

# ADHD

***WHAT MIGHT IT LOOK LIKE,  
AND WHO DOES IT HANG OUT WITH?***



## ***IT CAN LOOK LIKE...***

Clumsy, accident-prone, untidy handwriting. Struggles with throwing, catching, aiming in sports. Poor coordination, spatial awareness. 'Late Walker' as infant. Struggles with shoelaces and buttons.



Impulsive, irritable, easily angered. Argumentative, speaks out. Difficulty self-regulating, overly sensitive response to rejection. Keen sense of social fairness and right / wrong. 'Unfiltered' talkative, speaks rapidly, conversation not always easy to follow as may change subject quickly.

Forgetful, often loses or misplaces things. Messy, untidy, disorganised, may appear dishevelled. Appears distracted, unfocused. Difficulty following instructions, motivation, prioritising. Fidgets, needs to move/stim.

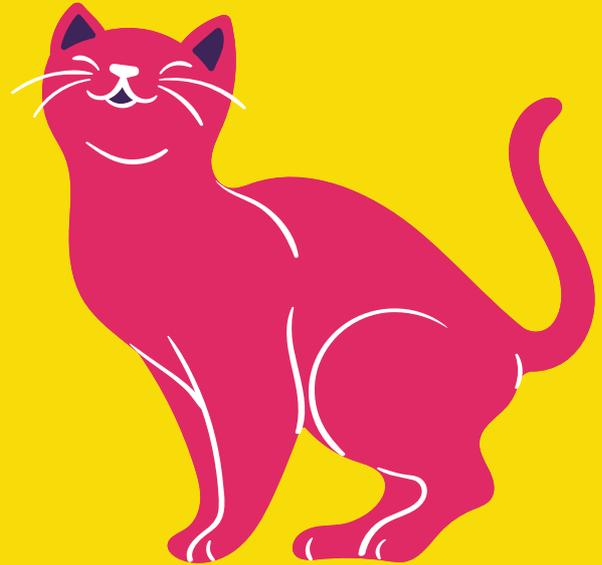


ADHD is not 'hyperactive little white boy disorder', it has a variety of presentations and is found in most classrooms. Including among teachers and support staff!

## ***...AND CAN OCCUR ALONGSIDE...***

- **Addiction**
- **Anxiety disorders**
- **ARFID**
- **ASD**
- **CFS/ME**
- **Conduct disorders**
- **Disordered eating**
- **Dyscalculia**
- **Dyslexia**
- **Dyspraxia**
- **Family history**
- **Hypermobile joint disorders**
- **Learning disabilities**
- **Migraines**
- **Mood disorders**
- **Obesity**
- **OCD**
- **Personality disorders**
- **Sensory processing disorders**
- **Sleep disorders**
- **Tic disorders**

...and many more!



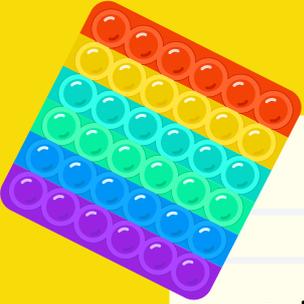
# ***IT'S OFTEN WORSE IN SETTINGS AND TASKS THAT...***

- Are boring/uninteresting.
- Involve significantly delayed consequences or infrequent feedback.
- Require working independently of others.
- Lack supervision.
- Involve groups of children.
- Are highly familiar (and thus usually less interesting).
- Involve parents rather than strangers or less familiar adults.
- Include parents or supervisors who talk and reason too much but rarely act to control misbehavior.
- Require waiting.
- Occur late in the afternoon or evening (due to fatigue in self-control).
- Place substantial restrictions on movement.

(Barkley, 2017)



## ...AND CAN BE SUPPORTED BY...



Allowing some restlessness both at the child's work area (such as fidget toys) to allow movement to maintain stability while seated and can help the child concentrate on her work, and frequent but brief physical exercise breaks (Barkley, 2016)



Presenting what must be learned in short chunks, allowing the child time to let off energy, having them under the teacher's eye, and understanding the need for rapid positive reward of successful behaviour (RCPCH, 2014).



Several studies exploring music, distraction and performance among ADHD students link increased cognitive performance with listening to music in class (Jüter & Wu, 2021; Söderlund, Sikström & Smart, 2007; Vorster, 2020; Wiebe, 2020).

