



Supporting ADHD and attention needs

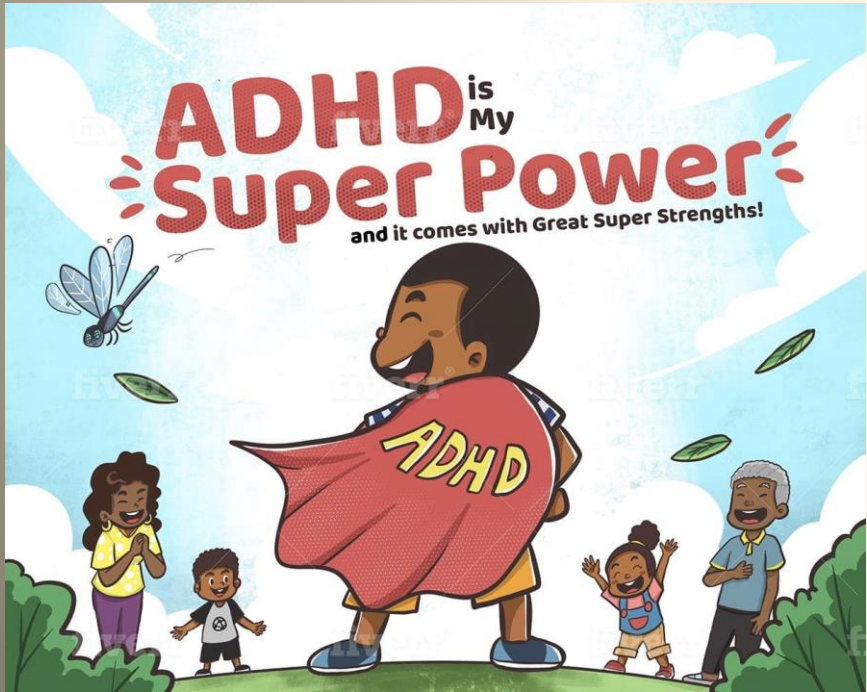
A Family Group Session - 7th March 2024
SLP and Social Eyes



Social Eyes – A Vision for Inclusion



How do you see your child's attention?



Poor attention is often seen as...

Poor behaviour

Boredom

Deliberate

**Uninteresting
teaching**

Low motivation

Poor parenting

Lack of boundaries

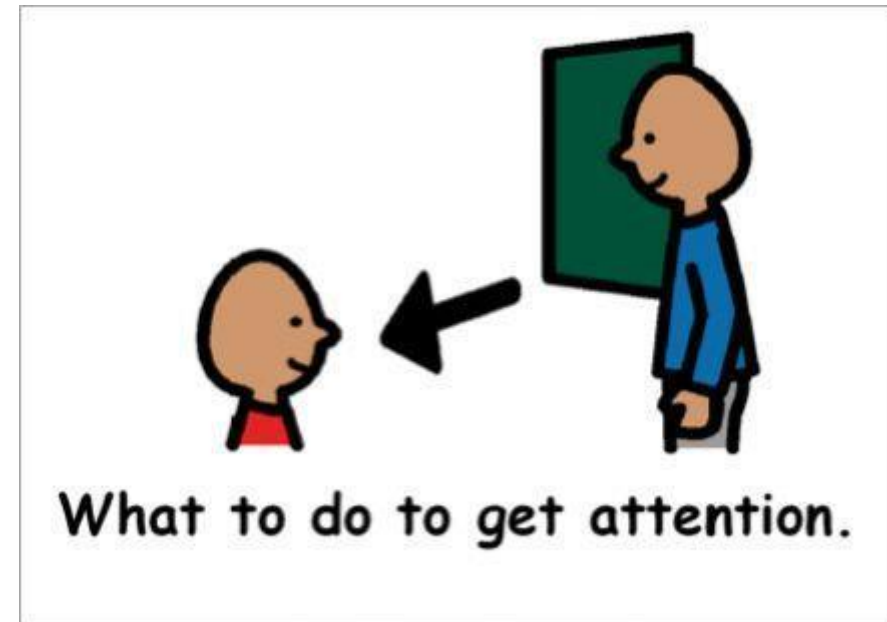
However, it can be developmental...

Always best supported through adapting situations and our behaviour

What causes attention difficulties?

