

# The guide to ADHD

Information pack

## **Bucks CAMHS statement on neurodiversity**

*All CAMHS clinicians aim to offer a neuro affirmative service to young people, families and other professionals. This means that we will support the young person and the people around them to better understand their neurodivergent needs in a strengths based and compassionate way so that the diagnosis becomes a positive and helpful part of a young person's identity. By doing this we hope to empower young people and families to communicate with others about their strengths and differences in a way that others can be supportive through difficult situations. CAMHS aims to offer interventions that are flexible and adapted based on the young person's neurodivergent needs.*

## **Introduction to the document**

This document was made by Becca, an assistant psychologist in the Bucks CAMHS neurodevelopmental assessment team. Becca has personal experience with ADHD and autism in herself and her family. She made this pack to try to combine her experiences with her psychological training and provide a "big sister" style guide to help young people and families navigate the world of neurodiversity and all the resources out there.

This document is designed to help you, your child, and your child's family better understand your child and their brain. You do not have to read it all at once, and you can skip to the sections which are most useful for you.

### **Note on terminology:**

Words such as 'family' are used often throughout this leaflet. This is to make the information as simple as possible to understand. However, there are many forms of family, which can include genetically-related and genetically-unrelated members, and gender-diverse members. When we speak of 'family', we mean the network around the young person, which may be parents, grandparents, other relatives, carers, guardians, adoptive/foster families, and 'chosen family' (the family that the young person chooses for themselves such as close friends).

Some people with ADHD prefer identity-first language (ADHDers or ADHD person instead of person with ADHD). We have used 'person with ADHD' throughout this document because there isn't agreement on the best term to use. However, we recognise that ADHD isn't a condition that is separate from a person but instead is a part of a person.

Some words are underlined. The underlined words are words that you can find definitions of in the glossary section.

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## Glossary of useful terms

Including underlined words/phrases from the rest of the leaflet

### **ADHD**

Attention deficit hyperactivity disorder is a neurodevelopmental difference which involves unusually high hyperactivity, impulsivity, and/or attention problems. It is linked to a lot of other conditions such as anxiety, autism, movement disorders, and language disorders.

### **AuDHD**

Given that a lot of people with ADHD also are diagnosed with autism, AuDHD is a term for people who both have ADHD and autism. This may involve wider challenges, such as the conflict between wanting routine (typical of autism) but not being able to keep to a routine (ADHD). ADHD and autism have some similarities, such as high rejection sensitivity and sensory sensitivities, so they can be hard to distinguish.

### **Body-doubling**

Some people with ADHD find that they are more able to do tasks, especially tasks that are boring or use a lot of executive function, if they have someone else with them. This is called a body double. This may include needing someone present when they do chores, or when they revise. The body double usually doesn't have to do anything and can just occupy themselves. Often, the body double can even be remote, so it could consist of two people with ADHD on video call whilst both tidying.

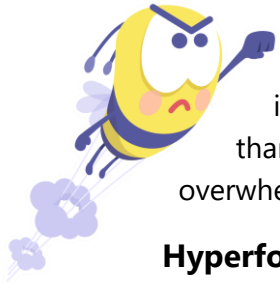


### **Executive (dys)function**

Executive functions are the skills that help us to do tasks. These generally include attention, working memory (how much information we can hold in our heads at one time), planning, and other skills. Someone with executive dysfunction (like someone with ADHD) would struggle with these skills, which will have a knock-on effect for the rest of their lives, such as being late for important meetings.



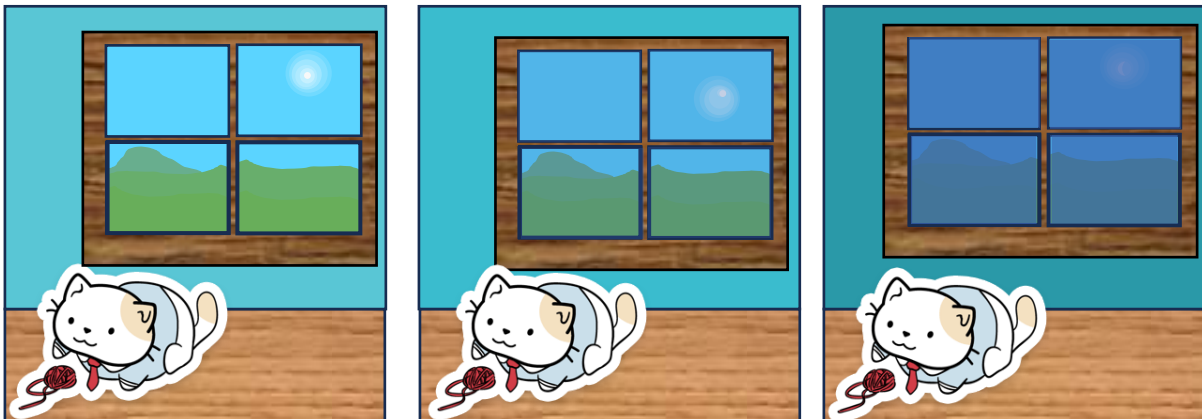
## Hyperactivity



Hyperactivity means moving more than normal or needing to move more, including fidgeting. A hyperactive young person may appear defiant as they may ignore commands to sit down, but they simply have a higher need for movement than other children. If they do not get this movement, they may feel anxious or overwhelmed, or feel 'buzzy' and understimulated.

## Hyperfocus

Just as people with ADHD may struggle to keep their attention on one area, they may find that they are able to concentrate for long time spans on a single task, usually one that the person finds interesting. For example, the same person could lose focus multiple times whilst brushing their teeth, and then go on to spend 5 hours without eating or using the bathroom whilst they build a model from wood.



## Impulsivity

Impulsivity is doing actions before they are fully-thought-through. This may include speaking without a filter, doing reckless things, or making reckless decisions.

## Masking

When a neurodiverse person hides their traits to appear neurotypical. This is often proposed as a reason for under-diagnosis of autism and ADHD in girls – they are often believed to mask more than boys and therefore their symptoms may be missed. However, masking often has a high cost as it requires a lot of energy. This means that people who mask may find they 'crash' when they get into a safe place, and may develop mental health conditions because of the stress.



## Neurodevelopmental

Something related to the way that the brain naturally develops throughout life. For example, concentration problems that develop through life may be neurodevelopmental, while concentration problems due to a stroke would not be neurodevelopmental (it would be acquired).

### **Neurodiversity/neurodivergent**



Neurodiversity is a term that covers a range of neurodevelopmental and neurological acquired differences, including ADHD, autism, Tourette's syndrome, and Down syndrome. An individual person would be called a neurodivergent person. The precise conditions included are not agreed, but neurodivergent people are usually defined as people whose brains work differently to most other people. The opposite of neurodiverse/neurodivergence is neurotypical – a person without any neurodevelopmental or neurological differences.

### **Neurotransmitters**

Neurotransmitters are chemicals in your brain which help brain cells to communicate. For example, serotonin is involved in communicating signals to do with hunger and mood.

### **Object permanence**

Object permanence is the ability to know that something still exists even when you can't see it. Babies don't have object permanence straight away, which is probably why they enjoy games of 'peekaboo' – it is always a surprise when you appear again. For people with ADHD, object permanence is more to do with memory. Some people with ADHD say that they forget that objects exist when they are out of sight. This might mean that people with ADHD forget that they own an item of clothing that is at the back of a drawer, or they may automatically leave items out because they know they forget items that are hidden away.

