

Definition: (NICE Clinical Guideline 72, September 2008)

ADHD is a heterogeneous behavioural syndrome characterised by the core symptoms of inattention, hyperactivity and impulsivity. Not every person with ADHD has all of these symptoms – some people are predominantly hyperactive and impulsive; others are mainly inattentive. Symptoms of ADHD are distributed throughout the population and vary in severity; only those people with at least a moderate degree of psychological, social and/or educational or occupational impairment in multiple settings should be diagnosed with ADHD. Determining the severity of ADHD is a matter for clinical judgement, taking into account severity of impairment, pervasiveness, individual factors and familial and social context.

Symptoms of ADHD can overlap with those of other disorders, and ADHD cannot be considered a categorical diagnosis. Therefore care in differential diagnosis is needed. ADHD is also persistent and many young people with ADHD will go on to have significant difficulties in adult life.

Characteristics seen in the classroom:

- Intelligent lateral thinkers
- Often excellent in computer skills
- Quite verbally gifted
- Distractible and demanding
- Defiant and difficult
- Clumsy
- Unusual sleep patterns
- Temper tantrums
- Mood swings
- Difficulties socialising and making friends
- Being easily distracted
- Has a LOT of energy, and is perhaps Hyperactive
- Can't sit still very long
- Is fidgety, talks a LOT, and can be LOUD
- Is very impulsive, does not think before he acts
- Has trouble waiting his turn in line, or in games and more...
- Has difficulty holding information in short term memory
- Difficulty with organisational and planning skills
- Emotions may become overpowering

Where to go for help:

- Educational Psychology Service
- Woodlands Outreach
- CAMHS

**Social, Emotional and Mental Health
Difficulties
A.D.H.D.**

Assessment and Diagnosis: (NICE Clinical Guideline 72, September 2008)

Diagnosis should only be made by a specialist psychiatrist, paediatrician or other healthcare professional with training and expertise in the diagnosis of ADHD.

Diagnosis should be based on:

- a full clinical and psychosocial assessment. Discuss behaviour and symptoms in the different domains and settings of the person's everyday life
- a full developmental and psychiatric history, and
- observer reports and an assessment of mental state.

Diagnosis should be made when symptoms of hyperactivity/impulsivity and/or inattention:

- meet the criteria in DSM-IV or ICD-10 (hyperkinetic disorder), **and**
- are associated with at least moderate psychological, social and/or educational or occupational impairment based on interview and/or observation in multiple settings, **and**
- are pervasive, occurring in at least two settings.

As part of the diagnostic process, include an assessment of needs, coexisting conditions, social, familial and educational or occupational circumstances and physical health. Do not diagnose ADHD based on rating scales or observational data alone. However, rating scales are valuable adjuncts, and observations (for example, at school) are useful if there is doubt about symptoms.

Frequently used Interventions and strategies:

- Skills training e.g. anger management, language skills, relaxation techniques, listening skills, attention training
- Behaviour modification programmes
- Medication, such as Ritalin or Concerta
- Structured observations eg ABC, TOAD
- Slowing down
- Managing time
- Brain Gym
- Yoga and relaxation
- Puzzles and sequences
- Following instructions
- Mind mapping
- Circle pictures and patterns
- Sessions broken down into smaller units
- A well organised, structured learning environment
- A calm, yet flexible atmosphere
- Positive encouragement