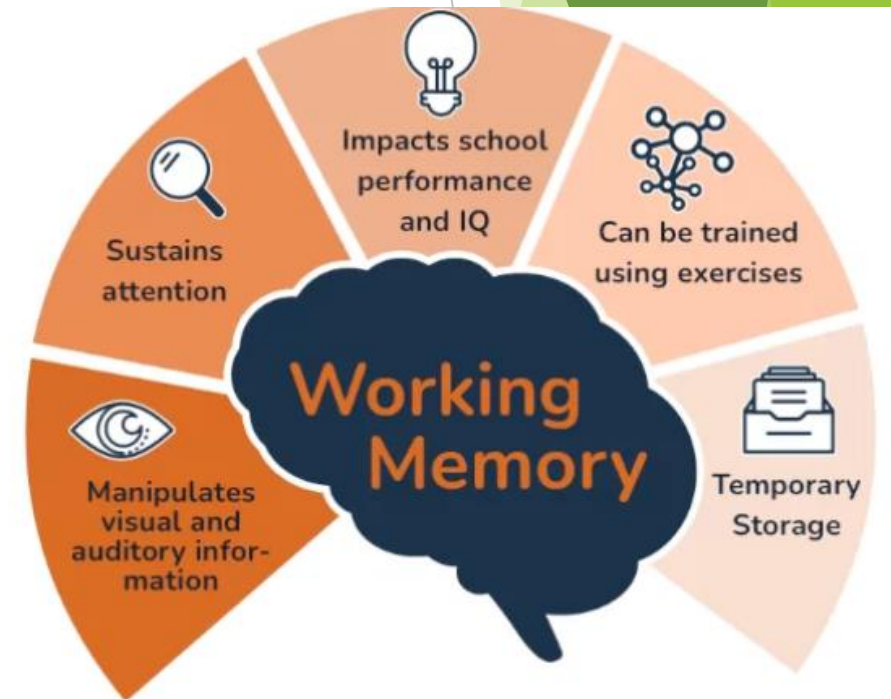
If you have processing differences, sensory differences and executive functioning differences you are going to experience the world differently to a neurotypical person

Working Memory

One of the most important executive functions is Working Memory. Working Memory is the process by which we hold relatively small amounts of information in mind in order to execute cognitive tasks.

- Have difficulty remembering facts and procedures, such as new vocabulary words, verb conjugations or mathematical procedures.
- Exhibit slow retrieval of information.
- Fail to follow instructions despite repeated instructions.
- Demonstrate poor attention to detail, such as beginning to write a sentence and then struggling to remember all of the words in the sentence, skipping words within sentences, and writing shorter sentences (to reduce demands on working memory).
- Make place-keeping errors such as losing track of steps completed or steps yet to be completed and either repeats steps needlessly or constantly has to start over.
- Have difficulty starting work.
- Demonstrate difficulty staying on task. Task abandonment is a common consequence.
- Lose track of belongings.

These difficulties have a negative impact on core academic skills of reading, writing and mathematics. They may in turn affect performance in all subject areas.



Quality First Teaching (High Quality Teaching), metacognitive approaches to learning, Reasonable adjustments.....

REDUCE THE MEMORY LOAD

- Break tasks into smaller chunks. One task at a time is best, if possible.
- Reduce the amount of material the student is expected to complete.
- Keep new information or instructions brief and to the point, and repeat in concise fashion for the student, as needed.
- Provide written directions for reference.
- Simplify the amount of mental processing required by providing several oral “clues” for a problem and writing key words for each clue on the board or interactive whiteboard. This way the student does not have to hold all of the information in mind at once.
- Increase the meaningfulness of the material by providing examples students can relate to.
- Provide information in multiple ways: speak it, show it, and create opportunities to physically work with it or model it.
- Develop routines, such as specific procedures for turning in completed assignments. Once a routine is practiced repeatedly, it becomes automatic and reduces the working memory demand.

REPEAT AND REVIEW

- Be prepared to repeat information.
- Use visual reminders of the steps needed to complete a task.
- Provide opportunities to repeat the task.
- Encourage practice to increase the amount of information encoded into memory.
- Teach students to practice in short sessions, repeatedly throughout the day. Spaced practice is more effective than massed practice. Have students practice new skills or information in short sessions over the course of the day rather than in one long session. For example, give the student a set of key facts to review for a few minutes two or three times during the school day, and encourage them to review again at home both at night and in the morning.

TEACH STEP-BY-STEP STRATEGIES

- Teach one strategy at a time in brief, focused sessions.
- Teach students when, where, why and how to use the strategy.

Include the following steps in teaching a strategy:

- Review and activate prior knowledge.
- Be overt and explicit.
- Model and think aloud.
- Have skilled students model steps.
- Encourage use and practice.
- Evaluate and recognize effort and success.
- Encourage self-monitoring.
- Promote transfer to other situations, times, activities and groups.

