# **ADHD Handbook**



This handbook should be used in conjunction with our website. It has been produced by ADHD Embrace, a community charity supporting parents, carers and professionals working with children and young people with ADHD



Supporting families and professionals

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ADHD Embrace works to ensure children and young people with ADHD are understood, supported and most importantly thrive.

Annette Wilson, Chair and Founder ADHD Embrace

# About ADHD Embrace

One of the most important things a parent, carer or professional can do to support a child with ADHD is to gain a better understanding of the condition. Based on 20 years of experience ADHD Embrace provides the following services to facilitate this.

#### **Support for Parents:**

- Post Diagnosis Workshops develop your understanding of ADHD, its impact on brain function and explores holistic approaches for managing the condition.
- Expert led Seminars cover many aspects of ADHD to help you support your child.
- 1:1 Parent Support sessions give you an opportunity to discuss the challenges you are facing and provides suggestions and signposting.
- **Bi-weekly Newsletter** delivers useful information for families supporting children and young people with ADHD.
- Our website is full of the latest resources and information on ADHD.
- The video library has an abundance of content on ADHD related topics by professional experts.
- Drop in coffee mornings and 'meet ups' hosted by members of our team are welcoming and supportive and give you a chance to connect with other parents/carers.
- **Parenting workshops and course**s provide parents with tools to better support their family and child with ADHD.
- A Parent Community on Facebook is a welcoming and empathetic group of people that understand family life with ADHD.

 The Facebook Closed Forum offers a safe space to share, talk and ask questions to fellow supportive parents of children and young people with ADHD.

#### Support for Schools, Teaching Staff and SENCOs:

- **Teacher seminars** which are expert led and are designed to support and educate teachers and school staff about the condition.
- A Schools' Outreach programme raising awareness of ADHD and how schools and teachers can engage with ADHD Embrace. Book a visit at info@adhdembrace.org.
- A Facebook group for teaching staff provides opportunities to share experiences and challenges with other teachers and SENCOs.
- The Education section on our website offers a wealth of information on ADHD in schools.
- The Video Library has a section dedicated to the teaching community and covers a variety of subjects relating to pupils with ADHD.

To support our on-going work, we encourage schools and PTAs to nominate us as their selected charity. We are heavily reliant on funding and donations to provide the services on offer.

#### Support for Healthcare and other Professionals:

- Expert led Seminars cover many aspects of ADHD to educate you.
- Our website is full of the latest resources and information on ADHD.
- The **video library** has an abundance of Webinars on ADHD related topics.
- The bi-weekly Newsletter delivers useful information relating to children and young people with ADHD.

If you wish to share research or other relevant information through our various channels, which is read by many local families and professionals, please get in touch: info@adhdembrace.org.

# What is ADHD?

ADHD is a complex, genetic neurodevelopmental condition. Symptoms include hyperactivity, inattention and impulsivity. These are identified during early child development persisting through adolescence into adulthood. In most cases children are diagnosed between the ages of six and 12, and others in their teens. Many children can go through phases where they are restless or inattentive. This is completely normal and does not necessarily mean they have ADHD.

ADHD can have a significant impact on a person's daily life at school, home, work and in other social settings. There is no correlation between ADHD and intelligence. However, many individuals with ADHD do not reach their potential due to the challenges they face and are often considered to display 'disruptive behaviour' particularly in school. They are also more likely to experience social isolation, mental health issues, teen pregnancies, prison sentences and economic hardship. With better education about the condition, children and young people can get the right support to help change the direction of their lives.

To be diagnosed with ADHD, children must have any combination of the following symptoms for at least six months at levels surpassing those of other children of the same age.

Overactive	<b>Attention problems</b>	Disorganised
Fidgety	Restless	Lack focus
Impulsive	<b>Emotional dysregulation</b>	Distractable
Impatient	Trouble completing tasks	Disengaged
"Zoned Out"	Demotivated	Quiet

The type of ADHD depends on the combination of symptoms and will be completely unique to the individual.

**Predominantly inattentive:** Have six or more inattentive symptoms and fewer than six hyperactive-impulsive symptoms, although hyperactivity-impulsivity may still exist to a certain extent. These children are less likely to be noisy, have challenging behaviour or struggle to get along with others. They may sit still although are disengaged. Such children and young people are often overlooked because parents and teachers may not recognise this as ADHD. This is often the case for girls.

**Predominantly hyperactive-impulsive:** This form of ADHD has the opposite combination compared to predominantly inattentive with six or more symptoms in the hyperactive-impulsive categories, and fewer inattentive symptoms. Those with predominantly hyperactive-impulsive ADHD are more hyperactive and impulsive, although inattention may still exist to some degree. This form is commonly recognised and diagnosed more in boys than girls.

