



ADHD

A Pack for Parents and Carers

CAMHS Neurodevelopmental Conditions Team

What is this pack and who is it for?



This pack has been designed for parents and carers of children and young people with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or one of the subtypes. It has been designed to be used with other media and sources of information such as the Oxford Health online content. We hope that it will help you to:

- Better understand ADHD and some of the common difficulties associated with it.
- Learn about strategies that can be used to support children and young people with ADHD.
- Find out about additional resources available to you and your child so that you know where to access ongoing support, so you do not feel alone.

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Understanding ADHD



For some, Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) can be a lifelong neurodevelopmental condition however, for many the signs and symptoms improve over time. ADHD can present differently in boys and girls and this is worth noting. The ADHD profile of boys tends to include overt disruptive behaviour and conduct issues, whereas females tend to be less boisterous and find ways to mask inattentive and social-relational difficulties. This is to say boys tend to externalise their problems whereas girls tend to internalise their problems. Boys can present with the female profile and vice versa.

The male profile of ADHD often becomes apparent in early childhood whereas the female profile becomes more apparent at times of transition when the environment demands greater independence such as starting senior school. For boys and girls ADHD and ADD are diagnosed when a unique pattern of poor attention on its own, with or without hyperactivity and impulsivity occurs.

We do not know exactly what causes ADHD although the most effective treatment for moderate to severe ADHD is stimulant medication. It is thought that stimulant medication improves noradrenalin and dopamine chemical messaging when the lack of transmission makes it more difficult for a person with ADHD to regulate attention, impulsivity and hyperactivity .

People with ADHD are often misunderstood and labelled with unwanted and inappropriate monikers. They often try very hard to please others, but can find it hard to regulate emotions and control their urges.



Please see the ADHD Voices website. This is a good website to visit to develop your understanding about ADHD. Please also watch the following video and take notes. After you have watched the video try and answer the question, 'what is it like to have ADHD?':

The screenshot shows a web browser window with the URL adhdvoices.com/adhdvideos/adhdandme.shtml. The website has a blue header with navigation tabs: HOME, ABOUT US, VIDEOS (highlighted), ACADEMIC PUBLICATIONS, NEWS & PRESS, VOICES REPORT, and CONTACT US. On the left, there is a sidebar menu with links: ADHD and Me, ADHD and Me (with captions), ADHD and Me trailer, Professor Peter Hill, What's it like to have ADHD?, What does Ritalin do?, Does medication turn me into a different person?, Who's in control?, Downside of medication, Sigma, Doctors, Teachers, and Other things that help. The main content area features a video player titled 'ADHD AND ME' with a red background and the text 'ADHD PRESENTS ADHD AND ME'. The video player shows a play button, a progress bar at 0:00 / 17:41, and options for 'Watch later' and 'Share'. The Windows taskbar at the bottom shows the date and time as 15:16 on 25/09/2020.

ADHD is not an illness or disease and it can't be "cured" presently. However, there are treatments and strategies that can be used to support the young person with ADHD in a way that can reduce distress and improve quality of life. Early diagnosis and understanding can help people with ADHD fulfil their potential.

Who is affected?

Current research suggests that worldwide prevalence rates of ADHD in children and adolescents are estimated to be around 5.3% (Polanczyk, De Lima, Horta, Biederman, & Rohde, 2007) that's about as common as having hazel or amber colour eyes. Approximately two thirds of children with ADHD are believed to still have symptoms into adulthood (Faraone, Biederman, & Mick, 2006).



The ratio of ADHD diagnosis in males to females is 4:1 in childhood (Polanczyk et al., 2007), whilst in adulthood the difference almost disappears (Matte et al., 2015). This is thought to be due to the different presentations in males and females (Faraone et al., 2015).

Around 50% of children with parents with ADHD will also have the condition (Biederman et al., 1995)

ADHD can affect people of all nationalities, cultures, religious and social backgrounds.

