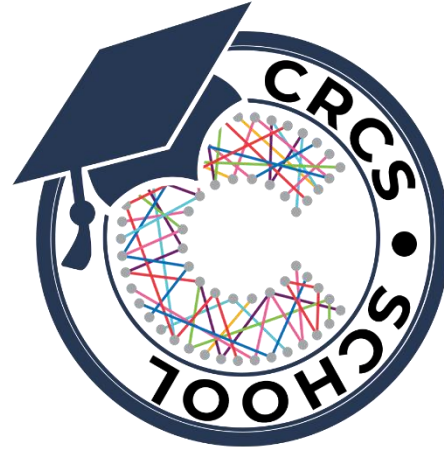
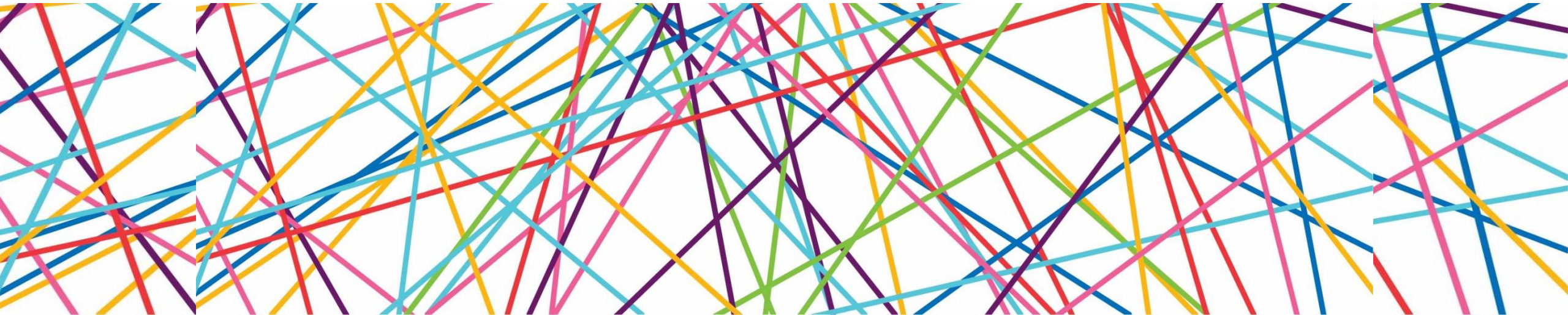




The ADHD Lens

Understanding and Guiding Behaviour





Awareness Matters

- ADHD affects 5-8% of children, 2-6% of adults Worldwide
- Understanding
 - Individual strengths and challenges
- Inclusion
 - Program design
 - Plan for success
- Support
 - Respond to challenges





Attention Deficit Hyperactivity Disorder

- DSM-5 definition
 - ADHD is a neurodevelopmental condition defined by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with daily functioning or development



Symptom Threshold:



- Children and Adolescents (up to age 16): Must display at least 6 out of 9 symptoms of inattention and/or 6 out of 9 symptoms of hyperactivity-impulsivity.
- Older Adolescents (17+) and Adults: Must display at least 5 out of 9 symptoms from either category. [1, 2, 3]
- Duration: Symptoms must have persisted for at least 6 months.
- Age of Onset: Several symptoms must have appeared before age 12.
- Cross-Setting: Symptoms must be present in two or more settings (such as home, school, work, or social situations).
- Functional Impairment: There must be clear evidence that symptoms interfere with or reduce the quality of social, academic, or occupational functioning.
- Exclusion: Symptoms are not better explained by another mental disorder (like schizophrenia, anxiety, or mood disorders).



DSM-5 Criteria



All of the criteria from A to E must be met for AD/HD to be diagnosed.

A. (1) or (2) must be present.

1. Inattention: At least 6 of the 9 symptoms must be present; they must last at least 6 months and have a negative impact on social functioning, academics, or occupation

1. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
2. often has difficulty sustaining attention in tasks or play activities
3. often does not seem to listen when spoken to directly
4. 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)
5. often has difficulties organizing tasks and activities
6. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
7. often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, or tools)
8. often easily distracted by extraneous stimuli
9. often forgetful in daily activities





DSM-5 Criteria

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

- **Hyperactivity**

1. often fidgets with hands or feet or squirms in seat
2. often leaves seat in classroom or in other situations in which remaining seated is expected
3. 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)
4. often has difficulty playing or engaging in leisure activities quietly
5. is often “on the go” or often acts as if “driven by a motor”
6. often talks excessively

- **Impulsivity**

1. often blurts out answers to questions before the questions have been completed
2. often has difficulty awaiting turn
3. often interrupts or intrudes on others (e.g., butts into conversations or games)

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before 12 years of age.
- 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.
- E. The symptoms do not occur exclusively during the course of schizophrenia or other psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, or a personality disorder).



