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## In The News: ADHD

- “Scientists find genetic variants that increase risk of ADHD” The Guardian online, Nov 2018
- “Loyle Carner – Interview” The Guardian online, Nov 2018
- “Medication isn’t always the right answer for children with ADHD” Letters, The Guardian online, Oct 2018
- “ADHD over-diagnosed in children born later in the school year, study says.” The Independent online, Nov 2018 (USA-based research)
- “OfSTED warns parents could be overmedicating their children as Ritalin prescriptions double in a decade.” The Independent online, June 2018
- “ADHD treatment may be needed by hundreds of thousands more children, experts suggest.” The Independent online, Aug 2018

We increasingly see news articles about ADHD, the need for medication and concerns about over-diagnosis. Many people worry that children diagnosed with, and medicated for, ADHD are in fact struggling with their behaviour as a result of parenting issues. Also, the challenges we face in education every day, from lack of funding for SEND to challenging behaviour in the classroom, are regularly reported in the media. So what is the current thinking about ADHD and how is this reflected in the news?

All of the points mentioned above have been written about in the last 12 months. An article in the Guardian discussed the discovery of genetic variants that can help to identify individuals at greater risk of having ADHD, which is surely a good thing? If medical professionals can play a part in the diagnosis of the condition, we can be more certain that diagnoses are correct and therefore any treatment offered is appropriate. Interestingly, a recent US study showed that diagnosis rates are higher amongst children born in the summer months of July and August!

However, there is conflicting information across stories in the media and between research studies, both in the UK and in the US. Current thinking in the UK is that the condition is under-diagnosed and that many children with the condition are not being diagnosed, whilst other professionals are concerned that we are over-diagnosing – giving a label when it is not needed or appropriate. Our OfSTED Chief Inspector shared her concerns in the Independent, saying that Ritalin prescriptions have doubled and we must be careful to consider the impact of parenting style on behaviour whilst another article in the same paper (different month) quoted professionals who believe that many more people should actually be receiving treatment!

We can only draw our own conclusions. What is positive about this media attention is the debate it generates and the greater awareness of the difficulties associated with ADHD in the wider public. Where some focus can be directed at parenting and how we can support parents in developing good skills and strategies in the home, the impact in school can only be positive. Loyle Carner, a rapper from London, has used his experience of learning to manage his ADHD to help other young people by setting up a cooking programme to encourage them to channel their skills into something positive. This is the kind of publicity that helps the community to recognise that children and young people with ADHD have a skill set that can be turned to success, which is probably the kind of story that we need to see much more of.

**Foster**

by **Tracey**



## Resource Review: Blurt Cards

Blurt cards – simple but effective and cheap to produce in your school. There are some resources out there ready to use but will cost money or require email information so if you want to avoid that, make your own. The principle is to accept that the child will blurt things out but can begin to learn to control this with time and support. The child is given a set number of Blurt Cards per day, depending on how often you know they tend to “blurt”. If s/he “blurts” during a lesson, one card is used. Encourage the child to keep at least one card at the end of the day/lesson. This will bring a reward. Remember that a child might have “physical blurts” such as leaving their seat or throwing a rubber. These are all impulsive behaviours that are difficult for a child with ADHD to control. Eventually, move to keeping two per day etc. Ensure this is supported by visual reminders of how to get attention, how to maintain concentration and by allowing movement breaks as often as possible. These cards enable staff to show understanding and patience whilst encouraging the child to work towards the desired positive behaviour. It helps prevent a sense of failing and better supports the child’s self-esteem.

## Recent Research: Girls and ADHD By Sue Plechowicz

‘There continues to be a striking difference in the sex of children diagnosed with ADHD with boys more likely to be diagnosed than girls.’ (Mowlem et al 2018) Some studies show a 9:1 difference despite the fact that there is increasing evidence, such as that of Sari Solden, whose 2018 study reveals that ADHD affects just as many females as males. Dr P.Quinn has reported that ‘Girls are 3 times more likely to be taking antidepressants prior to being diagnosed and Solden states that,’ ‘Millions of withdrawn little girls go undiagnosed with ADHD because they don’t fit the stereotypical

profile' and that frequently results in depression, disorganisation, anxiety, and underachievement - all also symptoms of ADHD.

So why might this be and what can be done?

Considering that the diagnostic criteria were originally created based on studies of boys, it is not surprising that professionals are likely to be better geared towards identification of ADHD in males. In boys, behaviour connected to ADHD is more likely to be disruptive making it hard for teachers and parents to ignore. Girls are more likely to have 'inattentive ADHD' in which daydreaming and shyness are common' (K Low 2018) and they are likely to be better at masking their struggles. Those who know them may give these girls the thoughtless and inaccurate labels of a 'disorganised daydreamer', 'a social butterfly' or a 'space cadet'.

(Quinn) Symptoms in the 'inattentive' sub-category are poor attention; forgetfulness; distractibility; failure to finish tasks; mood disorder. Even in the 'hyperactive' sub-category, hyperactivity in girls is often demonstrated differently eg by talking incessantly, whereas boys tend to 'blurt out' and use physical movement. A hyperactive boy who repeatedly bangs his desk will be noticed before the inattentive girl who twirls her hair whilst staring out of the window.

'Girls are often people-pleasers; sometimes internalising their problems, feeling anxious and depressed but actually working hard'. (Solden 2019) They may get top marks on an assignment but because they have had to work three times as hard to get it, they see themselves as not being as smart as others (Peterson) which can lead to low self-esteem, anxiety and/or depression. Unless girls with ADHD display more of the disruptive behaviours associated with the stereotypical image of the condition, they may be more likely to be missed.

So what can we do to help?

Be aware of, and consider, the more subtle behavioural possible indicators, not just that classic hyperactive, 'loud' behaviour that often disrupts your classroom... Inattentiveness; distractibility; excessive talking; poor self-esteem; worrying; hyper focused perfectionism; difficulties in maintaining relationships with other girls; 'nosiness'; nail-biting/cuticle picking; appearing to be 'silly'; 'a show-off' ; 'boy-crazy'.

***Related Training: Understanding and Supporting Pupils with ADHD:  
March 2019 – Truro 18th, Bodmin 20th, Plymouth 22nd, Tiverton 28th***