Causes of ADHD

There are many theories about what causes ADHD. It tends to run in families suggesting a genetic factor. However, the inheritance is likely to be complex and there is no one gene that causes ADHD. There are also likely to be environmental factors that increase the risk of a child developing ADHD if they have a genetic predisposition. There may also be structural brain differences or differences in the actions of certain chemicals in the brain (neurotransmitters). Previous theories about diet causing hyperactivity are not supported by recent research. However, maintaining a balanced diet, good nutrition and exercise is important. Boys are more likely than girls to be diagnosed with ADHD. However, it is thought that girls may be underrepresented in referrals to ADHD services and ADHD can go unrecognized in girls. There are several possible reasons for why this might be. One theory is that girls tend to present with more inattentive symptoms than hyperactivity (although not always the case) and therefore are not noticed or seen as a problem as readily as boys. The impact of ADHD on girls however, particularly if ADHD is missed, can be significant. Without appropriate treatment, young people with ADHD are at increased risk of developing anti-social behavior, learning and social difficulties and emotional difficulties. Approximately 60 to 80 per cent of children with ADHD will have at least one other condition; such as a social communication disorder, considerable language, reading (dyslexia) or motor (dyspraxia) difficulties. Children with ADHD often have learning challenges and perform poorly on tasks that measure executive function, which are a group of behaviors that guide behavior (such as thinking before doing, planning, organization and so on). Children with ADHD can vary in their performance on learning tasks from one situation to another and there are several theories as to

why this might be; with one such theory suggesting a general impairment in regulation. Young people and parents also report variability in symptoms depending on the child/young person's interest in an activity or whether there are rewards.

Common features in ADHD



Action

Please see Oxford Health's short film – Neurodiversity.

<https://www.oxfordhealth.nhs.uk/camhs/resources/films/>

The degree of difficulties that individuals with ADHD experience can vary widely. Although everyone with ADHD will have a unique experience, there are common areas in which they are likely to experience difficulties. These include difficulties with:

- Inattention.
- Hyperactivity.
- Impulsivity.



Inattention, Hyperactivity and 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 excessively. Symptoms should be present before age 12 years, present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities) and there is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning. A child suspected of having ADHD should be observed with other children of a similar

developmental age. If the child seems to be showing more behavioral difficulties than the others, ask the following questions:

1. Does the child have a shorter attention span than other children of the same developmental age? For instance, while a story is being read does the child leave before the end while the others stay and listen?
2. Is the child often restless, fidgety, on the go and out of their seat at mealtimes? Do the school give similar reports?
3. Is the child very impatient and unable to wait their turn in a queue or game?
4. Is the child very excitable and impulsive? Does the child suddenly do things such as darting into the road without thinking about whether it is safe?
5. If the answer to these questions is yes, and these are having an impact on the child's life consult the child's family doctor (GP), who can refer them to a local specialist for further assessment.

How is ADHD treated?

With appropriate intervention, children with ADHD can lead normal lives.

The main treatments are:

1. Group based parent training/education programs. This is to help parents learn specific skills to manage behavior and many parents benefit from the support they get from meeting other parents living with a child or young person with ADHD.
2. Group or individual psychological therapy. Cognitive behavioral therapy (CBT) and/or social skills training (SST) 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. Currently Oxford Health can only provide group based emotional skills building for over 12s.
3. Medicines. One type of medicine which can be prescribed for ADHD is called methylphenidate (brand name Ritalin®). This has been proven to be effective in managing symptoms of ADHD. There are other related medicines that also work well, such as dexamphetamine or atomoxetine. These medications should only be prescribed by a specialist following thorough assessment, and require regular monitoring to check for improvements in symptoms and avoid any side-effects. [for more information about medication please visit the Oxford Health Trust website – Choice and Medication



Please see the oxford health website for more information about Methylphenidate:

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

What happens next?

Living with someone who has ADHD can be exhausting. Parents often say that they feel worn out just from making sure a child with ADHD does not get into trouble.

Going out and about might be difficult if the child is constantly 'on the go' and does not understand the 'rules' that come with social occasions. Siblings may also find it hard if much attention is focused on their brother or sister, and as they grow older, might feel embarrassed by their behavior.

All these feelings are normal. It is important to remember that the child or young person is not necessarily behaving badly on purpose.

For children with ADHD, getting through school can be problematic. They may get into trouble if their condition is not fully understood, and their symptoms prevent them being able to learn effectively. This can have long-term consequences, so the earlier the condition is recognized the better.

ADHD is best viewed as a chronic neurodevelopmental disorder – a child will need the right treatment and support to ensure they are able to make the most of their education and life in the long-term.

Symptoms of ADHD change with developmental maturity, a preschool child may present as excessively active across most situations, and an adolescent may be more fidgety than frequently getting up and down from their seat for example. Attention span can increase with maturity although the impact of attention deficits on school or family life may continue.