### **Rejection sensitivity dysphoria**



Lots of people with ADHD report overwhelming emotions when they feel rejected and may feel rejected very easily. It is not certain why this is. It could be due to someone with ADHD being more likely to have mental health problems such as anxiety, or could be due to a history of being bullied or judged because of symptoms. Alternatively, it could be due to different emotion processing in ADHD caused by executive function problems, such as not being able to control attention well enough to distract oneself.

### **QB test**

A QB test is a way to test how well a young person can concentrate on a simple but boring task and how much they move during that test. The amount of movement and mistakes that

the young person makes are compared to averages for their age and gender. Someone who makes lots of mistakes is judged to be inattentive, and a child who moves a lot is judged to be hyperactive.

## **SEN**

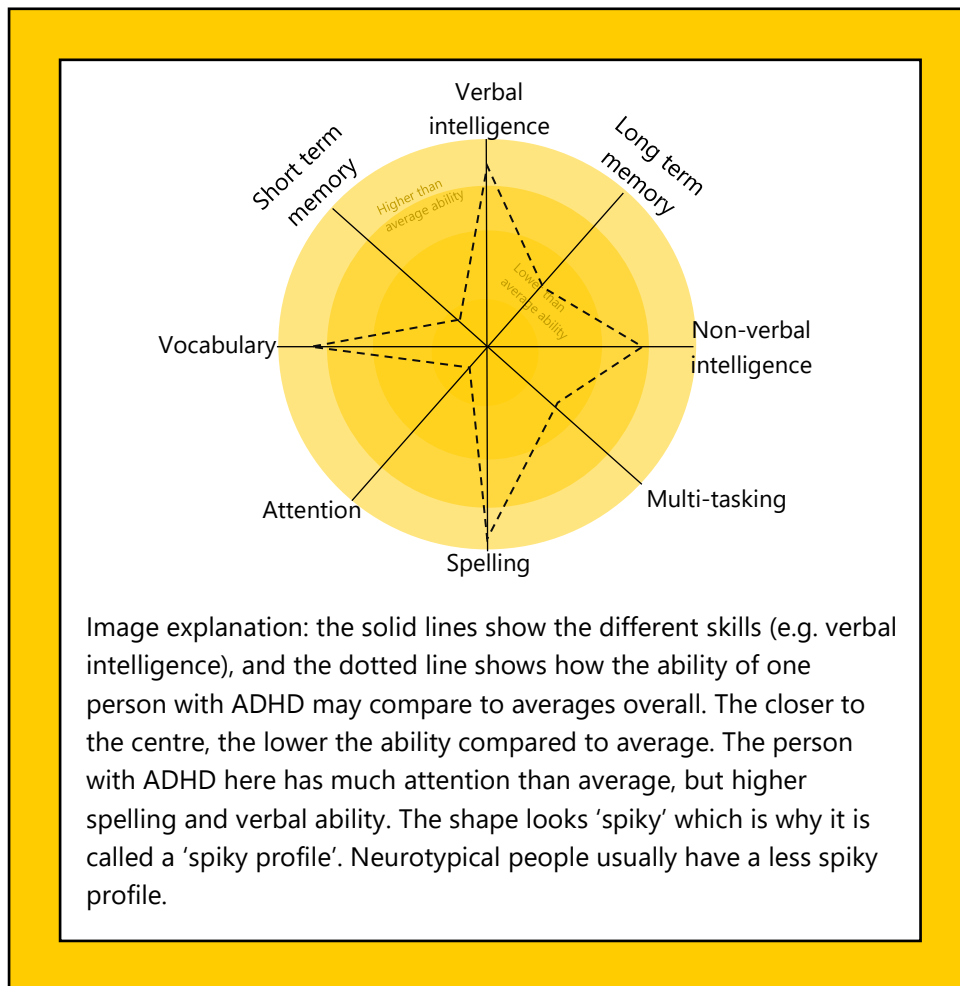
Special educational need; the things that a young person needs, usually as a result of any condition which affects education, such as ADHD, dyslexia, Down syndrome, or autism.

## **Social model of disability**

The social model of disability is the theory that disability is based on environment rather than condition. For example, being shortsighted is not a very big disability (and most people who wear glasses would not describe themselves as disabled) because the world is good at dealing with it – we have large print books and leaflets, good access to glasses and opticians, and people are accepting of others wearing glasses. In contrast, someone who uses a wheelchair because they cannot walk far will often find that the world isn't made for them. They may struggle to get places because there's no lift, or their chair may not fit through doorways. If the world was designed for them, this wouldn't be a problem so their disability would be much less. Similarly, lots of people say that ADHD is only a disability because the world is designed for neurotypical people, with children expected to sit still for hours on end and having fixed 9-5 working hours rather than being able to work in intense periods of hyperfixation.

## **Spiky profile**

Many people with ADHD (and other neurodiverse people) will have big differences in their abilities between different skills. For example, they may find attention very hard, but be very good at verbal tests. See the diagram for more explanation.



## Support needs

Support needs refer to the amount of help someone needs to be able to live their life as they want. A person with ADHD may have high support needs in some areas (e.g. budgeting) and low support needs in others (e.g. navigation). Support needs will depend on context, so a person who chooses to do things that are hard for them (e.g. a person with ADHD who goes to university and has to cope with all the additional organisation) will have higher support needs than a person with ADHD who chooses to keep doing things that they find easier.



## **Time blindness**

People with ADHD often struggle to keep track of the time. This is probably because of low attention control, meaning that people with ADHD can become engrossed in a task (hyperfocus) and forget the time.



## What is ADHD?

It is common for children to be very active and have short attention spans, especially at younger ages. In most cases, this is typical behaviour, and they will gradually get less active and better at concentrating. However, for some children, there could be an underlying neurodevelopmental difference, such as attention deficit hyperactivity disorder (ADHD).



Core signs of ADHD are difficulty concentrating, hyperactivity, and acting impulsively. Young people with ADHD will show one or more of these core signs.

ADHD is a neurodevelopmental difference. A neurodevelopmental difference means a pattern of behaviour that affects a young person in most situations, is seen from an early age, and continues into adolescence or adulthood. ADHD often becomes noticeable when a young person starts school and teachers may notice that a young person finds it hard to sit still, struggles to pay attention, or blurts out answers in class. Some people see it as a disorder and some people as a difference which can be disabling because the world isn't made for people with ADHD (social model of disability).



ADHD can have a big impact on school, peer relationships, self-esteem, and family life, especially without support (which this booklet will provide).

## What causes ADHD?

It is likely that there are environmental factors that increase the chance of a young person developing ADHD if they already have genes linked to ADHD. There may also be differences in the brain's structure or differences in how some chemicals in the brain (neurotransmitters) work. Some people used to believe that diet causes hyperactivity, but research suggests that this isn't true. However, maintaining a balanced diet and exercise are still very important. Some children with ADHD may be very picky about food, and this is not anyone's fault. It is best to keep offering varied foods and talk to your GP if you're worried about your child's diet.



ADHD tends to run in families. However, the way ADHD passes from parent to child is likely to be complicated, and there is no one gene that causes ADHD.

Environmental factors may also play a part in ADHD developing, especially for people who already have genes linked to ADHD. Certain people are thought to be more at risk: for example, children born to mothers with pre-eclampsia (a disease that can develop in pregnancy and usually resolves after birth). This does not mean that the parents of someone with ADHD did anything wrong. Environmental factors might increase the chances of ADHD, but they don't directly cause it. Usually, someone will have a combination of genetic factors and environmental factors which will altogether cause their ADHD.