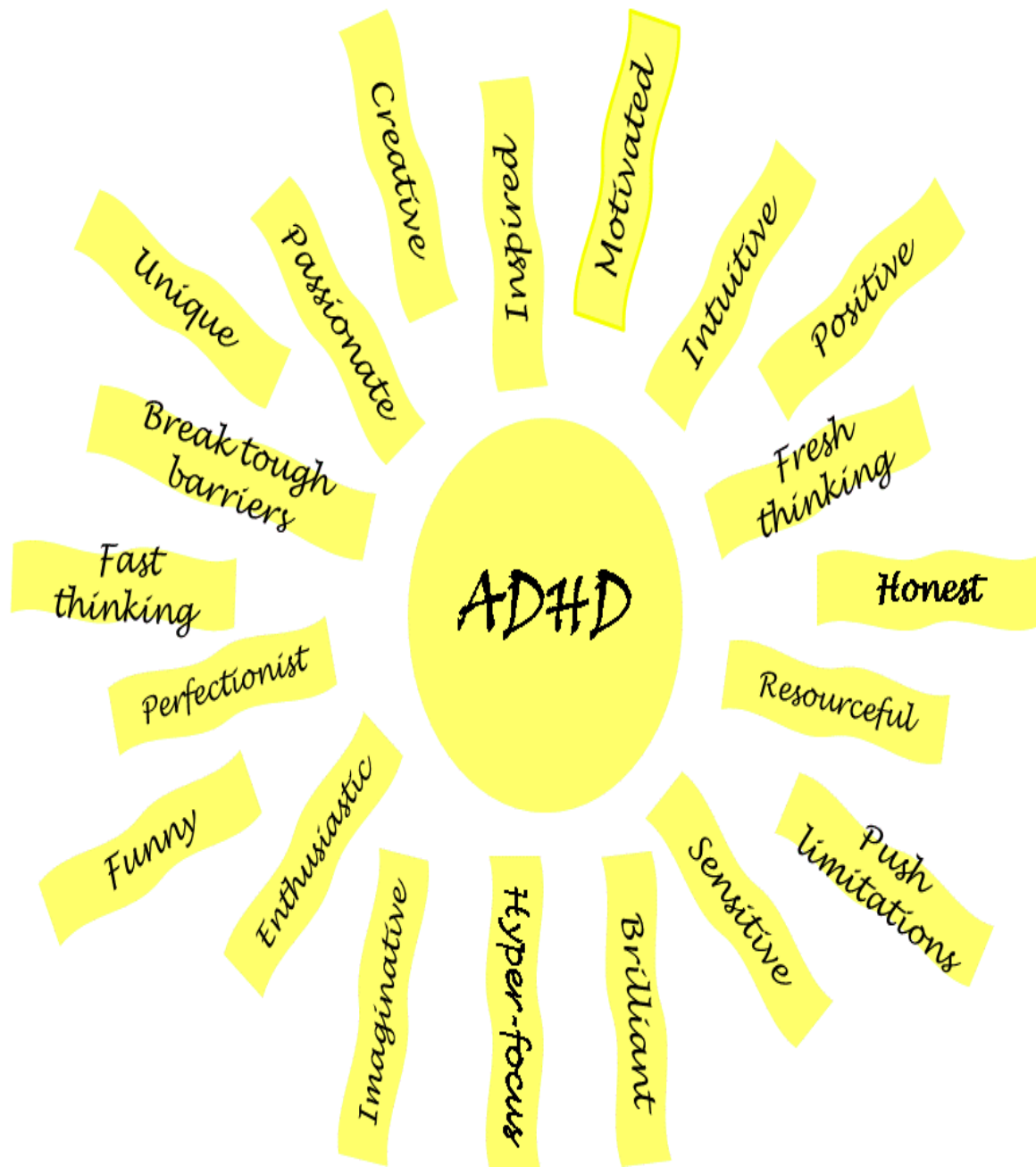
The needs of most children with ADHD can be met through universal provision. QFT and reasonable adjustments.

Some children will have lots in their fruit salad and require more support, these children may need a SEND support plan.

A diagnosis does NOT equate to needing to be on the SEND register.

A child does NOT need a diagnosis to receive support.

All – Quality first teaching (universal - wave 1)	Some - Specific interventions and tailor made group programmes: (targeted -wave 2)	Few – Increasingly personalised provision: (specialist - wave 3)
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THE ADHD STRENGTHS ICEBERG

WHAT PEOPLE THINK ADHDERS ARE GOOD AT:



Further information.....

<https://www.gresham.ac.uk/watch-now/adhd> - Modern Theory of ADHD

<https://www.tiktok.com/@neuroteachers/video/7413067329610812704>

<https://www.bbc.co.uk/sounds/brand/p0gjkq2m> That ADHD story

<https://beaconschoolsupport.co.uk/podcast/essentials-what-really-drives-adhd-behaviour-exploring-the-science-with-jeff-copper>