While some children's symptoms may decrease overtime, 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. It is estimated that ADHD can persist in approximately 2-5 per cent of cases and many people will continue to require strategies to manage their symptoms.

Management of ADHD at home.

A disorder of executive functioning makes it difficult for children to analyse information, plan, organise activities, complete tasks and manage time effectively. These deficits can be seen as impulsivity, hyperactivity and inattention. The cause of an executive function disorder is unclear, but research has shown genetics, environmental factors, maternal substance use/abuse; low birth weight and premature birth appear to increase the risk.

ADHD impacts on 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 sadly go on to develop low self-esteem about themselves and about their parenting. 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. Its easy to fall into the trap of focussing mainly on the negatives. Practice PRIDE within the family. PRIDE is an acronym for Praise, Reflection, Imitation, Description and Enjoyment. 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. 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 refers to showing and telling a person what is that you would prefer them to do. A child may be told that they cannot, shouldn't or mustn't do something and may not be told what they CAN do. 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. Taking time to discover what it is that the family likes doing together and making time to Enjoy activities is vitally important to foster good memories and relationships.

The following tips are also useful:

- Be consistent – Do what you say you are going to do.
- Empathy – Having ADHD makes it difficult to regulate several brain functions. For the drivers we try as much as we can to pull away from a stationary position smoothly. When there is an issue with the fuel supply instead of a smooth acceleration it can become jerky even though we depressed the gas peddle gently. This is what it is like for a person with ADHD, for example, they mean to express a minor annoyance as a 3/10 but it comes out as an 8/10, just like they mean to follow steps but the concentration gets interrupted.
- Expectations – Do not underestimate the effort required by a child with ADHD to concentrate and behave appropriately, even if the result of their efforts is not as one would hope for. Be aware that one activity for child, such as sitting still, is not an effort for another child, but should be rewarded. All too often the child who makes a big effort to sit still during meal times is told off for interrupting a conversation for example. Try to catch the child being good!
- Model wanted behaviour – It is crucially important to realise that your children will model your behaviour. If you fly off the handle when your children are naughty or when your partner makes you cross then your children are likely to copy this. Think about how you want to manage your children at the most difficult times.
- Create Structure – Kids with ADHD thrive on familiar routines.
- Set up house rules – So expectations are defined.
- Get their attention – Before giving an instruction to a child with ADHD make sure you have secured their attention, look into their eyes, and give clear and brief directions.
- Divide large tasks into smaller steps – Rather than “go upstairs, change out of your PJs, put your school uniform on, pack your bag, fetch your packed lunch and clean your teeth”, divide the task into 1-2 steps and give lots of praise for completing it.
- Praise, praise, praise! – Find the good. Kids with ADHD get plenty of criticism.
- Positivity – Tell kids what you WANT them to do, not what you DON'T want them to do.
- Positive incentive systems – The creative use of positive incentive systems can be very effective. Most commonly known as ‘star charts’ and ‘marble jars’. Define the expectations clearly and write them down. Make sure the expectations are realistic and easily within the child's capability. When a child earns 7 or so stars or marbles, they receive a reward. This system is undermined by the removal of stars or marbles.

All of the above needs to take into consideration the child's development. For example, it would be inappropriate to expect a 5 year old child to sit still and wait patiently at the dinner table. Similarly, the sanctions and consequences need to be developmentally appropriate. As Russel Barkley said “the problem in ADHD is not with consequences, it is with time and timing”.

Management of ADHD in school:

Having Attention Deficit Hyperactivity Disorder (ADHD) makes it difficult for young people to access learning in the normal way. They struggle to concentrate, organise themselves, complete tasks, can be highly impulsive, find it hard to manage their time effectively and sit still.

Children can also present as highly distractible, impulsive and with challenging behaviour, however, if they are a little more anxious, they may be able to suppress their hyperactivity and their inability to concentrate and distractibility may be a little less easy to pick up.

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 will need to be made.

NICE guidelines recommend modifying educational environments depending on specific individual needs of the child. Therefore, a careful assessment is recommended so a child's strengths and difficulties are understood and adaptations made in line with this. For example, modifications in a child with predominantly difficulties with hyperactivity will be different to a child who is highly distractible. 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 their special interest in certain subjects to learn will help boost self-esteem.