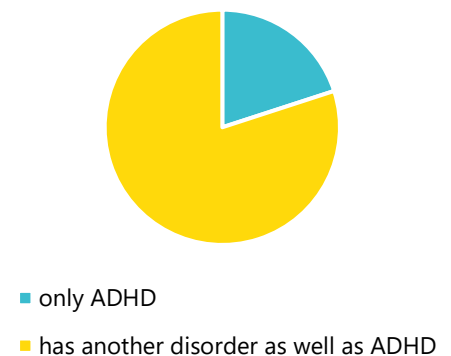
ADHD is *not* the result of poor parenting. However, children with ADHD often need more intensive support and supervision from their parents than other children. This can be tiring and hard to manage for parents, so it might feel like other parents are finding it easier or are better at parenting.

Boys are more likely than girls to be diagnosed with ADHD. However, it is likely that girls are underrepresented in referrals to ADHD services and that ADHD can go unrecognised in girls. There are several possible reasons for why this might be. One theory is that girls tend to present with more inattentive traits than hyperactivity (although not always the case) and therefore their traits are less noticeable. Another theory is that they mask more. It is important that we get better at diagnosing ADHD so that people (especially girls) with ADHD can get help and understanding.

Without extra help (see the Management of ADHD section and the Intervention section), young people with ADHD are at increased risk of developing anti-social behaviour, learning and social difficulties, and emotional difficulties. About 60 to 80 per cent of children with ADHD will have at least one other condition, such as a social communication difference (e.g. autism), or considerable language, reading (dyslexia), or movement difficulties. Children with ADHD often have learning challenges and perform poorly on tasks that measure executive function, which are a group of behaviours that guide behaviour (such as thinking before doing, planning, organisation etc.).

However, these challenges might appear more significantly in some situations than others. Young people and parents also report that ADHD symptoms may be less noticeable when there is a reward for an activity or when the child/young person is interested in the activity.

Children with ADHD



### How is ADHD diagnosed?

There are no specific tests used to diagnose ADHD. The diagnosis is made by a qualified healthcare professional with training and expertise in ADHD (such as a Paediatrician, Psychiatrist, Clinical Psychologist, or Specialist Practitioner). Assessment often involves the following:

- taking a detailed developmental and psychosocial history
- observation of the young person and use of questionnaires or tests (e.g. the QB test)
- psychological tests



Not every ADHD assessment will look the same – our clinicians are experienced in working out what exact tests and questions need to be asked. Sometimes we need to do tests like the QB test and sometimes we don't.

It is important to rule out other conditions that can look like ADHD and it is therefore important to have a professional assessment to check for these. This assessment usually involves a broader group of professionals such as Speech and Language Therapists, Clinical Psychologists and Occupational Therapists. This will often be in a team meeting after a child has been assessed, where clinicians from different areas meet and discuss their professional opinions on the case.

Because ADHD diagnosis requires having symptoms across different settings, children usually aren't diagnosed with ADHD until they are in school. However, it can also be noticed later as challenges are sometimes more evident for young people in secondary school (especially challenges with inattention), or even as an adult. Because ADHD runs in families, lots of people get diagnosed after their children are diagnosed because they see that their child's ADHD traits are things they notice in themselves.

Teachers are very important in assessment as they can see how a young person behaves in a structured school environment, so teachers' observations are usually used in an assessment. Professionals may also carry out a school observation as part of the assessment to see how the young person behaves both in the classroom and playground settings.

The two core symptoms of ADHD are inattention and hyperactivity/impulsivity.

### **Inattention:**



A child or young person with inattention symptoms would find it difficult to pay attention to detail or makes silly mistakes when working and playing. They may not finish work or find it difficult to sustain attention for long periods; and they may often lose their belongings and be forgetful.

### **Hyperactivity and Impulsivity:**

A child or young person who is hyperactive and impulsive tends to be 'on the go' and rarely sit down quietly, or when they do sit, they tend to fidget a lot. They may have trouble waiting their turn and will interrupt others conversation or play. They can also talk a lot more than most people. Sometimes they may say things that seem rude or thoughtless if their impulsivity prevents them thinking before they speak.

## AuDHD

AuDHD is the common name for the combination of ADHD and autism that a lot of people have. This is usually not as simple as having both ADHD and autism traits because a lot of the time, the traits seem to contradict each other. For example, lots of people with ADHD struggle with routines, whereas a lot of autistic people find routines very important. In someone with AuDHD, this may look like someone who loves routine but struggles to follow a routine, or has rigid routines for some things but absolutely no structure for others. People with AuDHD may also have a need for consistency but also a need for novelty to prevent boredom, so oscillate between following a strict routine and seeking new experiences. Other times, the traits are very similar. For example, both autistic people and people with ADHD often show rejection sensitivity dysphoria. They also often both have sensory sensitivities, although it may have different causes (e.g. people with ADHD may not have the control over their attention that they need to ignore an upsetting sensory experience). AuDHD is quite common, and it might lead to extra challenges compared to just having ADHD, but it is not an illness and most people with AuDHD see it as part of who they are. The resources section will support you more with AuDHD.



## How can we help someone with ADHD?

People with ADHD may need more support than people without ADHD, or they may need different types of support. However, a young person with ADHD is still very able to have a happy healthy life, and this is much more likely if you pay attention to their needs and whether they need specific support.

The main interventions are:

1. **Parent support.** Through talking to other parents and people with ADHD (see the resources section), you can find out what other parents have found is useful to support their child.
2. **Psychological therapy (group or individual).** For example, cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT), and dialectical behavioural therapy (DBT) for children and young people which target social skills with peers, problem solving, self-control, listening skills and expressing and managing feelings can be helpful.



3. **Medicines.** One type of medicine which can be prescribed for ADHD is called methylphenidate (also called Ritalin, Concerta, Delmosart, Equasym, or Medikinet). Studies have shown that this is effective in managing symptoms of ADHD. There are other similar medicines that are also commonly prescribed, such as dexamphetamine or atomoxetine. These medications should only be prescribed by a specialist following assessment, and your child will need regular appointments with a specialist to check how they affect the child, such as whether they have any side effects.



## Medicine

Lots of people with ADHD don't take medicine. Some people can't tolerate the side effects, and others like their ADHD traits even when they sometimes cause problems.

However, some people find that their ADHD symptoms are affecting their life a lot and nothing else has worked. If you or your child want to try medication, you will have an assessment with a psychiatrist and talk through all the positives and negatives of medication, as well as having a physical health check.

Lots of people don't have ADHD medication every day but instead take it on only school days, or only days when they need to concentrate.

All medications have side effects, so some medications may not be suited to your child. For example, several medications can cause appetite loss, so a child who struggles to gain weight may not be suited to those medications. You may have to try a number of different medications before you find one that works for your child.