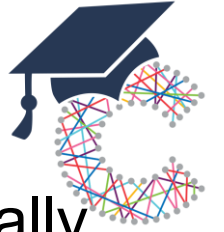


The Three Presentations (Subtypes)

- **Combined Presentation:** Both inattention and hyperactivity-impulsivity criteria are met over the past 6 months.
- **Predominantly Inattentive Presentation:** Inattention criteria are met, but hyperactivity-impulsivity is not.
- **Predominantly Hyperactive-Impulsive Presentation:** Hyperactivity-impulsivity criteria are met, but inattention is not.



Misconceptions



- **ADHD is just bad parenting or a lack of discipline:** ADHD is a clinically recognized, hereditary neurodevelopmental condition tied to brain structure and function, not behavioural choices or poor parenting.
- **Children just grow out of ADHD:** While symptoms often change or manifest differently in adulthood (shifting from overt physical hyperactivity to internal restlessness, disorganization, or chronic lateness), the condition persists into adulthood for the majority of individuals.
- **Only boys have ADHD:** Boys are diagnosed more frequently because they often display disruptive hyperactive symptoms, whereas girls frequently have the inattentive presentation and are historically underdiagnosed.
- **People with ADHD are lazy:** Apparent laziness or lack of follow-through is actually a functional difficulty with executive functioning, planning, and starting tasks—even when the person desperately wants to do them.



Recognising Neurodiversity



- Why is it important?
 - To respect and celebrate difference
 - To recognise both strengths and challenges
 - Environmental constraints
 - Classroom/office vs flexible settings
- Important not to trivialise ADHD as a personality type. It is a condition that requires support





How ADHD affects the brain

① Prefrontal Cortex

Functions as an intersection for attention, behavior and emotional responses. For people with ADHD, attention is switched easily.

Basal Ganglia ③

Neural circuit system that regulates communication within the brain. In the ADHD brain, a "short-circuit" can cause inattention or impulsivity.

② Limbic System

Regulates emotions. Deficiency of dopamine in the ADHD limbic system may result in restlessness, inattention or emotional volatility.

Reticular Activating System ④

The major relay system between the brain's pathways. A dopamine deficiency may cause impulsivity and hyperactivity.



- Source: [The Appalachian Online](#)