Combined hyperactive-impulsive and inattentive: This occurs when someone is inattentive, hyperactive and impulsive. In these cases, six or more inattentive symptoms exist, as well as six or more hyperactive-impulsive symptoms. This is the most common type of ADHD among children and young people.

Children and young people with ADHD often experience executive function deficits which lead to frustrations in everyday living. This can affect:

**Task initiation** – trouble getting started leading to procrastination.

**Working memory** – difficulty with too many instructions.

Organisation skills - constantly losing things.

Time management – often late and struggle to plan ahead.

**Emotional regulation** – meltdowns and over reaction.

**Flexibility** – struggle to change between tasks and can get hyper-focused.



Parents or wider family members such as grandparents or aunts and uncles may often spot developmental conditions. Similarly, teachers and SENCOs can be the first to identify ADHD. GPs, health professional, or social workers can also offer advice. No two children or young people with ADHD are the same, therefore making a diagnosis requires a specialist assessment, usually by a child psychiatrist, psychologist or specialist paediatrician.

A diagnosis involves analysing patterns of behaviour, observing the child, obtaining reports from home and at school. Assessment and diagnosis is usually accessed via the NHS. Unfortunately, there is often a long waiting list and as a result some parents/carers decide to go privately. Your GP may be able to recommend psychiatrists who practice privately. For Richmond and Kingston, teachers, parents/carers, or health professionals can refer a child or young person to a specialist team via the Single Point of Access (SPA) at CAMHS (Children and Adolescent Mental Health Services).

#### What happens in an assessment?

The child or young person, parents/carers and schools are asked to complete questionnaires to enable professionals to decide if a medical diagnosis is necessary or if there are other ways to help. Following that, a meeting is arranged to ascertain more about the young person's current situation and childhood. There's no need to prepare; simply explain what life is like at home and at school.

#### Criteria

For someone to be diagnosed, they must have at least six (or more) of the following symptoms before the age of 12. The symptoms must exist for six months or more and to a degree that is different from those considered normal for similarly aged children in an academic environment, extra-curricular activity or home setting.

- Often fails to pay attention to details or makes careless mistakes in schoolwork, at work, or during other activities.
- Tends to have difficulty sustaining attention during tasks or recreational activities, such as in class, in conversations, or during prolonged reading.
- Does not seem to listen when spoken to directly, and seems to have other things on his or her mind even when there is not an obvious distraction
- Fails to follow instructions and finish schoolwork, chores, or work duties (may start work but be distracted quickly and easily evade it).
- Has difficulty organising tasks and activities and putting belongings in order. He or she neglects work, has poor time-management skills, and does not meet deadlines.
- Avoids and dislikes tasks that require sustained mental effort, such as schoolwork or chores.
- Often loses things necessary for tasks or activities, such as school supplies, pencils, books, tools, wallet, keys, working papers, glasses, or mobile phones.
- Easily distracted by external stimuli.
- Forgets daily activities, such as homework or doing errands, or in older teens and adults, returning calls, paying bills, or keeping appointments.
- Fidgets with hands or feet or squirms in seat.

- Frequently gets up in situations where he or she is expected to remain seated.
- Runs around or climbs in situations where it is not appropriate (in teens or adults, this may be limited to fidgeting).
- Unable to quietly play or engage in leisure activities.
- Typically too busy, acting as if he or she has to do things.
- Talks excessively.
- Often responds unexpectedly or before a question is concluded or finishes someone else's thought.
- Has difficulty waiting his or her turn.
- Interrupts or intrudes on others; distracts others or does not realise he or she is bothering anyone.

The symptoms need to occur independently rather than as manifestations of other psychotic or mental health conditions.

#### After a Diagnosis

Receiving a diagnosis of ADHD for your child or young person can be a huge relief, or indeed a big cause for concern. A diagnosis can help when explaining your child's condition to other people. It can also make it easier when you are stating your case to obtain appropriate support and access to services. This may include: applying for an Education, Health and Care Plan; accessing medical and social services; reasonable adjustments under the Equality Act; or obtaining disability-related funding.

If a child or young person is diagnosed with ADHD they can be referred to a Psychiatrist within CAMHS to discuss treatment options.

ADHD frequently occurs alongside other conditions (comorbidities) such as autism, dyslexia, dyspraxia, sensory processing disorder and Tourette's syndrome. People with ADHD may also have additional problems such as issues with sleep, anxiety and depression.