"I remember worrying whether medication would change Jack's personality. It absolutely has not. It isn't a magic bullet, or a 'cure' for ADHD. There isn't one, and I'm quite happy with that. Jack is still perennially late, disorganised and impulsive; but he's also energetic, original and creative. The medication is helping him make the most of all of that." – Anna, YoungMinds

"Many of the earlier medications had adverse effects, such as loss of appetite, which alarmed my parents with my sudden weight loss. Others had made me hyper and gave me horrible headaches. In the end, we had found a successful medication when I was just beginning high school. I was acing my classes with this new medication with half the effort that I had needed before. I had done so well in school that I was soon enrolled in Honor's [sic] classes. I excelled without much effort." – ADHD lifestyle blog

"It was a huge mental difference. Not a "high," but a zen calm. It's the feeling you would get after sitting down after a long hike up a mountain to visit a sub-tropical rainforest spring." – Kathleen, TheMighty

"It did help me perform at university. But the more I used it, the more it became normal and the more I ended up not liking it anymore. Socially, I became less spontaneous, more quiet, less enthusiastic, which was something completely new to me [...] and I always had the worse comedown. Literally, for an hour, I would just lie on my bed and wait for my brain to spark back into normal mode. And that's when I decided to make a change." ADHDVision – off medication for 1.5 years

See above for some accounts of how it feels to be on ADHD medication, taken from the internet. These are individuals' accounts, and they do not represent everyone's experience. To decide what is right for your family, you need to talk to psychiatrists.

## What happens next?

Everyone with ADHD is different and will have different strengths and challenges.

One challenge may be sleep. Children with ADHD often have sleep difficulties, and struggle to stay alert. A child with ADHD may therefore find certain situations (such as school) more tiring than other children. This may also affect family if the child's disrupted sleep affects their own sleep.

Going out for trips might be difficult if the young person is constantly 'on the go' and does not understand the 'rules' that come with social occasions. Other children in the family may also find it hard if a lot of attention is focused on the child, or might feel embarrassed by their behaviour. Research suggests that siblings of children with ADHD can struggle a lot with their mental health, just like children with ADHD do. This could be for a range of reasons, including the stigma around ADHD. However, it is also important to remember that people with ADHD are very capable of forming relationships, including with siblings, and lots of people with ADHD will have strong relationships with their families.

Living with a child or young person with ADHD might bring lots of emotions, such as frustration, confusion, happiness, and excitement. All of these feelings (and more) are normal. It is important to remember that the child or young person is not necessarily behaving badly on purpose.

### Tip!

**Try to work with your child's strengths. If they are impulsive, see if they can use that to be bold and confident. If they struggle to keep to one task, try helping them to alternate tasks, such as moving between cleaning a bedroom and doing homework.**

It is also important to see the young person's strengths. Researchers (Schippers et al., 2022) asked some adults with ADHD about their strengths, and they mentioned areas such as creativity, positive mindset, and empathy as being the strengths of ADHD for them. Try to find strengths like these in your young person as well as noticing the areas they find hard. These strengths may be a good way to compensate for their difficulties.

For children with ADHD, getting through school can be tricky. They may get into trouble if their condition is not fully understood, and if their symptoms prevent them being able to learn effectively. For example, a young person with ADHD may fidget or doodle constantly, and be told-off by teachers for doing this, even though movement often helps people with ADHD to focus. Once a young person is diagnosed, you may be able to work with a teacher to see what can be done in the classroom to help the child, such as access to somewhere to run around and let out some energy.



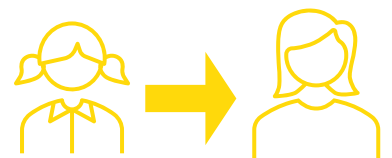
Struggles with school can have long-term consequences, so the earlier the ADHD is recognised the better. It can also have consequences on their mental health. For example, a young person with ADHD may make lots of adaptations which use up time and energy, such as checking their bag twenty times per day so they don't lose anything, and this may cause a lot of anxiety.



In the next section, you can read more about how to help a young person with ADHD in school.

ADHD traits change across development; for example, a preschool child may present as excessively active across most situations, and a teenager may be more fidgety rather than frequently getting up and down from their seat. In adolescence, traits such as impulsivity may present like stereotypical teenage behaviour, such as attending parties without permission. Attention span can improve with maturity, although the impact of attention problems on school or family life may continue.

While some children's symptoms may decrease over time, and they may no longer meet diagnostic criteria for the disorder, for other children their symptoms and the impact of these on their lives can persist into adulthood. For those people, they will likely need support into adulthood.



## Mental health

Mental health is often an important thing to consider for neurodivergent young people. Lots of neurodivergent young people have mental health problems, such as anxiety, depression, OCD, and post-traumatic stress. There are lots of different services available, and that can be hard to navigate sometimes. Sometimes, neurodivergent young people may process

emotions differently to neurotypical people, and that may affect both their mental health and how they are best supported. For example, struggles with reading their own body signals may mean that some techniques like focusing on what you can feel are more difficult or less helpful.

There are several different services that CAMHS can offer should your child need further mental health support. More information can be found on our website <https://www.oxfordhealth.nhs.uk/camhs/bucks/>. We operate a self-referral process for young people and parents or carers, and therefore, you can do this a number of ways:

- call the CAMHS Single Point of Access on 01865 901 951 or
- make an online referral <https://secureforms.oxfordhealth.nhs.uk/camhs/> or
- request your child's GP does this for you.

In Buckinghamshire, the charity Mind offers counselling for young people aged 13-21. You can access this via their online form on their website (<https://www.bucksmind.org.uk/counselling-for-young-people/>).

As a young person moves into adulthood, they can access support from Buckinghamshire Talking Therapies (<https://www.oxfordhealth.nhs.uk/bucks-talking-therapies/help/>), to which they can also self-refer.

Some of the resources in the resource section will also help with mental health.

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## Management of ADHD in school

Having Attention Deficit Hyperactivity Disorder (ADHD) makes it difficult for young people to learn in the same way as other children. They struggle to concentrate, organise themselves, complete tasks, can be impulsive, find it hard to manage their time effectively, and often can't sit still.

Children with ADHD can look highly distractible, impulsive and with challenging behaviour. However, if they are a little more anxious, they may be able to mask their hyperactivity and their inability to concentrate, so symptoms may be less obvious. This may have other effects, such as causing the child to 'explode' at home when they no longer need to suppress themselves, or leading to an anxiety disorder (which are very common in people with ADHD).



ADHD impacts on learning, as well the social aspects of a child's development. To support children with ADHD to get the most out of school and ensure they are given the opportunity to thrive, adjustments often need to be made.

Guidelines from NICE (a government-funded group of experts who advise on healthcare) recommend changing educational environments depending on specific individual needs of the child. Therefore, a careful assessment is useful, so a child's strengths and difficulties are understood, and adaptations made in line with this. For example, the adjustments needed for a child with hyperactivity will be different to a child who struggles to stay on task. It's important to also include a child's strengths when thinking about modification as this may be a vehicle through which a child can learn. For example, using a special interest in certain subjects can help boost self-esteem.

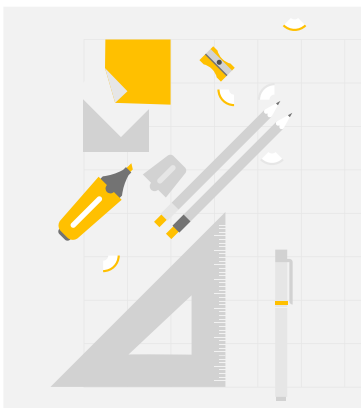


The following information has been put together as a brief guide to approach a child with ADHD to support them in the classroom.

## Communication with the child and their family

It is essential for any teachers to talk to the child and their family/guardians to best understand their need. It's useful to see what strategies help the child learn best, and what is less helpful. Once you have worked out what strategies help, it is good to keep strategies consistent so the child will become familiar with your responses and will understand and learn how to respond when asked. For example, the child can learn that the teacher will not listen until the child puts up their hand to ask a question.