Action

Please go to the County Councils ADHD Protocol which provides guidance to schools in how to modify the teaching environment for young people with ADHD:

<http://schools.oxfordshire.gov.uk/cms/content/attention-deficit-and-hyperactive-disorder-adhd>

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

1. Observing as well as talking to children and parents is critical to understanding individual need.
2. Recognising the preferred learning style of the child may help to plan effectively for them in the classroom.
3. Keep strategies consistent so the child will become familiar with your responses and will understand and learn how to respond when requested e.g. you will not listen until the child puts up their hand to ask a question.
4. Supporting children with getting started on tasks through helping them understand what is being asked of them and which areas of the task are important. Using a small whiteboard may be helpful so that 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 does not appear that the child has understood the task, the child will need further support to understand, organise and set them off in the right direction. The whiteboard can then be used as a reminder if they become distracted.
5. Keep decision making to a minimum so children with ADHD are not faced with too many options.
6. Brain-breaks. If the child is very physical these are imperative but not always easy to manage. The following ideas are easier to build in if staffing is reduced. A. Choose the child to give out books - giving them a slightly heavy pile so the task is demanding upon them. B. Use the child as a messenger within school and provide them with a note in case they get distracted or cannot remember the message. C. Use of discreet fidget toys - Blu-tak keeps fingers busy and is also a good warm up

activity for fingers when about to present a writing task! D. Use of wobble cushion for sitting on in class. E. Build movement into lessons, for demonstrations or explanations.

7. Younger children may need visual cues stuck to their table, e.g. hand up before asking.
8. Aim to establish regular communication with parents (and the CAMHS clinician if applicable)

Associated Difficulties:

ADHD and Sleep



Many people with ADHD will experience difficulties with sleep at some point; they may be struggling to get to sleep, waking in the night or both.

Cultural expectations may compound sleep problems and lead to tension in the evening between parents and children and worsen the problem. My family believe a child needs 12hrs sleep and any deviations are problematic and need correcting. This is an unhelpful way of thinking about sleep and there certainly isn't any evidence based around this that I am aware of. Please see the Sleep Foundation to see guidelines about how much sleep is recommended: <https://www.sleepfoundation.org/articles/how-much-sleep-do-we-really-need> You can see that the total duration of sleep ranges by 2-3 hrs, so it is more helpful to consider how much sleep a child needs much the same as a shoe size i.e. if I had a sample of 100 12 year old children, their shoe sizes might vary quite a bit. To consolidate this point I love to sleep and I will get into bed at 10pm whereas my wife is a night owl and sleep around midnight. Similarly, my 8 and 9 year old children go to bed at 8pm but my 8 year old sleeps within 30 minutes but my 9 year old rarely sleeps before 11-12pm. Whether child's sleep is problematic may come down to their functioning the following day. Learning and growth may also be factors to consider as memories strengthen with improved sleep and our bodies do most repair and growth during sleep.

Action

Please go to the Cerebra website and see their resources about establishing a good sleep routine and overcoming common sleep problems: <https://cerebra.org.uk/>

Helpful
Tips

Doing quiet fine motor activities can help to produce melatonin which is the hormone that induces sleep!

ADHD and Eating

Having a balanced diet is important and needed for our bodies and organs to function properly, but also it can promote sleep and improve overall wellbeing. There's no need to be too concerned if your child is eating foods from each of the main food groups and if they are growing well. If you are concerned about your child and their eating habits visit your GP.



Other support and resources

Local support organisations

ADHD Oxfordshire

ADHD Oxfordshire is a local voluntary organisation providing information and support

<https://www.adhdoxfordshire.co.uk>



Thomley Hall Activity Centre

Specialist play equipment, loan library, sensory room, arts & crafts, games, ball pit, outdoor activities, bikes, swings. www.thomleyhall.org 01844 338380



The Parasol Project

Their work with children and young people is split into services for children aged 5 to 12 years and services for young people aged 13 to 19 years. They provide inclusive, fun and engaging activities for disabled and non-disabled young people.

<http://www.parasolproject.org/>



Early Help Team - The Family Solutions Service

One joined up service for supporting children aged 0-19 (up to their 25th birthday if children have special educational needs with an Education Health and Care Plan in place) and their families. The Early Help Team work closely with partner agencies to provide a range of services including open access and programmes related to parenting, school readiness and access to education, employment and training (EET). They also provide targeted case work, as well as specialist EET and substance misuse case work, via Aquarius. This service can be accessed via the Locality and Community Support Service;

North Tel: 0345 2412703: Central Tel: 0345 2412705: South Tel: 0345 2412608

<https://www2.oxfordshire.gov.uk/cms/public-site/integrated-childrens-services>



Oxfordshire Family Information Service

Managed by Oxfordshire County Council this directory lists a range of information and resources.