When a child or young person has ADHD, best practice is to explore a range of interventions, treatments, and therapies across situations where challenges occur for example, home, school, friendships, and in the community.

Treating ADHD requires a holistic approach. It is likely to include a blend of treatments such as, parent training and education programmes, occupational therapy and sensory integration, speech and language therapy, behavioural therapy, psychological therapy, nutrition and medication.

The list below, although not exhaustive, covers possible options. For further information on local support please see our website www.adhdembrace.org.

#### Parent Training & Education:

If your child has ADHD, specially tailored parent training and education programmes can help you learn specific ways of talking to your child, and playing and working with them to improve their attention and behaviour. The National Institute of Health and Care Excellence (NICE) and European guidelines recommend psycho-education for the patient and their families. Ask your Consultant or Educational Psychologist for more information.

#### Occupational Therapy (OT):

Many children with ADHD experience sensory integration issues, relating to the development of the central nervous system and may have difficulties with one or more of their key senses. OT provides support with sensory skills, physical coordination, organisation, controlling energy levels, hyperactivity, aggression, improving focus, handwriting, social skills and time management.

**Sleep management:** Good sleep hygiene supports the management of ADHD including optimising attention and mood the following day.

#### Speech & Language Therapy (SaLT):

Children and teens with ADHD often have social communication difficulties. This treatment provides support with overcoming some of these communication challenges.

# Psychological and Psychotherapy including emotional, behavioural and CBT:

Therapeutic treatments such as those listed below support a child who may, as a result of their ADHD challenges, display emotional difficulties, behavioural issues, anxiety or depression.

**Art Psychotherapy:** The use of artistic methods to treat psychological disorders and enhance mental health.

**ADHD Coach:** A trained professional works with children, teens and adults who have ADHD to address challenges and support executive function.

**Cognitive Behavioural Therapy (CBT):** A short-term form of behavioural treatment. CBT explores the relationship between beliefs, thoughts, and feelings, and the behaviours that follow.

**Counselling:** A talking therapy that involves a trained therapist listening to and helping you find ways to deal with emotional issues and the effects of ADHD.

**Emotional Health Service:** This team at Achieving for Children work with children and young people up to the age of 19 years old who are a Richmond or Kingston Borough resident.

**Music Therapy:** This is the clinical use of music to accomplish individual goals such as reducing stress, improving mood and self-expression.

**Psychiatry:** This is the medical field concerned with the diagnosis, treatment and prevention of mental health conditions. Referrals are normally made via your GP for both NHS and private.

**Psychology:** An educational psychologist supports the improvement of human learning in whatever setting it occurs. A clinical psychologist focuses on the emotional, biological, cognitive, social,

and behavioural aspects of human functioning in varying settings. The NHS can offer psychological therapies (ask your GP or Consultant). Private ADHD child psychologists can be found at the Association of Child Psychologists in Private Practice (AChiPPP).

**Psychotherapy:** A talking therapy, to support people with a broad variety of mental illnesses and emotional difficulties.

#### **Exercise & Nutrition:**

Research suggests a positive association between increased physical activity and improvement of ADHD symptoms, particularly behavioural and cognitive. Where possible following a balanced diet of good quality nutritious fresh food and the avoidance of sugary and processed foods with artificial colourants and additives. This can be further explored with an experienced health professional such as a nutritionist or kinesiologist.

**Osteopathy:** A form of complementary medicine involving the treatment of medical disorders through the manipulation and massage of the skeleton and musculature.

#### **Medication and ADHD**

Medication can play an important role in managing moderate to severe ADHD. Medication increases the levels of neurotransmitters in the brain, which alleviates symptoms, reduces hyperactivity and improves concentration. It does not cure ADHD.

Once diagnosed your psychiatrist can discuss whether medication is suitable. It is important to consider the areas where your child or young person is struggling. Ask the consultant if these areas can be improved by using a particular type of medication. Ultimately the decision is for you and your child or young person.

Medications used to treat ADHD are divided in two groups: Stimulants, like methylphenidate or dexamphetamine and non-Stimulants like, atomoxetine.

Stimulant medication is usually prescribed first when the child or young person has been professionally assessed and diagnosed by an expert. It is reviewed regularly. The type of stimulant prescribed will depend on the symptoms your child has, your choice of treatment, the ease of giving the medication and even the availability or cost of the medication.

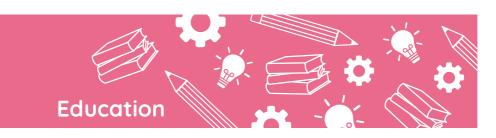
Sometimes a child may respond to a different form of methylphenidate, or other stimulant or non-stimulant medications may be prescribed.