## Getting started with tasks



Children with ADHD can feel overwhelmed by tasks because they struggle to break tasks into manageable pieces. To support them with this, a teacher can help them understand what is being asked of them and which areas of the task are important. Using a small whiteboard may be helpful so as instructions are given, the child can make notes to remind themselves and highlight what is important. This can also serve as feedback to the teacher to see if the child has understood what has been said. If it seems that the child hasn't understood the task, the child will need further support to understand, you can organise and set them off in the right direction. The whiteboard can then be used as a reminder if they become distracted.

## Decision-making

The struggle with executive functions that children with ADHD have means that they often struggle with decisions. For example, they may struggle to keep the options in mind clearly enough to compare them, so the choice is more complex for them than for other children. Keep unnecessary decision making to a minimum so children with ADHD are not faced with too many options. You could use more visual materials to help them make a decision, such as pictures or flashcards.

## Movement

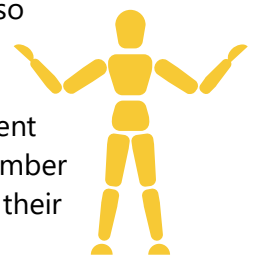
Building movement into lessons may help any child with ADHD, but is especially important for a child who is hyperactive. Ideally, a child with ADHD would be able to go outside and play with a ball every so often, or run around the playground. This can however be hard to manage. The following ideas are easier to build in if there's not enough adults to supervise independent movement breaks.



1. Choose the child to give out books - giving them a slightly heavy pile so the task is demanding upon them.
2. Use the child as a messenger within school and provide them with a note in case they get distracted or cannot remember the message. Giving them this responsibility is also helpful in making the child feel respected and valued, which may further improve behaviour by motivating them to behave.
3. Use of discreet fidget toys – Blu-tack keeps fingers busy and is also a good warm up activity for fingers when about to present a writing task.
4. Use of moveable seating (e.g. a chair that they can use to rock or a wobble cushion) in class.
5. Build movement into lessons, for demonstrations or explanations. For example, a hunt around the classroom for information, finding facts about the topic on pieces of paper around the room. This is good for making sure that the child with ADHD doesn't stand out from the group even though their need for movement is met, which may reduce the amount of stigma they feel.

## Modelling desired behaviour

Children with ADHD will often respond best when they feel motivated, so concentrating on reward rather than punishment may be very useful. This is especially important given that children with ADHD will often be stereotyped as the 'bad child' and so focusing on reward can improve their self-image. Punishment may also be inappropriate sometimes as children with ADHD may struggle to remember rules or struggle with impulsivity. Younger children may need visual cues stuck to their table, e.g. hand up before asking.



One particular area that people with ADHD struggle with is time-blindness. This may manifest in young people turning up to lessons late, or not getting work done within the given time period. It may help for teachers to give more external indicators of time, such as playing a familiar song to time clean-up, or by announcing time warnings.

## Exams and revision

For older children, exams (likely GCSEs or A-levels) are likely to be very important and may be one of the areas most affected by ADHD symptoms. Schools can advise on what adjustments may be possible for children with ADHD, such as extra time (to compensate for anxiety or attention span), breaks (to get movement and reduce the required attention span), or a scribe (for children who struggle to write quickly or organise their thoughts). In revision, children with ADHD may need to revise in an unusual way, such as using more physical methods (from big mind-maps to acting out scenes to memorise historical events) or shorter sessions (e.g. the Pomodoro method, 25 minutes of work followed by a 5-minute break) or using body-doubling. It is important to support a child with ADHD in finding what works – the way that a parent studied at school may be completely unhelpful for a child with ADHD, who may need very unusual study techniques. You may also need to advocate for the child with teachers if they are unwilling to allow young people to revise in a particular way (e.g. if they insist that young people demonstrate particular revision strategies as homework).



Lots of people with ADHD have problems with interoception (the ability to sense internal states like hunger) so may need extra help making sure they look after their bodies. For instance, a young person revising may not feel hungry or remember to use the bathroom, so may need food and drinks delivered to keep them fuelled, and also may need reminders to go to the bathroom.

## After school

From the age of 16, lots of people do further education like A-levels. Some of those young people will go to university. If you go to university, you can access the Disabled Student Allowance (<https://www.gov.uk/disabled-students-allowance-dsa>) – funding for adjustments such as extra software or mentors.

Lots of young people go into job-based education instead of more academic qualifications. This might be an apprenticeship or a T-level. The government Access to Work scheme (<https://www.gov.uk/access-to-work>) can help young people with disabilities (including ADHD or autism) moving into work, such as by funding mental health support or workplace adjustments.

### References -

D'Agati, E., Curatolo, P., & Mazzone, L. (2019). Comorbidity between ADHD and anxiety disorders across the lifespan. *International Journal of Psychiatry in Clinical Practice*, 23(4), 238–244. <https://doi.org/10.1080/13651501.2019.1628277>

## Management of ADHD at home

A disorder of executive functioning like ADHD makes it difficult for children to analyse information, plan, organise activities, complete tasks and manage time effectively. ADHD often affects learning and social interaction. In many cases adjustments need to be made so that children with ADHD can thrive.

The following information has been put together as a brief guide to help parents approach parenting a child with ADHD:

### Positive parent/child contact

Many children and parents of children with ADHD develop low self-esteem. This may be because of stigma, labelling, being told off or corrected a lot and developing a poor self-image. Parents often report being criticised by other family members and judged by other parents. It's easy to fall into the trap of focusing mainly on the negatives. You can practice PRIDE within the family. PRIDE is an acronym for **Praise**, **Reflection**, **Imitation**, **Description** and **Enjoyment**.

**Praise:** Give a lot of praise to your child and each other for the things they do well. Praise can help to reinforce behaviour making it more likely the praised behaviour is repeated. Focus on praise over criticism.

**Reflection:** Reflecting or paraphrasing can help the child or family feel heard and fosters communication. It also gives you the chance for you to check your understanding and the child to build on your conversation.

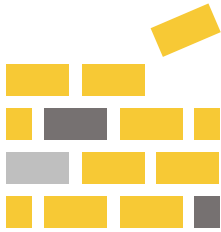
**Imitation:** Show or tell the child what is that you would prefer them to do. That means that the child gets positive feedback rather than simply criticism, and can understand what is good to do rather than simply what's wrong.

**Description:** For younger children parents can describe what the child is doing as they play. This helps to build the child's vocabulary and gives the child confidence that their parent is interested in what they are doing.

**Enjoyment:** Taking time to discover what it is that the family likes doing together and making time to enjoy activities is important to make good memories and strengthen relationships. Maybe you can cycle with your child to get out extra energy, or get involved with their interests.

## Structure

For a child or young person with ADHD, structure is important. However, people with ADHD can struggle to create their own structure. This means that making structure in the home is particularly important. "House rules" can help if they are consistently enforced. Understanding the purpose of the rules (e.g. 'we put our toys away before playing with new toys because if there are toys all over the ground, we might trip and hurt ourselves') can be helpful in giving children a motivation to follow them. For older children, structure might mean helping them with study timetables or ensuring that there is a regular family night every week.



Structure can also mean consistent reward systems. Lots of children have star charts for tasks they need to do, and you can make these tasks as basic as needed (e.g. 'brush teeth') if your child finds it harder to get tasks done. The chart is both a motivation to do tasks and a reminder of what tasks need to be done. People with ADHD struggle with memory, especially for things they aren't interested in, so a chart of everything they need to do can act as a reminder. Importantly, some people with ADHD say that they struggle with object permanence so the chart should be very visible all the time – such as on the kitchen wall.