<https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/disabilities.page?disabilitieschannel=0>



Oxfordshire County Council Local Offer

The local offer for Special Educational Needs and Disability (SEND) brings together information about education, health and care services for children and young people from 0 to 25 with SEND.

<https://www2.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>



Special Educational Needs Support Services (SENSS) - Communication and Interaction Support Service

SENSS is a countywide Special Educational Needs (SEN) teaching and advisory support service. The Communication and Interaction Service is part of the Oxfordshire SEN (Special Educational Needs) support services. They can offer tailored support to schools in working with a child with Autism.

<https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=zqM-8kFrHo4>



01865 323070 - SENSS Central | 01865 323070- SENSS South | 01865 816970 - SENSS North

Email: CommunicationandInteractionTeam@oxfordshire.gov.uk

SENDIASS

Offers impartial information, advice and support to parents of children and young people with SEN and disabilities. www.oxfordshire.gov.uk/sendiaass

01865 810516 or text 07786 524294 or sendiaass@oxfordshire.gov.uk



Children's Integrated Therapy Services – Oxford Health

Children's Integrated Therapies in Oxfordshire include occupational therapy, physiotherapy, and speech & language therapy.

https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-therapy/



01865 904464 – Central Oxon

01865 904114 – South Oxon

01865 904435 – North Oxon

Email: oxonchildrens.therapies@oxfordhealth.nhs.uk

Cerebra

National charity supporting children up to 16 years with brain conditions including Autism. Offering advice and guidance including around sleep issues as well as a library where you can borrow books, e-books and sensory toys.

<http://www.cerebra.org.uk/> info@cerebra.org.uk 0800 328 1159.

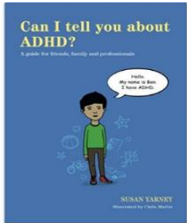


Helpful Tips

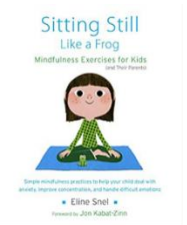
There are lots of other organisations out there that can offer support, advice and resources. Those listed in this pack can also signpost you to more so it is worth visiting their websites!

Further Reading

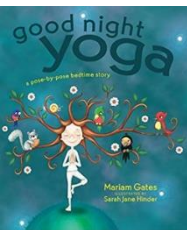
We do not endorse any specific book however here are some suggestions that you might find helpful.



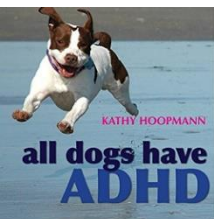
The Can I tell you about... series offers simple introductions to a range of limiting conditions. Friendly characters invite readers to learn about their experiences of living with a particular condition and how they would like to be helped and supported. These books serve as excellent starting points for family and classroom discussions. Meet Ben - a young boy with ADHD. Ben invites readers to learn about ADHD from his perspective. He helps children understand what it means to have ADHD and describes what it is and how it feels. Ben explains how he was diagnosed and what he has learnt about ways to relieve his ADHD symptoms, and how friends and adults can help at home and school. This illustrated book is full of useful information and will be an ideal introduction for young people, aged 7 upwards, as well as parents, friends, teachers and professionals working with children with ADHD. It is also an excellent starting point for family and classroom discussions.



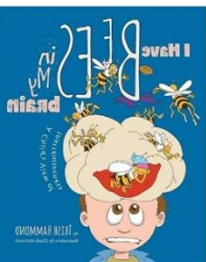
Simple mindfulness practices to help your child (ages 5-12) deal with anxiety, improve concentration, and handle difficult emotions. Includes a 60-minute audio CD of guided exercises read by Myla Kabat-Zinn.



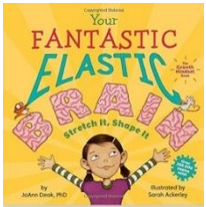
For parents and caregivers looking for a fun and effective new routine for bedtime, innovative educator Mariam Gates presents Good Night Yoga, a playful yet wholly practical book for preparing for sleep. This beautifully illustrated, full-colour book tells the story of the natural world as it closes down for the night, while teaching children a simple flow of yoga postures inspired by their favourite characters from nature. Moving from Sun Breath to Cloud Gathering to Ladybug & Butterfly and more, readers learn techniques for self-soothing, relaxing the body and mind, focusing attention, and other skills that will support restful sleep and improve overall confidence and well-being.