Children and young people often need the medication at least until they finish their education or schooling. A few might continue taking it in adulthood in order to focus at work. Some children require medicationonly at specific times, for example while attending school and do not take it on weekends or during school holidays. However, this can be discussed with your doctor.

Some of the reported side effects of stimulant medication for ADHD include difficulty sleeping, appetite loss (common), irritability, mood swings, depression, headaches, upset stomach, dizziness, tics (uncommon), racing heartbeat and high blood pressure (very rare). Sometimes growth slows down when children are on methylphenidate. Medication is not right for some children, and other investigations may need to be carried out.

Stopping medication causes symptoms to return, and some young people can put themselves at risk in terms of their education, their work, and socially by being impulsive and taking alcohol or drugs.

Remember, if you have any questions regarding medication always contact your doctor or consultant.



A child or young person with suspected or diagnosed ADHD has special educational needs (SEN). Despite often being of average or above average intelligence, impaired 'executive functions' makes managing the demands of the school environment, designed for a neurotypical child, extremely difficult. Common challenges include; staying seated; sustained focused on learning tasks; not calling out during lessons; relationships with peers and teachers; organisation and acting impulsivity particularly when anxious or managing frustration.

Working with the SENCO is key to ensuring the most effective provision for your child or young person. Subject to a few exceptions, a child or young person with ADHD is entitled to the protection of the Equality Act 2010. This means they should not be discriminated against or treated unfavourably because of something arising as a consequence of their disability.

Special educational arrangements should include differentiated learning experiences, social and emotional support and positive behavioural adjustments compared to their peers.

Other examples of support with learning and navigating the school environment are working with additional adults or therapeutic intervention such as occupational therapy, social communication and emotional literacy programmes or movement breaks.

Unfortunately, parents are often given confusing or inaccurate information about their child's entitlement to support so it may be advisable to contact an organisation independent from school and the local authority for advice.

**IPSEA:** Independent Parental Special Education Advice offers advice on educational issues, EHC Plans and tribunals www.ipsea.org.uk.

**SENDIASS:** Special Educational Needs and Disabilities Information Advice and Support Service is a free, confidential and impartial service for parents and carers, children and young people (up to 25 years) www.kids.org.uk/sendiass.

**SOS!SEN:** An independent resource for special educational needs offering a free, independent, confidential telephone helpline for parents and others looking for information and advice. Help with preparing EHC Plans, interpreting the SEN Code of Practice and official letters, locating independent professional experts, advising how to prepare for tribunal appeals and helping with complaints to the Local Government Ombudsman. www.sossen.org.uk.

#### **ADHD Embrace Schools Outreach Programme**

ADHD Embrace offers a variety of training packages for schools focusing on meeting the needs of students with ADHD. For more information please see our website www.adhdembrace.org or contact our Schools Outreach Manager at info@adhdembrace.org.

Navigating school life and accessing the SEN system can be challenging and parents often lose confidence in the education system. However, with their needs fully identified and understood and with the right provision in place to meet them, ADHD children can successfully meet their full academic potential.



Listed below are some of the benefits available for children and young people with ADHD and the family members who provide care for them.

**Carer's Allowance (CA):** This is paid to a carer who looks after a child with ADHD for more than 35 hours a week and earns under a certain threshold. www.gov.uk/carers-allowance

**Cerebra:** This is the national charity helping children with brain conditions and their families discover a better life together. www.cerebra.org.uk

**Cinema Exhibition Card (CEA):** This is a cinema discount card for carers. Any responsible adult, who goes to the cinema with the child who has ADHD, gets in free. www.ceacard.co.uk

**Disability Living Allowance (DLA):** This helps with the cost of caring for an eligible child with ADHD. www.gov.uk/dla-disability-living-allowance-benefit

**Disabled Person's Railcard:** Valid for one or three years, it entitles the holder to discounts of up to one third off the price of a range of tickets; the same discount also covers tickets purchased by the accompanying adult. www.disabledpersons-railcard.co.uk

**Disabled Students Allowance:** Support for those going into further education. www.gov.uk/disabled-students-allowances-dsas

**Family Fund:** Assists families who are raising a disabled (ADHD) or seriously ill child or young person aged 17 or under. www.familyfund.org.uk

**Free Early Education:** UK Government education for 2-year-olds with special education needs (SEN), an education health and care plan, receiving Disability Living Allowance or income support. www.gov.uk/find-free-early-education