- Not all attention/concentration difficulties are ADHD
- ADHD only affects 3.62% of boys and 0.85% of girls in the UK (adhd.uk.co.uk)
- Children's attention can be affected by:
 - Speech and language needs
 - EAL – English as an additional language
 - cognition (academic/learning ability)
 - emotional, wellbeing and behavioural needs
 - anxiety needs
 - sensory processing needs

Possibly a combination of all the above or simply if more variable can be around interest...



GADGET ADDICTION IN KIDS

Obsessive use of devices triggering aches in kids as young as 3.

WHAT TO DO

- Restrict screen time,
- No gadgets to kids less than 2
- No devices in bedroom
- Encourage physical activity
- No buying gadgets for kids

TELL-TALE SIGNS

- No interest in other activities
- Poor inter-personal skills
- Delayed speech development
- Irritability, aggression



MEDICAL RISKS



Back & spine



Mind



Sleep



Eyesight



Obesity

Weak Foundational Processing Systems

Many children today are starting and continuing through school with weakness in their Foundational Processing System. I believe this is mostly due to excessive flat screen usage in the early years. If a child has difficulty processing the information that is being conveyed effectively and efficiently, they will shift attention to something else internally (daydreams) or externally to avoid the frustration and boredom. The good news is the “Foundational Processing System” can be strengthened significantly.

Too Much Flat Screen Usage in the Early Years

A young child’s brain wires up the right way through interaction with the real 3-dimensional world. I feel too much flat screen usage for the first 5 years of life and less interaction with the real 3-dimensional world is the main culprit for the escalating problems with attention.

Note: In most cases, children that did the least amount of computer activities in the first 5 years of life and had more real-life interactions will be better at technology later when it is more important.

<https://ihomeschoolnetwork.com/>

The impact of flat screen use from 0-5 years of age

This is an extremely rough guide (typical development and factors as well as:

- Interest level
- The environment
 - Time of day
- How engaging the activity is to them

For those with SLD/PMLD look at developmental age/stage...



- **2 years old: four to six minutes**
- **4 years old: eight to 12 minutes**
- **6 years old: 12 to 18 minutes**
- **8 years old: 16 to 24 minutes**
- **10 years old: 20 to 30 minutes**
- **12 years old: 24 to 36 minutes**
- **14 years old: 28 to 42 minutes**
- **16 years old: 32 to 48 minutes**

Most common difficulties linked to ADHD:

- Becoming easily distracted and failing to pay attention to details
- Difficulty following instructions and completing tasks
- Making careless mistakes
- Avoiding tasks that require sustained mental effort

Inattention / impulsivity / hyper-activity



What is ADHD?

Research has shown that ADHD is a condition of brain dysfunction in which the neurotransmitters are affected

ADHD is a biologically based condition that gives rise to a range of educational and behavioural difficulties. There may be a range of co-morbid conditions which also need to be addressed

ADHD is a life long condition





What is ADHD

ADHD is one of the most common neurodevelopmental disorders. Recent data indicates that up to 8-10% of school age children meet the necessary criteria for a diagnosis of ADHD (Academy of Pediatrics, 2001).

Types of ADHD



1

Inattentive



2

Hyperactivity



3

Combined

ADHD



Attention Deficit Hyperactivity Disorder (ADHD) is characterized by *inattention, hyperactivity and impulsivity*. The symptoms of ADHD can range from mild to severe, but in many cases the disorder significantly impacts a person's ability to function each day. *** It is important to know that symptoms of ADHD can present very, very differently from person to person, even from woman to woman and across a woman's lifespan.*



Symptoms

INATTENTION may include:

- ___ Easily distracted
- ___ Forgetful
- ___ Difficulty staying focused on completing a given task
- ___ Trouble learning something new
- ___ Easily bored
- ___ Losing things
- ___ Not listening when spoken to
- ___ Slower and less accurate at processing information than others
- ___ Daydreaming and confusion
- ___ Struggling to follow directions

HYPERACTIVITY may include:

- ___ Constantly moving or talking
- ___ Touching everything in sight
- ___ Struggling to sit still
- ___ Inability to work quietly
- ___ Difficulty sleeping



IMPULSIVITY may include:

- ___ Impatient or easily frustrated
- ___ Acting without thinking through consequences
- ___ Interrupting other people
- ___ Difficulty waiting their turn or delaying gratification
- ___ Making inappropriate comments
- ___ Being unable to hold back emotions