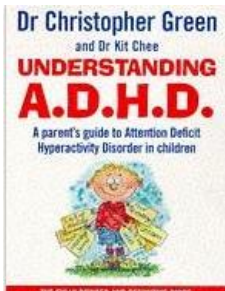
All Dogs Have ADHD takes an inspiring and affectionate look at Attention Deficit Hyperactivity Disorder (ADHD), using images and ideas from the canine world to explore a variety of traits that will be instantly recognisable to those who are familiar with ADHD.



Jasper's head is buzzing! His brain is stuffed with bees who fill his head with random thoughts and make it hard for him to concentrate. Queenie, his brain's regulator, usually helps to filter the ideas in his head and keep the bees' energy under control. But one day, Queenie decides to take a nap leaving no one in charge. Trying to be helpful, two of Queenie's most playful bees decide to carry on without her, making Jasper's head feel even worse! But by working together, the two bees are able to come up with a few simple strategies to help Jasper keep his thoughts organized....

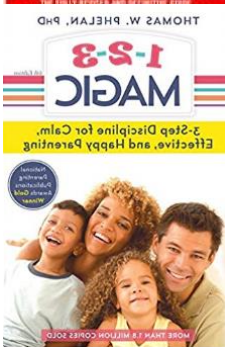


Did you know you can stretch and grow your own brain? Or that making mistakes is one of the best ways your brain learns? Just like how lifting weights helps your muscles get stronger, trying new things without giving up-like finding the courage to put your face in the water the first time you're at a pool-strengthens your brain. Next time, your brain will remind you that you overcame that fear, and you will be braver! As a consultant to schools worldwide on issues of brain development and gender equity, author JoAnn Deak, Ph.D., and illustrator Sarah Ackerley, have crafted a fun and engaging introduction to the anatomy and functions of the brain that will empower each young reader to S-T-R-E-T-C-H and grow their Fantastic, Elastic Brain!

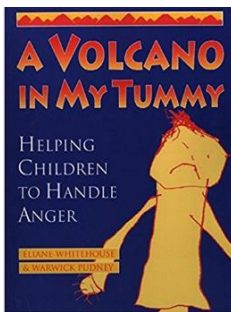


Aimed at parents, teachers and health professionals, this book dispels the myths about ADHD and gives a clear overview of the condition: the causes, the behaviours and the treatments.

Full of well-trying, practical strategies to help with common problems such as inattention, underachievement and impulsiveness.



1-2-3 Magic has helped millions of parents, teachers, and caregivers all over the world establish an effective, appropriate discipline system that helps children listen better and motivate themselves to behave well. Dr. Thomas Phelan is an internationally renowned expert in his field and has broken down the elements of effective parenting into an easy-to-understand program that can work for any family or in a classroom or caregiving scenario. Recommended by parenting experts for over twenty years, 1-2-3 Magic is a cornerstone book in the parenting category that combines timeless advice with fresh, up-to-date anecdotes and content, and is a must-have book for any caregiver hoping to raise happy, healthy, responsible kids.



A Volcano in My Tummy: Helping Children to Handle Anger presents a clear and effective approach to helping children and adults alike understand and deal constructively with children's anger. Using easy to understand yet rarely taught skills for anger management, including how to teach communication of emotions, *A Volcano in My Tummy* offers engaging, well-organized activities which help to overcome the fear of children's anger which many adult care-givers experience. By carefully distinguishing between anger the feeling, and violence the behaviour, this accessible little book, primarily created for ages 6 to thirteen, helps to create an awareness of anger, enabling children to relate creatively and harmoniously at critical stages in their development.

Sensory and Motor Difficulties

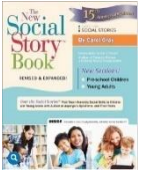


Raising a Sensory Smart Child: The Definitive Handbook for Helping Your Child with Sensory Processing Issues by Lindsey Biel and Nancy Peske (2009). This book offers practical solutions for daily challenges from brushing teeth to getting dressed to picky eating to family gatherings.

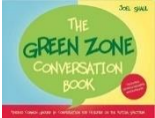


Sensory and Motor Strategies: Practical ways to help child and young people with Autism learn and achieve by Corinna Laurie (2014). In the second edition of the best-selling Sensory strategies, Corinna Laurie, a specialist occupational therapist, looks at: our senses, and how they can affect behaviour; strategies to reduce the impact of sensory and motor issues and improve outcomes for children.