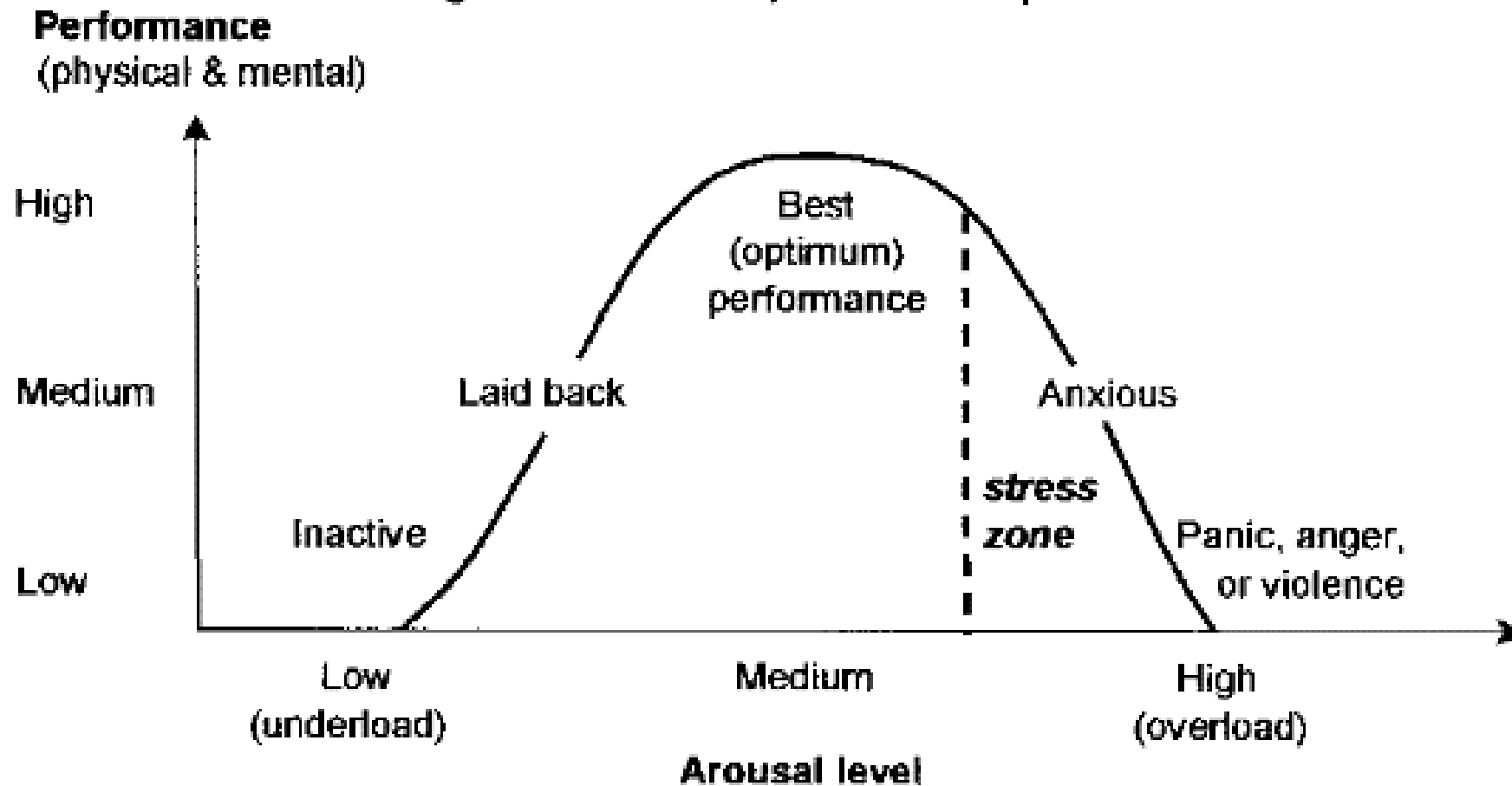


Core Challenges of ADHD

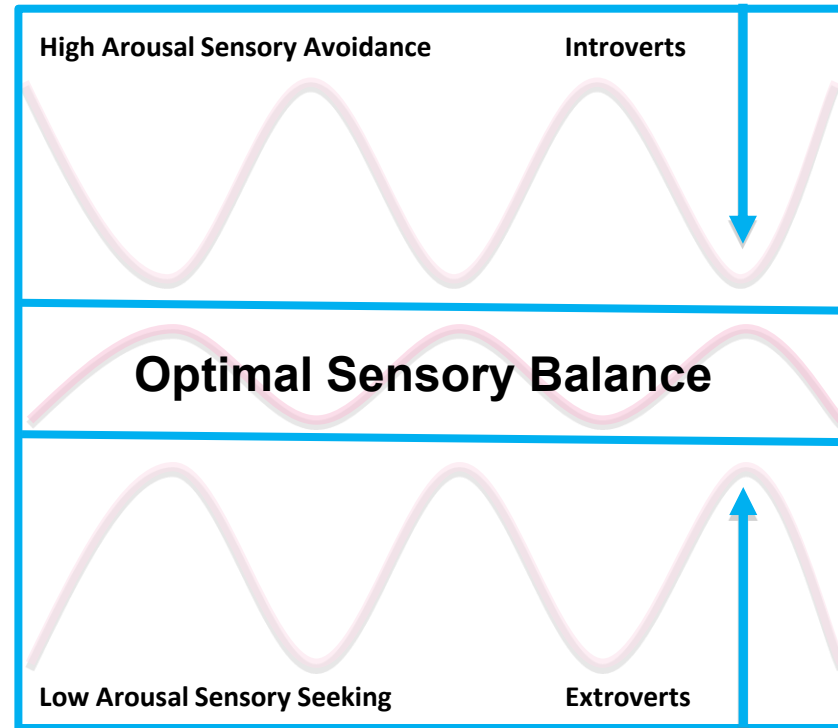
- Cognitive Arousal
 - Self regulation
- Executive Functioning
 - Planning/organising/reasoning



Cognitive Arousal



Cognitive Arousal



Executive Functioning

The Brain's Command Centre



- Higher level cognitive (mental) skills
 - Working Memory
 - Inhibition and Impulse Control
 - Task Initiation and Motivation
 - Emotional Self-Regulation
 - Planning and Time Management





Behaviour Difficulties in ADHD

Challenging behaviours are not a direct symptom of ADHD, rather biproducts of the core challenges that result in:

- Higher level of frustration
- Difficulty communicating wants and needs
- Difficulty controlling emotion and impulses



Supporting Behaviour



What does this mean for how we approach and respond to challenging behaviour in ADHD?