Myth nos 1: *ADHD isn't a 'real' medical condition:*

X 1 in 4 with ADHD have a parent with ADHD, it is a genetic condition

Myth nos 2: *People with ADHD just need to try harder to concentrate:*

X people with ADHD try as hard/harder to focus, it is a difference in brain functioning

Myth nos 3: *People with ADHD can NEVER focus:*

X people with ADHD can hyper-focus on an interest

Myth nos 4: *All Children with ADHD are hyperactive:*

X not all children with ADHD are hyper-active, for many this decreases with age. Others may have 'Inattentive Type ADHD' (formally known as ADD)

Myth nos 5: *ADHD is purely a male condition:*

X males are twice as likely, but ADHD presents differently in males/females

Myth 6: *ADHD is a learning difficulty:*

X barriers may develop and there may be SpLD/neurodivergent overlap

Myth nos 7: ADHD is caused/linked to 'bad' parenting:

X ADHD is a genetic neurodevelopmental condition not a result of parenting approach

Myth nos 8: *Children grow out of ADHD:*

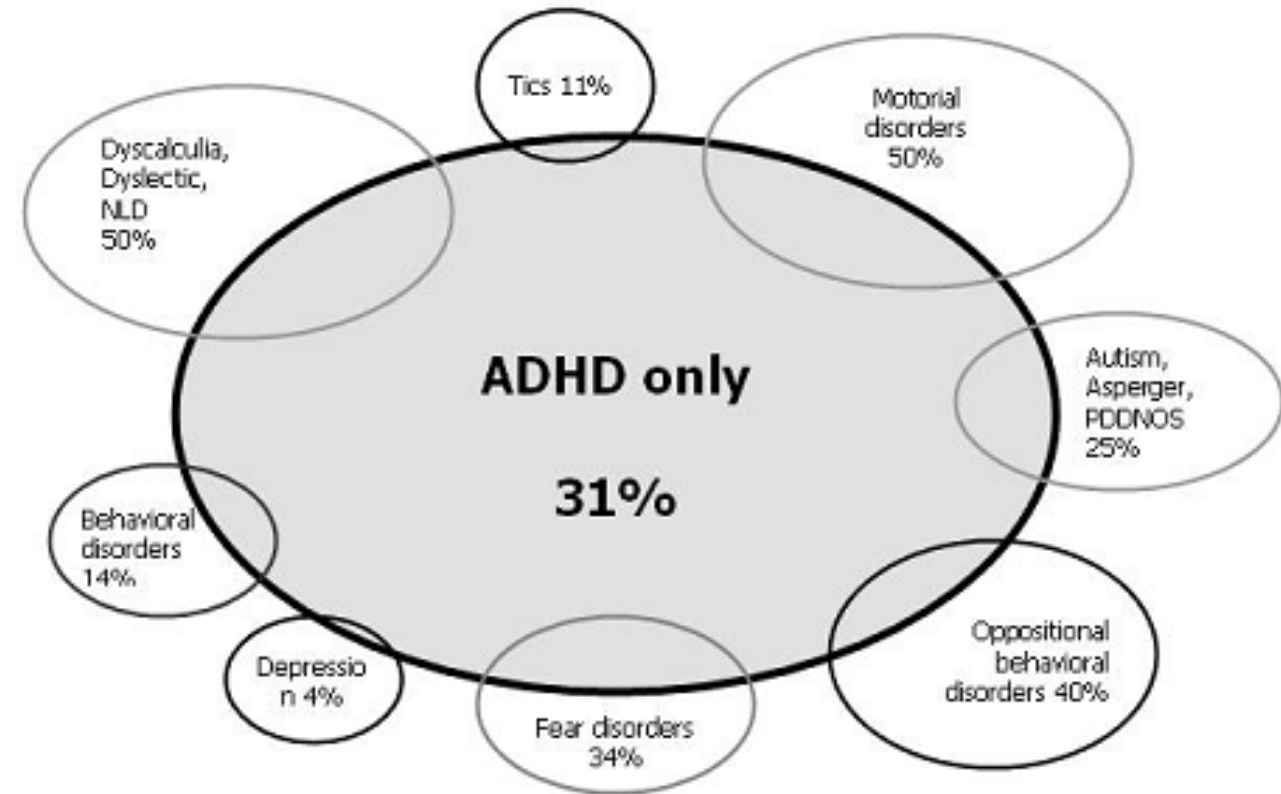
X Symptoms may change over as the person gets older possibly through situation/lifestyle and management, but ADHD is a lifelong condition

Myth 9: *All children with ADHD should be medicated:*


X In the UK 62% (Research Statistics ADHD UK)

What research tells us...