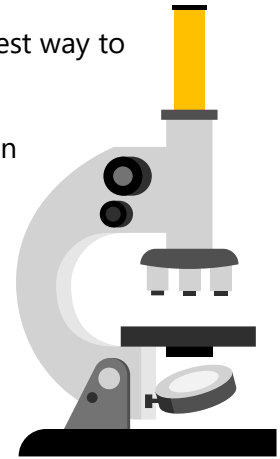


## How to tell a child they have ADHD.

Deciding how to tell your child they have ADHD is often a sensitive issue. Having ADHD can cause a mixture of difficulties nowadays, and at the same time we need to remember that people with ADHD have wonderful qualities.

You know your child best, and you are the best-placed to work out the best way to talk to your child. However, the template below may be useful.

Some children (especially older children) will want to know about ADHD in scientific terms, such as learning about how dopamine (a chemical in your brain which is involved in being rewarded and motivation) works a bit differently in people with ADHD; other children will have no interest in the science. Some children will be excited or relieved, others will be sad or confused, others will not appear to care.



The most important thing is to show your child how ADHD comes with strengths and doesn't mean that they cannot be successful or happy. It might help to show them that many celebrities have ADHD (see this list from ADHD-UK: <https://adhduk.co.uk/famous-people-with-adhd/>), including sportspeople (e.g. Nicola Adams, UK boxer), politicians (e.g. Olivia Blake, MP), comedians (e.g. Sarah Keysworth), and many others.



For older children, they might have complicated feelings. Older children will have had ADHD traits for years and may have suffered for it, such as believing that they were naughty or 'stupid'. Learning that they have a difference in their brain might make them grieve the life that they might have had if they had known earlier. Older children are also more able to access communities such as watching influencers with ADHD (see the resource list below for some ideas), so you might find that their ADHD becomes something they take as part of their identity. One child may also respond in different ways over time.



For more advice, Shire and Takeda have put together a booklet which parents and children can go through themselves step by step to explain and understand ADHD in a balanced way. Shire and Takeda also have a lot of other online resources for child and parents you may want to explore. Please find the link for the children's guide to ADHD below:

[https://www.adhdandyou.co.uk/assets/pdf/Children\\_with\\_ADHD\\_Takeda\\_download.pdf](https://www.adhdandyou.co.uk/assets/pdf/Children_with_ADHD_Takeda_download.pdf)

## Template for talking about ADHD

Choose a time when the child is feeling fairly calm and is able to listen. Given the short attention span of people with ADHD, this conversation may need to happen in parts. The following bullet points may help to guide the conversation, but it is up to you how you tell your child. The conversation will differ based on factors like the age of the child, how involved they have been in the process of diagnosis (e.g. whether they had suspicions themselves or whether it was just school/parents), and the child's understanding of ADHD.

- Tell them that the tests they did recently were for a condition called ADHD
- Explain that the tests showed that they have ADHD
- ADHD isn't an illness; you can't catch it from anyone else – it just means that their brain works in a different way
- ADHD means that you find some things (like sitting still or concentrating) harder than most people, but you might also have strengths like more creativity or more energy
- Talk about what can be done to help – both in terms of medication (if that is going to be offered) and also adaptations at home and school
- Talk about what ADHD means to them – what they think about the diagnosis and what they think they need to help them

### References -

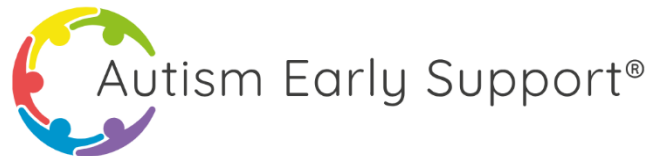
Wu, J., Xiao, H., Sun, H., Zou, L., & Zhu, L.-Q. (2012). Role of dopamine receptors in ADHD: A systematic meta-analysis. *Molecular Neurobiology*, 45(3), 605–620. <https://doi.org/10.1007/s12035-012-8278-5>

## ADHD - Further Resources and Support

All links correct as of April 2024

### The Autism Early Support service

You can get access to courses from the specialist local organisation **Autism Early Support** (AES) which is delivered online for 10 weeks.



[https://autismearlysupport.org.uk/programme-of-](https://autismearlysupport.org.uk/programme-of-support-for-parents-carers/)

[support-for-parents-carers/](https://autismearlysupport.org.uk/programme-of-support-for-parents-carers/). Despite the name, its workshops and consultations are targeted to cover both ADHD and autism. They are covered by CAMHS separately to the paid support they also offer.

It includes a series of interactive workshops and webinars that are designed to help you:

- Gain a broader understanding of the ways you can support your child and advocate for their needs.
- Develop a profile of your child's needs to share with their teachers and other professionals who work with them.
- Learn practical solutions to adopt with your child at home.
- Better understand and respond to their behaviours.
- Gain access to a peer support network with other parents.
- Better understand neurodiversity and how it can impact your family.

AES also runs family support groups for you to get support from other parents.

Finally, AES also offers targeted 1:1 sessions with experts if you feel you would benefit from that after attending the webinars.

You can contact us to be referred, or you can refer yourself through the parent portal on their website.

### Oxford Health information about medication

<https://www.choiceandmedication.org/oxfordhealth/condition/attention-deficit-hyperactivity-disorder/>

Information about medication for ADHD, provided by our NHS service, is available here.

**ADHD Information Services** - [www.addiss.co.uk](http://www.addiss.co.uk)

**020 8952 2800**

Information and resources about Attention Deficit Hyperactivity Disorder to anyone who needs help - parents, people with ADHD, teachers, or health professionals.

They have a wide range of resources in their bookstore, about all aspects of ADHD and associated conditions, with special sections for parents, children, teenagers and professionals. They also link to a range of support groups across the country.



**ADHD Foundation** - [www.adhdfoundation.org.uk](http://www.adhdfoundation.org.uk)

**0151 2372661**

The ADHD Foundation works in partnership with individuals, families, doctors, teachers and other agencies to improving emotional wellbeing, educational attainment, behaviour and life chances through better understanding and self-management of ADHD, ASD and other related learning difficulties.



They also provide training for GP's, Teachers, Social Care agencies and other professionals, raising awareness to bring about positive change and inclusion in mental health, education and employment.

They have resources for parents, mostly focused on young children.

**ADDers.org** - [www.adders.org.uk](http://www.adders.org.uk)

Provides information on ADHD, as well as creative writing from people with ADHD.



**The ADHD Foundation** - <https://www.adhdfoundation.org.uk/services-for-families/>

A charity which provides information and support for families. This includes training for parents (webinars) and links to books.



**ADHDkids** - [www.adhdkids.org.uk](http://www.adhdkids.org.uk)

A website with articles and information about books written by the mother of a child with ADHD, called Alison Thompson. Her book 'The Boy from Hell' was written by her and her son.



**Bucks and Beyond Adult ADHD Support Group**

[headstuff.therapy@yahoo.com](mailto:headstuff.therapy@yahoo.com) – Sarah Templeton, Group leader

A support group for adults with ADHD and parents of children with ADHD. They meet in High Wycombe every month.

**Clearly Speaking** - <https://clearlyspeaking.org.uk/services-we-provide/>

Clearly Speaking is a charity which works with children and young people with hidden support needs, especially children with mental health problems or neurodevelopmental differences. They provide services such as support with educational entitlements or attending meetings with a child's school or local authority. They also work with young people to develop their independence. These services are not free, but a comprehensive price guide is on their website. They also run groups for children, such as a Dungeons and Dragons group and a group for girls.