- There is a greater need for consistency
- A need to express clear boundaries
- Environmental adjustments
- Fair expectations



Programming



- Space high and low preference activities
- Determine which activities are easy and which are more difficult
- Play verse structured learning tasks





Structure

- What are the child's general patterns?
 - High energy Start?
 - Need a warm-up period?
 - End on a quiet note?
 - Break Time

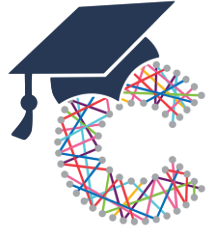


Monitoring Energy Levels



- Regulating for the child
- Take demands into consideration
 - Physical
 - Mental
- Activities
 - High/low intensity
 - Activating/Calming





Challenging Behaviour

I want to give you a framework for understanding behaviour

I want to help you analyse behaviours according to that framework

I want to empower you to make decisions about how to prevent and respond to challenging behaviour





Frequently Asked Questions

- What motivates behaviour?
 - Why do we do what we do?
 - Why do children do what they do?
- How should I react?
 - What should I say/do?
- How can we reduce undesirable behaviours?



Undesirable behaviour can be hard to deal with!



- It can be very challenging for staff
 - Requires more intensive attention and focus
 - Can be a significant source of stress
 - We understand that there are complex issues behind it, but it can still be upsetting



Types of challenges



- **Uncooperative behaviour**
 - It can be difficult to encourage participation in activities and following routines
- **Aggressive behaviour**
 - Upsets children and their parents
 - Children/educators may become stressed/anxious/fearful
 - Can be confronting for adults and children
 - Increases educator's workload
 - Children may find social/behavioural differences confusing
- **Socially inappropriate behaviour**
 - Depends on context
 - Challenging behaviour vs behaviour that challenges me



Empathy For Challenging Behaviour



- Challenging behaviours often arise from difficulties with communication and interaction.
 - Imagine not understanding what's going on around you and not being able to effectively communicate your wants and needs.
 - Imagine wanting to interact and play but not knowing how to
 - Aggressive behaviour toward other children is often misinterpreted as antisocial but is often an indication of a desire to interact and the child is actually seeking a predictable social exchange. That can feel safer and easier than pro-social behaviour. If we can teach positive play skills that type of behaviour typically decreases.
- Explaining difficulties in a positive way
 - Children can find it discouraging when they don't get the response they expected or when there is a processing delay for example with conversation.
 - Want to play/talk to you, but needs help/is still learning



Why do children do what they do?



Because it works!

It fulfills/communicates a need

Are we rewarding the
Behaviour?





Common Feedback

“There was no trigger”

The word “trigger”

- Implies there is obvious and logical cause and effect
- Implies that the trigger should make sense to us
- We feel like if we can't anticipate the behaviour, we can't prevent it



REASON Trigger



- Implies there was a **purpose/function** to the behaviour
- Acknowledges that the reason could **make sense to the child** even if it doesn't follow our sense of logic
- Helps us recognise the significance of **setting events** or what happened in the **lead up** that may have contributed to the behaviour



Small Details Can Be Valid Reasons



- I felt like it
- I had nothing else to do
- I wasn't focussed on anything else at the time
- I was bored
- I was transitioning between activities





Functions of Behaviour

- Physical or Sensory Need
- Seeking attention/interaction
- Avoidance/escape/protest demands
- Communication wants/needs
- Get something- object/activity/reward



Physical or Sensory Need

“I’m feeling uncomfortable”



- Medical
 - Not feeling well
 - Experiencing pain
 - Has a medical condition that reduces tolerance thresholds
- Environmental
 - Temperature
 - Lighting
 - Sound
 - Room arrangement
- Over/under stimulation
 - Ability to self-regulate
- Express emotion
 - Frustration
 - Excitement



To Gain Something “I need/want that”



Behaviour used to get something such as a toy, food, activity or turn at a game etc.

- Giving the desired item would be a reward/reinforcement
- We need to teach/model appropriate communication and requesting strategies
 - Gestures
 - Alternative communication system (signs/pictures/device)
 - Verbal requesting



Seeking Attention/Interaction

“look at me” “play with me” “talk to me”



Imagine wanting to interact and play but not knowing how...

