



FACTSHEET

ADHD

The concept of Attention-Deficit/Hyperactivity Disorder (ADHD) originates in the USA. It refers to children and young people (and adults too) whose behaviour appears impulsive, overactive and/or inattentive to an extent that is unwarranted for their developmental age and is a significant hindrance to their educational and social success. The term ADHD, previously used sparingly in the UK, is now in widespread use internationally.

It is important to note that most young children are at times impulsive, inattentive and overactive. ADHD, also known as Hyperkinetic Disorder, defines a type of behaviour which is at the extreme end of the normal range of behaviour.

Children with ADHD can be difficult to live with and difficult to manage in school. Most parents of an ADHD child recognise from an early age that their child is different but are often at a loss as to how to deal with such a child. Some parents lose confidence in their parenting abilities; others become over-critical; sometimes in such situations the behaviour of ADHD children worsens so that they can also show signs of an oppositional defiant disorder. In school the hyperactive-impulsive behaviours can result in the child's settling slowly to work, fidgeting, rushing through work, calling out in class and failing to check work before it is handed in. The attention deficit problems affect organisational skills, listening skills, distractibility and short term memory.

ADHD is often present together with other disorders such as specific learning difficulties/dyslexia, thus compounding the child's problems.



Prevalence

Estimates of the prevalence of ADHD vary somewhat according to the exact criteria used. According to the evidence of the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders: 4th Edition (2000) ADHD has been estimated as occurring in 3%-7% of school age children. Some research indicates that it is at least 4 times more common in boys as it is in girls.

Types of ADHD

There appear to be two main types:

- The mostly inattentive type – sometimes referred to as Attention Deficit Disorder (ADD)
- The mostly hyperactive/impulsive type.

Many children show a combination of these two types.

Symptoms of ADHD

DSM-IV:TR defines the following symptoms of ADHD:

A. Either (1) or (2):

- (1) six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with development level:

Inattention

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities;
- (b) often has difficulty sustaining attention in tasks or play activities;
- (c) often does not seem to listen when spoken to directly;
- (d) often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behaviour or failure to understand instructions);
- (e) often has difficulty organising tasks and activities;

- (f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or tools);
- (h) is often easily distracted by extraneous stimuli;
- (i) is often forgetful in daily activities.

- (2) six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with development level:

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat;
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected;
- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness);
- (d) often has difficulty playing or engaging in leisure activities quietly;
- (e) is often 'on the go' or often acts as if 'driven by a motor';
- (f) often talks excessively.

Impulsivity

- (g) often blurts out answers before questions have been completed;
 - (h) often has difficulty awaiting turn;
 - (i) often interrupts or intrudes on others (e.g., butts into conversations or games).
- B. Some hyperactivity-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

- C. Some impairment from the symptoms is present in two or more settings (e.g., at school (or work) and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

Causes of ADHD

The exact cause of ADHD is not known, but a number of factors are likely to be involved. There is considerable evidence of the strong influence of genetic factors on levels of hyperactivity, impulsivity and inattention. However, family, school and peer group influences are also crucial in determining the extent of any impairment.

Treatment

Research evidence indicates that for effective treatment of ADHD a package of interventions is the most effective treatment choice. Treatment packages should include behavioural parent training, self-instructional training and school-based management elements combined with stimulant medication.

Three Key Action Points

All available research evidence suggests that the earlier a child's special educational needs are diagnosed and treated, the better is the outcome. It is important, therefore, for parents to get sound, professional advice at the earliest opportunity if they suspect their child may be showing evidence of ADHD. ADHD is diagnosed by psychologists, psychiatrists and paediatricians.

It is important that parents discuss the child's difficulties with the school so that they can work together and agree on a treatment programme. It is also important for parents to discuss with the diagnosing professional specific ways of helping their particular child.

Parents can be reassured that in some children the ADHD symptoms improve as the child gets older so that by adulthood the situation is often much improved.

Appleford Assessment Service

For nearly twenty years Appleford has provided high quality education for dyslexic children. With appropriate treatment many of our young people have gone on to achieve their ambitions and to become happy, fulfilled adults after an unpromising start.

Now there is a new opportunity for parents worried about their children's education and developmental progress. Appleford can now offer parents a specialist, professional assessment service for the diagnosis of dyslexia, dyscalculia, ADHD, dyspraxia and other coordination difficulties, autism, Asperger's disorder and speech and language disorders including semantic-pragmatic disorder.

All the available research indicates that the earlier a child's difficulties are diagnosed and treated the more optimistic the outcome for the child. So, it is sensible to have your child assessed as early as possible.

The assessment and diagnosis of ADHD is made together with an assessment of the child's intellectual abilities and educational attainments in literacy and numeracy skills by:

Dr. Peter Gardner

B.A., DipPsych., M.A., Ed.D., A.F.B.Ps.S.,
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Chartered Psychologist

Peter gained an Honours Degree in Psychology from Nottingham University, a postgraduate diploma in Academic Psychology from University College London, a Master of Arts Degree in Therapy and Counselling from Antioch College, U.S.A. (London Branch) and a doctorate from the University of Bristol.

He has been a lecturer in a number of universities and was a tutor at the Child Guidance Training Centre, London, responsible for post-graduate training of educational psychologists on a British Psychological Society – and Department of Education and Skills – accredited course.

He is a Chartered Educational Psychologist, a Chartered Forensic Psychologist and a Chartered Counselling Psychologist of the British Psychological Society. He is a Full Practitioner Member of the British Psychological Society Division of Neuropsychology. He is a registered Psychotherapist (United Kingdom Council for Psychotherapy) and was a committee member of the Psychology and Psychotherapy Association.

Much of his work is legal work, including the preparation of detailed court reports and submission of oral evidence, working for Crown Courts, Magistrates Courts and Guardian *ad litem* panels. He acted as an expert witness in the precedent-setting Phelps v London Borough of Hillingdon education negligence case in the High Court in July 1997 and was described by Mr. Justice Garland as 'particularly well qualified, careful and fair.' His legal work is split roughly 50:50 between Claimant and Defendant work.

He is a founder of both Appleford School and of Daneswood, Shipham, near Cheddar, a care home for young adults with severe, profound and multiple learning difficulties, which is registered with and approved by CSCi.

Contact details

To make an appointment for your child or you to be assessed, please contact:

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Does your child have
ADHD?



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