Findings support a positive effect upon concentration, motivation and productivity (Abikoff et al., 1996; Pelham et al., 2011; Zentall, 1977), indicating 'distraction' is not always distracting in children with ADHD, as distraction can also have beneficial effects (Van Mourik et al., 2007).



Sensory processing difficulties are extremely common in ADHD, affecting all sensory areas (ie sensitivity to noise, certain textures, taste, smell) and often increase over childhood (Cheung & Siu, 2009; Schulze et al., 2023). Certain types of sensory input can act as triggers, and certain types of sensory input can support self regulation and ability to cope.

- Novel rewards
- 'Animated' teaching
- Mixed teaching styles (visual, kinesthetic, auditory)
- 'Time out' cards
- Access to low stimulation space, as well as movement breaks
- Consistency in rules

- Support managing time, prioritising tasks; prompts and 'prosthetics'.
- Environmental adaptations to support sensory processing difficulties

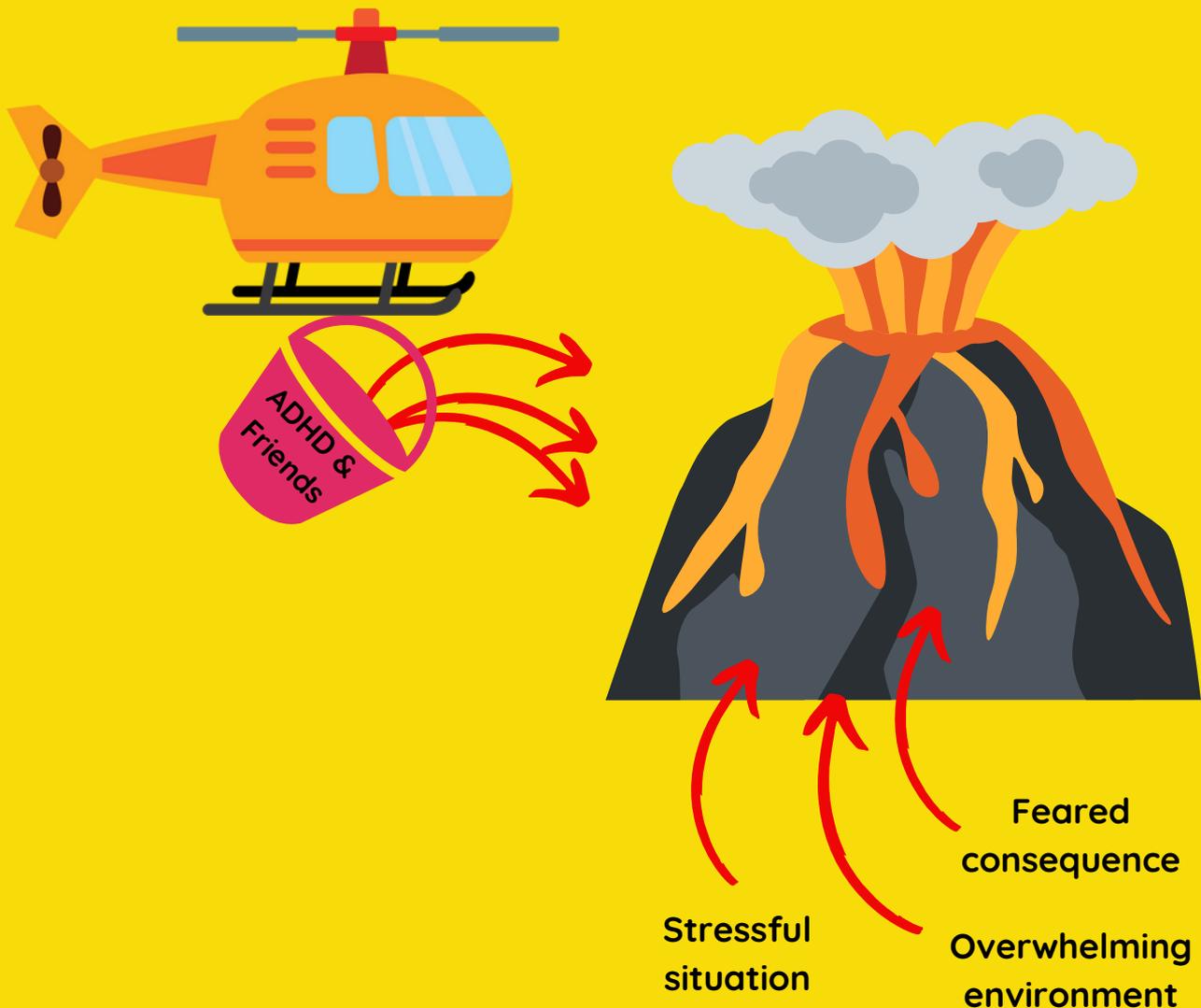
In school? Settings have a legal obligation to meet the accessibility needs of students, and a diagnosis is not required for requesting 'reasonable adjustments' to learning environments.