**SPACE** - <https://spacesupport.co.uk/>  
<https://www.facebook.com/groups/594309283994002>

A Buckinghamshire support group for parents of children with ADHD, autism, or challenging behaviour.



**SEND local offer** - <https://familyinfo.buckinghamshire.gov.uk/send/>

The Buckinghamshire council information on SEN, which includes ADHD, and what can be done in schools.

**Thomley Hall Activity Centre** - [www.thomleyhall.org](http://www.thomleyhall.org)

A centre specifically for children with additional needs and their families (including siblings), which has resources including a soft play centre, sensory rooms, outside play. Has specialist play staff and costs around £13 per child but has some allowances for low-income families. They also run a life skills programme for 16-25 year olds with an EHCP and programmes for families in receipt of free school meals in Oxfordshire and Bucks.



**The Parasol Project** - <http://www.parasolproject.org/>

Organises regular activities such as laser tag or cooking for children and teenagers with disabilities. Note: is in Oxford but may still accept children from Buckinghamshire.



**Newbold Hope** - <https://www.newboldhope.com/>

A website with resources (free and paid for; webinars cost £8.50 each) about violent behaviour in neurodiverse children and how to cope as a parent



## Influencers and YouTubers



**Ellie Middleton** - <https://www.weareunmasked.com/ellie>, @elliemidds (Instagram, TikTok, and YouTube), @weareunmasked (Instagram)

A woman with AuDHD who discusses her experiences and how ADHD can look in women. She has written a book (unmasked), does online workshops, writes for magazines, and does community events.

**Dr Kristyn Sommer** - @drkristynsommer (Instagram)

An Australian child psychology academic who discusses her parenting of her (neurodivergent) children based on her research and experience.





**Alice** - @the\_mini\_adhd\_coach (Instagram)

Makes cartoons and a workbook about ADHD, especially in girls.

**Connor DeWolfe** - @connor.dewolfe (Instagram), @connordewolfe (TikTok)

An American who makes funny videos about what ADHD looks like for him



**How to ADHD** (Jessica McCabe) - @HowtoADHD (YouTube)

A woman with ADHD who discusses her experience and the research on ADHD.



## Benefits

You may be entitled to claim some benefits for you or your child; some of which are available regardless of your income or employment status. These include:

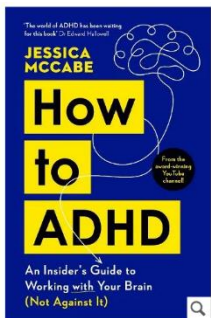
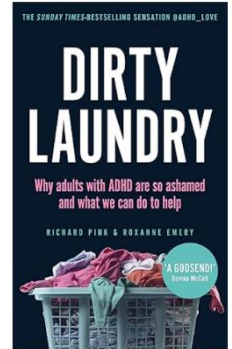
- Disability Living Allowance
- Carer's Allowance
- Extra Child Tax Credit
- Income Support or Universal Credit
- Housing Benefit or Council Tax reductions

Please look here for more information - <https://www.gov.uk/browse/benefits>.

Alternately you can visit your local advice centre (e.g. Citizens Advice Bureau) who will also be able to help with filling in claim forms.

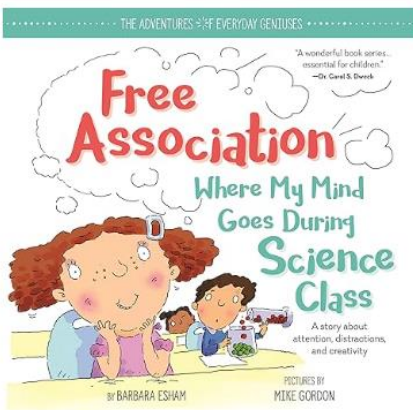
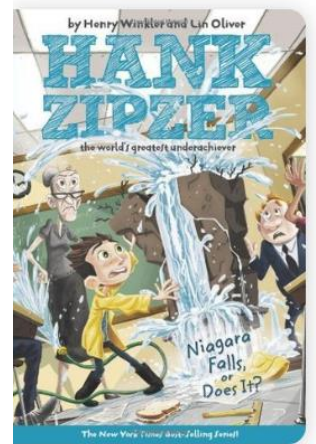
**Books:**

**Dirty Laundry (Richard Pink and Roxanne Pink)** – about shame and ADHD by a couple Richard (neurotypical) and Roxy (has ADHD); they also have a social media account called ADHDlove about their relationship. Richard’s child – Seer Pink – also has a social media account where they talk about gaming and autism.

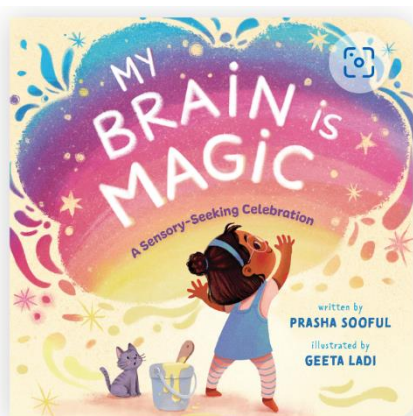


**How to ADHD (Jessica McCabe)** – a survival guide on how to have a happy healthy life with ADHD

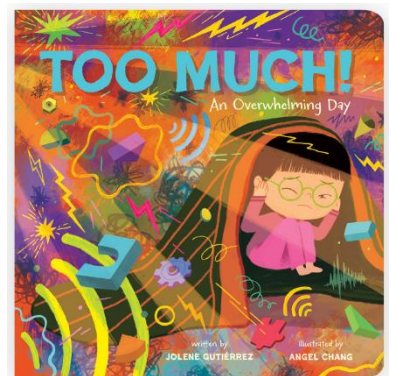
**The Hank Zipzer Series (Henry Winkler)** – written by an author with ADHD, Hank Zipzer books are a series of fictional stories of a boy called Hank who has ADHD, and the trouble he gets into; has also been turned into a BBC series



**Free Association (Barbara Esham)** – a picture book about a girl who daydreams in class and how her ADHD traits make her more creative and individual

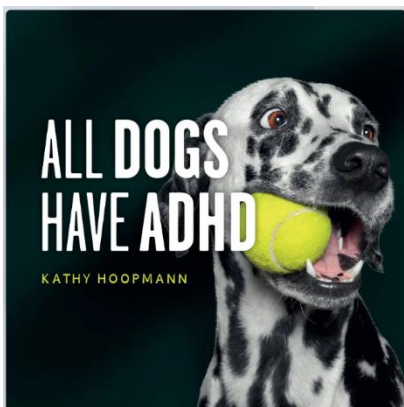
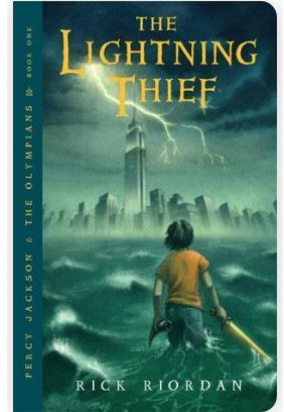


**Too Much! An Overwhelming Day (Jolene Gutiérrez)** – a picture book about a sensory-sensitive child with techniques to help manage overwhelm



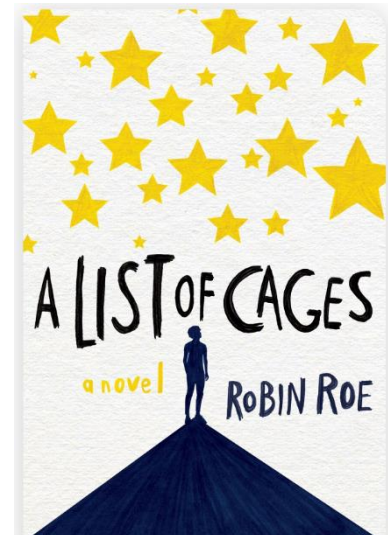
**My Brain is Magic (Prasha Sooful)** – a picture book celebrating sensory-seeking and following what your brain wants you to do

**The Percy Jackson series (Rick Riordan)** – a child/young adult series about demigods (the children of Greek gods/goddesses) and the adventures they have to save the world – one major part of the books is that all the demigods are dyslexic (because their brains are wired to read Ancient Greek rather than modern languages) and have ADHD (because they are made for adventure rather than sitting still); has also been made into a Disney+ series and two films.