Aggressive behaviour toward other children is often misinterpreted as antisocial but is often an indication of a desire to interact and the child is seeking a predictable social exchange. That can feel safer and easier than pro-social behaviour. If we can teach positive play skills that type of behaviour typically decreases.





Attention Seeking

- The behaviour is done to get someone's attention
- We need to teach/model socially appropriate methods of seeking attention
- Avoid giving an elevated emotional response in the presence of undesirable behaviour.
- Maintain a neutral facial expression.
- Maintain a neutral volume
- Maintain a neutral tone of voice
- If your general tone is positive, then a neutral response to undesirable behaviour should represent removal of reinforcement from your interaction.



Attention Seeking



- Reinforce appropriate behaviour with positive attention.
- Redirect to positive behaviour so you can reinforce the desirable behaviour.
- Phrase redirecting statements in terms of what a child **SHOULD** do rather than what they should stop doing. For example, “put the block down” rather than “Don’t throw the block” the latter will be less effective if the child doesn’t understand negation or has poor impulse control. If you put the idea into a child’s mind, they will most likely lack the self-control to resist temptation.
- Remember that in the immediate absence of attention a child will take any attention that they can get and either positive or negative attention will suffice. That is why it is important to not to give an emotional response including raising your voice or reprimanding attention seeking behaviour. This will be interpreted as attention and will therefore reinforce the function of the behaviour. A calmly stated consequence or redirection in a lower tone is more effective.



Rephrase the following...



“no running Inside”

“Walk inside”

“Don’t eat playdough”

“Keep playdough in your hands”

“We don’t hit”

“Keep your hands to yourself”



To Escape Demands

“I don’t want to...”



- The behaviour is done to delay or avoid demands
- Ideally If you give an instruction, you should follow through.
- Remember to give instructions clearly and directly for example, “ pack away”, “come here”, “it’s time for lunch” and never phrase an instruction as a question “do you want to sit down?” because if the answer is “no” you are not justified in following through and the child will be confused about whether there is a choice involved.
- Give an instruction once and follow through. If you repeat instructions without cooperation, children think you don’t mean your instruction the first time because you aren’t willing to do anything about it.
 - Pick your battles
 - Set children up for success
 - Wait for an optimal time





Preventative Strategies

- Foreshadowing transitions
- Visual schedules
- Social stories
- Video modelling
- Reward charts
- Giving choices
- Teaching positive skills
 - Self regulation, communication, play skills



Reactive Strategies



*This is not a teaching moment!

- Control your emotions/expression/reaction
- Redirection
- Reinforce replacement behaviours
- Help to use calming strategies
- Phrasing matters
 - “we don’t hit” vs “I won’t let you hit”



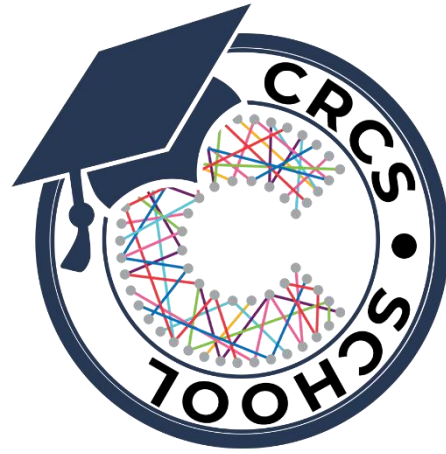
The most important thing...



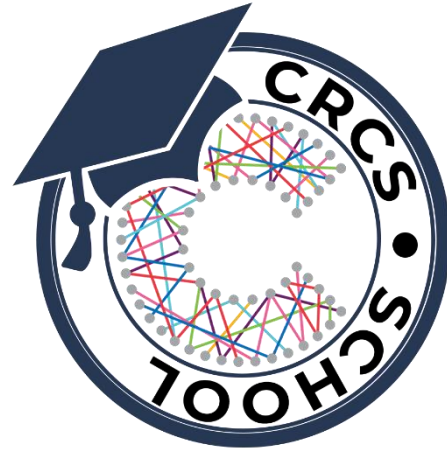
*Believe you can make a difference

- That you are an integral part of the behaviour dynamics within your education and care setting
- That if you change the way you interact with children you can influence how children behave
- That if you change the way you respond you can change the way children react





Questions?



Thank you