Sirona - Neurodiversity (<https://www.sirona-cic.org.uk/nhsservices/childrens-services/advice-and-signposting/>)

SENDIAS, Send And You (SAY) (<https://www.sendandyou.org.uk/>)

South Glos Parent Carers (<https://sgpc.org.uk>)

# **EMOTIONS CAN FEEL EXTRA INTENSE IN ADHD!**



ADHD affects ability to regulate emotion, which is often amplified by features of ADHD itself, and other comorbid disorders. Difficulty in recognising and managing emotions is also really common among non-ADHD individuals- the 'Window of Tolerance' often features in mental health workshops, interventions and guided self-help sessions!

Overwhelming feelings, impulsive reactions and sensitivity to perceived rejection aren't exclusive to individuals with ADHD, but they are experienced more intensely.

# ***CO-REGULATION - IT'S A FAMILY AFFAIR!***

ADHD is notoriously heritable - there's almost always a family history of neurodiversity, however many parents are undiagnosed. What this can mean is that two (or more!) individuals experience overwhelming feelings, impulsive reactions and sensitivity to perceived rejection, at the same time.

Awareness of ADHD characteristics can be helpful in understanding one another, and structuring ways to communicate.

## **Sensitivity to social justice/fairness**

'Is this rule fair? Is my belief rational? Am I being consistent? Does this feel proportionate, is it harsh? Is there a compromise?'

## **Sleep disturbances**

ADHD symptoms are often worse in the late afternoon/early evening- is this the best time for a productive conversation?

## **Forgetfulness**

ADHD is an executive function impairment, affecting perception of time, working and short-term memory, ability to self-organise and motivate. Creating real-world 'prosthetics' externalises this by integrating prompts such as alarms and visual reminders.

## **Impulsivity**

'Is this urgent? Is now the best time? If I'm yelling/angry/lashing out, I'm not in control and I need to step away.'



**Do more of what matters together!** Spending quality time doing activities you enjoy strengthens bonds, increases self confidence and builds resilience. Sharing positive experiences helps us to reconnect meaningfully.

**Keep control fatigue in mind!**

Trying to fit in, in a world designed for neurotypicals is exhausting. Individuals with ADHD often need access to low - stimulation, low-demand environments. Withdrawing in this way is OK - they've recognised that they're not coping and may be dysregulated. Time and space to decompress isn't rude or antisocial, they are vital to wellbeing.

**Don't be afraid to apologise!**

ADHD is a challenging disorder that brings oppositional behaviour, demands more attention, and it's OK to feel overwhelmed in the moment. Taking a step back to reassess and reconsider provides great opportunity to model positive behaviour - apologising promotes accountability and ownership.



**Inconsistent boundaries can be confusing - we need to know what's expected of us, and this taps into our sensitivity to justice and fairness!**

As we 'live in the moment', delaying a punishment makes it less effective. Delayed rewards creates frustration and impatience; delayed consequences are harder to link back to an inappropriate behaviour.

**We often have intense, specific interests!  
These can be incorporated into reward systems, social stories and shared activities!**

**Rules, boundaries and consequences are important across all of our relationships, and even more so for individuals with ADHD!**

**ADHD loves novelty!  
The most effective reward systems involve 'switching up', and token-based rewards.**

**Running a self-diagnostic - are your basic needs being met?**

# ***SOME HELPFUL RESOURCES!***

- Dr Russell Barkley ([russellbarkley.org](http://russellbarkley.org), he also has many videos on YouTube).
- Sirona - Neurodiversity (<https://www.sirona-cic.org.uk/nhsservices/childrens-services/advice-and-signposting>)
- Send and You (SAY) - SENDIAS (<https://www.sendandyou.org.uk>)
- South Glos Parent Carers (<https://sgpc.org.uk>)

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