- ✦ ADHD is treatable not curable
- ✦ ADHD symptoms can be mild, moderate or severe often co-morbid with other needs/conditions
- ✦ Interventions and adaptations to environment can be hugely successful but social/educational difficulties can be long term
- ✦ Learning difficulties and social, organisational needs often combine often resulting in underachievement, exclusion and peer rejection



About 96% of ADHD
is made up of
challenges with
Executive
Functioning skills

Planning 	Organization 	Self-Control 
Task Initiation 	Executive Functioning Skills www.thepathway2success.com	
Time Management 		
Attention 	Metacognition 	Working Memory 
	Flexibility 	Perseverance 

Six strategies often used in school which can be helpful when working with children who have ADHD include:

- **Focusing on short-term goals**
- **Breaking projects down into smaller steps**
- **Rewarding good behaviour and work**
- **Taking short breaks to help kids release energy**
- **Communicating directions clearly and consistently**

How to support your child's attention

- **Cut down on distractions in your home**
- **Cut down on overstimulation and screentime**
- **Screentime at the right time only**
- **Monitor your child's screentime activities**
- **Give your child quality 1:1 time even if not quantity**
- **Keep learning times/demands short**
- **Make learning time practical and interactive**
- **When you study with your child – ask questions, keep them engaged**
- **Give them time to process what you are saying or showing them**

How to support your child's attention

- Figure out your child's learning style eg/hands on/visual
- Keep home learning times time limited and follow with choice time
- Most of all...
- **Praise and keep positive**
- Does your child have enough exercise? – sharing makes it happen
- Board and card games can improve concentration
- Don't multi-task them – only go for one step at a time
- Add creativity – use their interests

Inattentive Type ADHD

Tics

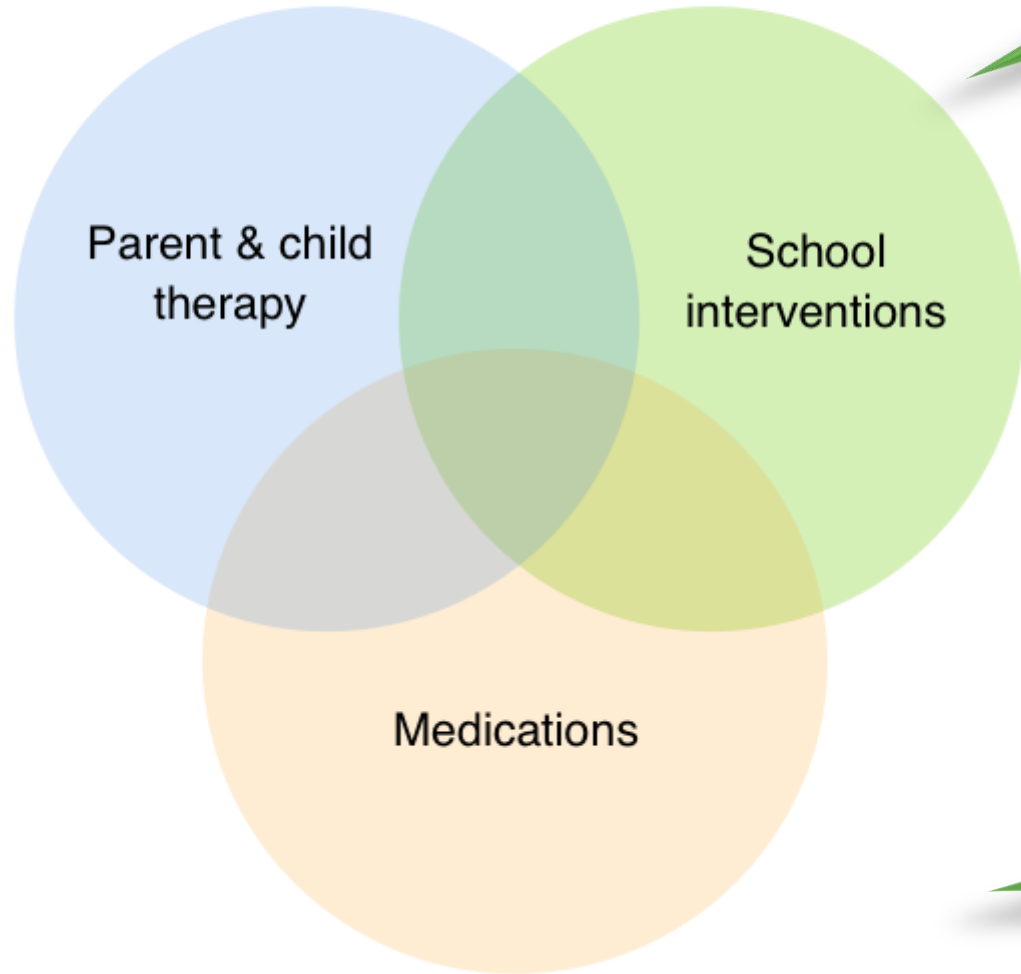
- ADD is under ADHD but looks different:
- Can appear passive/'away with the fairies'/daydreaming – not receptive to learning
- Hard to motivate
- Are more likely to be girls
- Not previously hyper-active
- Usually not disruptive
- Not easily distracted
- May still be achieving but often underachieving
- May experience other learning difficulties with mood swings, anxiety/depression
- Getting them to concentrate harder is most likely to demotivate/affect self-esteem