**Merlin Pass:** Provides complimentary carers pass to attractions such as Chessington World of Adventures, Legoland, Alton Towers, Thorpe Park, the London Eye, London Dungeons, Madame Tussauds. www.merlinannualpass.co.uk

**Personal Independence Payment (PIP):** This can help with extra living costs if you have: a long-term physical or mental health condition or disability difficulty doing certain daily tasks. www.gov.uk/pip

**Richmond AID:** A charity run by and for disabled people in the London Borough of Richmond upon Thames and surrounding areas. www.richmondaid.org.uk

**Richmond Card:** This is a card for Richmond borough residents (children and adults) offering various discounts. www.richmond.gov.uk/richmondcard

**Skylarks:** They are a charity supporting children and young people with special needs in South West London and also organise a wide selection of activities for children and parents. www.skylarks.charity

**ZipCard:** This gives children free travel on buses, trams & trains. www.tfl.gov.uk/fares/free-and-discounted-travel/11-15-zip-oyster-photocard



#### **Acronyms**

**ADHD:** Attention Deficit Hyperactivity Disorder.

**Al:** Autistic Impairment

**APD:** Auditory Processing Disorder; also: antisocial personality

disorder

**APE:** Adaptive Physical Education

**ASD/ASC:** Autistic Spectrum Disorder/Autism Spectrum Condition

AT: Assistive Technology

**BESD:** Behavioural, Emotional & Social Difficulties

**BIP:** Behavioural Intervention Plan

**BP:** Bipolar Disorder

**CAF:** Common Assessment Framework

**CAMHS:** Child & Adolescent Mental Health Services

**CAPD:** Central Auditory Processing Disorder

**CBT:** Cognitive Behavioural Treatment

**CD:** Conduct Disorder

**CI:** Cognitive Impairment

CMH: Community Mental Health
CNS: Central Nervous System

CYP: Children & Young People
DD: Development Disorder

**DSM:** Diagnostic and Statistical Manual of Mental Disorders

**DX**: Diagnosis

**EF:** Executive Function

**EHCP:** Education, Health & Care Plan

**EI:** Early Intervention or Emotional Impairment

**EP:** Educational Psychologist

**GT/LD:** Gifted and Learning Disabled

**HG:** Highly Gifted

HI: Hearing Impaired

IEP: Individual Education Plan
IRP: Independent Review Panel

**LA:** Local Authority

**LDA:** Learning Difficulty Assessment

**LLD:** Language-based Learning Disability

LSA: Learning Support Assistant
MLD: Moderate Learning Difficulty
NLD: Nonverbal Learning Disability

NT: Neurotypical

OCD: Obsessive Compulsive DisorderODD: Oppositional Defiant Disorder

**OFSTED:** Office for Standards in Education, Children's Services & Skills

**OT:** Occupational Therapist

**PDA:** Pathological Demand Avoidance

**PMLD:** Profound & Multiple Learning Difficulties

**PRU:** Pupil Referral Unit

**PSHE:** Personal, Social & Health Education

**PSYCH:** Psychologist

PT: Physical Therapist/Therapy
SaLT: Speech & Language Therapy

**SENCO:** Special Education Needs Co-ordinator **SEND:** Special Education Needs & Disabilities

SI: Sensory Integration

SLI: Speech/Language ImpairmentSPD: Sensory Processing DisorderSPLD: Specific Learning Disability

**SW:** Social Worker

**TA:** Teaching Assistant

TAC/TAF: Team Around the Child or Team Around the Family

**TS:** Tourette's Syndrome



We are a community supporting parents, carers and professionals working with children and young people with ADHD through:

### Knowledge

providing information, knowledge and practical support to parents, carers and professionals

## Advocacy

raising awareness of ADHD amongst general public, local schools, local healthcare groups, local community and at government level

### **Empowerment**

empowering those with ADHD and their families through provision of knowledge and practical support

Follow us on Facebook a facebook group for parents & teachers



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@AdhdEmbraceUK

Video Store: https://adhd-together.myshopify.com/

Website: https://adhdembrace.org/ Email: info@adhdembrace.org "ADHD Embrace provides information on ADHD that isn't available elsewhere"

"My child is in a completely different place to this time last year. The combination of information and support I've received have made a huge difference to our whole family"

"The support on offer from ADHD Embrace has enabled me to help my children more effectively"

"Covers a real gap in service provision in relation to accessing pre & post diagnostic support"

"Thank you for organising another ADHD Embrace 'meet up'. It really helps talking to other parents who are in the same boat"

"The webinars are extremely informative, and ADHD Embrace provides a valuable support network for the community"



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