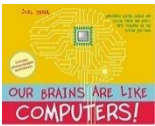
Communication and Social Skills



The New Social Storey Book by Carol Gray (2010). Social Stories provide real social understanding and this book offers over 150 of the most requested Social Stories, and also teaches you how to write Social Stories yourself.



The Green Zone Conversation Book by Joel Shaul (2014). This book provides a simple visual model to help children experience more success in finding common ground in conversation.



Our Brains are Like Computers by Joel Shaul (2016) Exploring social skills and social cause and effect with children on the autism spectrum

Anxiety



Overcoming Your Child's Fears and Worries by Cathy Creswell & Lucy Willetts (2007).

Based on techniques developed and practised by the authors, this book teaches parents how to use cognitive behavioural techniques with their children and in so doing, become their child's therapist, helping them to overcome any fears, worries and phobias.



All Birds have Anxiety by Kathy Hoopman (2017). Using photographs of birds, this book helps young people to explore what it means to live with an anxiety disorder and how to begin to make changes.



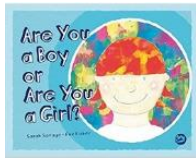
The Panicosaurus – managing anxiety in children by K.I. Al-Ghani (2012). This illustrated book helps younger children explore anxiety and think about ideas that might help them manage their anxiety.

Gender Diversity



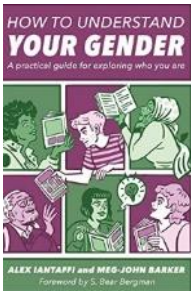
Can I tell you about gender diversity? By CJ Atkinson (2016)

A guide for family, friends and professionals, it explores what gender diversity is in an illustrated guide aimed at children 11 years onwards.



Are you a boy or are you a girl? Sarah Savage and Fox Fisher (2017)

An illustrated story book to help children talk about gender and identity.



How to understand your gender, A practical guide for exploring who you are. Alex Lantaffi and Meg-John Barker (2017). This book explains how gender works so people can better understand gender identity, roles and expressions.

Helpful
Tips

Your local library will have books on Autism or they can order them from another library which are free to borrow!

Trusted YouTube content:

What is ADHD

<https://youtu.be/8tg5Ry7cFaw>

Managing difficult emotions

<https://youtu.be/279FyD0UKmE>

Impulse control

<https://youtu.be/eXD7SPmTQV0>

Communicating and interacting with your child

<https://youtu.be/UdWbXBhScSQ>

Managing behaviour that challenges

<https://youtu.be/V16QtDTxRDY>

Medication, diet and sleep

<https://youtu.be/VPv-yNli9PI>

Final Words

We hope that you will find this pack helpful. We have tried to provide you with the foundations for understanding ADHD and the basic strategies that you can try to implement at home. There are many more that might be helpful; however, we suggest that you begin with the foundation strategies outlined in this pack.

Post-diagnosis checklist:



First week:

- We recommend that you discuss the outcome of the assessment with school along with the recommendations that were given to you at the feedback session. You may want to follow the flowchart provided in section on 'education' in this pack.
- Register for post diagnosis course for parents – Please see the there is a leaflet about 'All Things ADHD' leaflet sent with this pack. This outlines what the content of the course and what to expect.
PLEASE NOTE: You will need to contact the NDC service to access this course; we do not do this for you!
- Read this information pack!

In the first months:

- Follow the wider recommendations of the assessment report (you will receive this around 4 weeks after your feedback session).
- If you are worried about your child's mental state or should there be an immediate crisis Monday to Friday, 9am to 5pm, please contact the Single Point of Access (SPA) on 01865 902 515 who will be able to discuss any issues related to risk assessment, consultation, crisis or urgent case management. Should there be a crisis over out-of-hours period, please contact the out-of-hours GP service for advice.

Appendix

Example letter to school about ADHD diagnosis:

CONFIDENTIAL

Dear SENDCO,

My child has recently been given an ADHD diagnosis. (letter attached)

Please could I request a meeting with you and the class teacher to discuss my child's current needs and any additional special educational needs support which school may be able to provide to meet these?

Please would you contact me on the following phone number to arrange a mutually convenient time to meet?

Contact number.....

Yours sincerely.....

Address to: FAO Special Educational Needs and Disabilities Co-Ordinator