- Tics are frequently associated with ADHD:
 - ✦ Some students may exhibit tics as a complication related to ADHD
 - ✦ They are rapid involuntary vocal or motor actions
 - ✦ Tourette Syndrome defined as severe tics frequently occurring with ADHD
 - ✦ Tics are likely to increase in severity with stress and may exhibit more significantly later at home
 - ✦ Best approach is to ignore as this will see peers better able to accept and reduce anxiety in the student –
 - ✦ Release breaks from class may aid self coping in some cases the student presenting about their tics to

What to do if concerned...

- **Consider if the needs have been clear since toddlerhood**
- **Write down examples/situations/what you do to support**
- **Speak to Kirstie/Bensham staff as the first contact – school may complete a Vanderbilt Scales questionnaire with you prior to a paediatric referral**
- **Work on strategies with the school**
- **For needs to be referred for further assessed by a paediatrician they must present everywhere, be long term and meet very set criteria**
- **Love your child for who they are – this is not about changing them!!**
- **Acknowledge what they find difficult and work with them on what helps them to do their best in everything they do**
- **ADHD can see great strengths - make the most of them**

Treating ADHD in Children



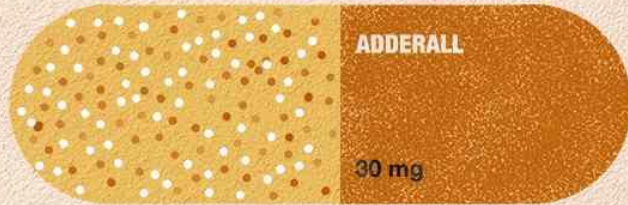
Should parents medicate their child's ADHD?

KEY THINGS TO CONSIDER:

- Giving your child medication is a personal decision
- Create an assessment of how your child's ADHD symptoms are impacting her daily functioning
- Gain the feedback of teachers, coaches, and others who come in contact with your child regularly

Medication does not resolve Executive Functioning/emotional needs

ADHD Stimulants vs. Non-Stimulants



Stimulants

- Increases dopamine and norepinephrine
- Boosts energy, attention and alertness
- Either amphetamine or methylphenidate based drugs
- Immediate or extended release
 - Extended release is less likely to be abused



Non-stimulants

- Doesn't work as quickly as stimulants
- Different side effects than stimulants
- Less likely to be abused than stimulants
 - May be able to treat ADHD as well as other conditions like a tic disorder

- Decreased appetite and weight loss
- Difficulty sleeping or insomnia
- Headaches and nausea
- Moodiness or mood changes
- Tics or repetitive movements or sounds
- Rebound effects or worsening of symptoms when the medication wears off
- Increase in blood pressure and pulse

These side effects are usually mild and temporary, and can be managed by medication adjustments or taking the medication after meals

Parenting Strategies for Children With ADHD



Provide positive attention



Give effective instructions



Praise your child's effort



Establish rewards



Use consistent consequences

Websites and links...

www.adhdfoundation.org.uk

www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder

www.adhdaware.org.uk



Paul Cabb
Independent SCD Advisor
Social Eyes – A Vision for Inclusion