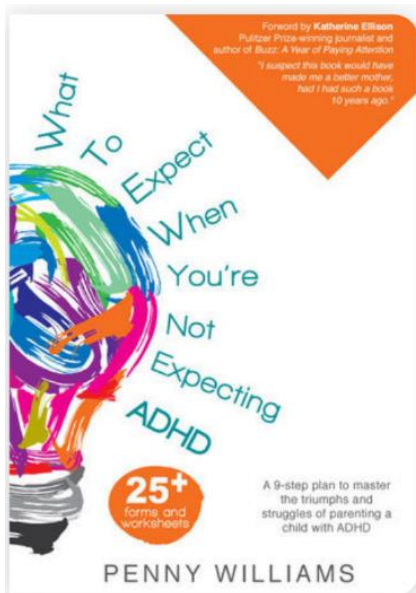


**All Dogs have ADHD (Kathy Hoopman)** – A funny book which explains ADHD simply by using pictures of dogs, such as a puppy in a forest to illustrate people with ADHD getting lost.

**A List of Cages (Robin Roe)** – a young adult novel about a boy with ADHD who is given the job of aide to the school psychologist, and in the process, reconnects with his former foster brother, who is keeping dangerous secrets. TW: child abuse



**What to expect when you're not expecting ADHD (Penny Williams)** – written by a parent of a child with ADHD about her experience and what's learnt; won an International Book Award in 2015



**Red, White, and Royal Blue (Casey McQuiston)** – a young adult novel about the son of the president of the US (who has ADHD) who falls in love with the heir to the UK throne and keeps it a secret



Useful posters:

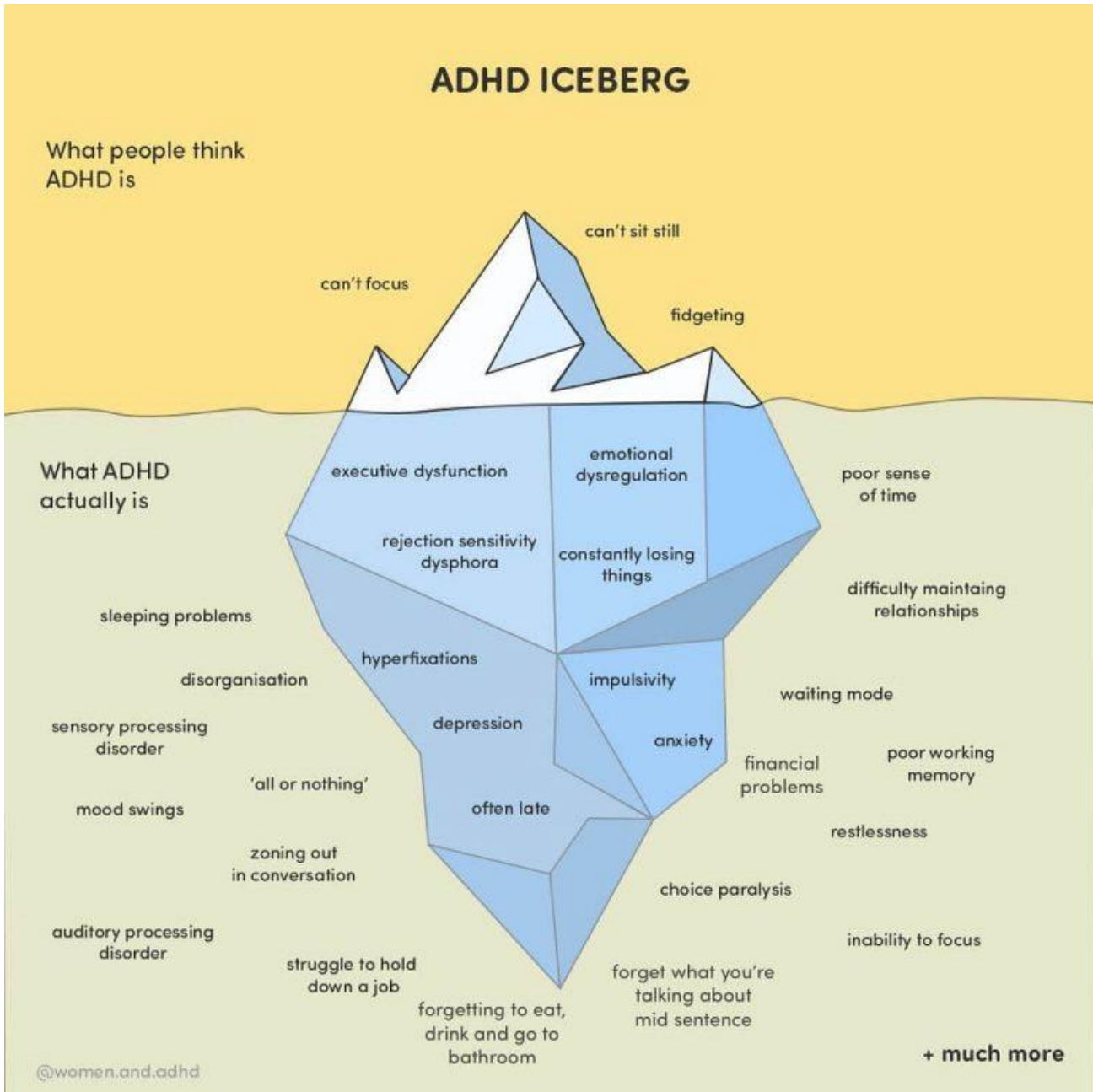


Image from calmsage.com, showing the visible and invisible symptoms of ADHD.



Funded by  
UK Government

## Aylesbury Youth Hub For ages 15 - 25 years old

Starting  
15th  
July



Meet new friends, learn new skills and have fun

- Based in Central Aylesbury throughout July and August 24.
- Group activities every Tuesday and Wednesday.
- 1-1 sessions to provide guidance and support for young people with SEND / EHCP's in exploring and preparing for their next steps and future career plans.
- Up to 6 months additional skills and employability mentoring available.

To find out more email: [info@buildingfuturesbucks.org.uk](mailto:info@buildingfuturesbucks.org.uk)

**Comments, compliments and complaints.** We value your feedback because it will help us to improve our service. If you would like to comment, compliment or let us know about any problems you've had with the service please get in touch.



Poster advertising Aylesbury Youth Hub (running July/August 2024), which is a programme of group activities and mentorship to help young people with an EHCP/SEND with the next steps of their career. Email [info@buildingfuturesbucks.org.uk](mailto:info@buildingfuturesbucks.org.uk) for more information.