Welcome to “Understanding and Supporting my child’s ADHD,” a resource booklet for parents and carers. This booklet will be useful to you whether you are just considering if your child may have ADHD or if your child received their diagnosis years ago and you are looking for a few new ideas to support them. Being a parent or carer of a child with ADHD can be confusing at times as there are many misunderstandings and misconceptions about ADHD. One of the aims of this booklet is to dispel some of these enduring myths.

In my work at the ADHD Foundation, I have delivered courses for hundreds of families at every stage of what I like to call the “ADHD journey.” Therefore, this booklet is based on my experience and knowledge to address common questions that parents and carers ask during these courses. I have also included throughout my “Top tips” or the most effective strategies that have supported many families to really understand both how ADHD impacts upon their child and how parents and carers can best offer support. Every parent wants their child to be happy, healthy, achieve in school and have the best future possible. Therefore, the overall aim of this booklet is to help you to learn how to ensure that your child thrives and lives successfully with ADHD. I hope that you enjoy reading this and find these suggestions useful.
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Top Tip Number One

Be an informed parent

An ADHD journey often begins with a lightbulb moment.

For some families, this may be when a teacher explains the difficulties a child may be having in class.

For others, it may be when you become aware that your child may struggle and need assistance in ways that their peers don’t, especially in school. For others, it may be watching something on television, reading an article, a social media post or becoming aware of someone you know being diagnosed with ADHD, that prompts your lightbulb moment.

Learn everything you need to about ADHD so you can be the best parent you can be and, most importantly, so that you can be exactly the kind of parent your child needs you to be.

Let’s start by addressing the question: what exactly is ADHD?

ADHD is a lifespan condition, that impacts upon people to varying degrees throughout their lives. The way in which ADHD impacts upon a person may change during their lifetime.

The condition we now know as ADHD was first documented over 100 years ago. It has undergone several name changes over the years as scientists and clinicians have gained more knowledge of its characteristics and how this can appear in different ways in different children. Anyone with a diagnosis of ADHD can be described as being “neurodiverse”, meaning there is a difference in the way in which the brain functions.
ADHD stands for Attention Deficit Hyperactivity Disorder and has three core characteristics:

- **Inattention**
  - Seeming not to learn from mistakes, making careless mistakes, for example, in school.
  - Appearing forgetful or often losing things.
  - Being unable to stick to tasks that are boring or time-consuming.
  - Appearing to be unable to listen to or carry out instructions.
  - Having a short attention span and being easily distracted.

- **Impulsivity**
  - Being unable to sit still.
  - Excessive fidgeting.
  - Excessive physical movement.
  - Acting without thinking.
  - Seeming to show little or no sense of hindsight or foresight.
  - Excessive talking.
  - Interrupting conversations or calling out answers.

- **Hyperactivity**
  - Being unable to concentrate on activities.
  - Being unable to wait their turn.
  - Struggling in situations where there is an expectation to be calm or quiet.
  - Being unable to wait their turn.
  - Seeming to be unable to listen to or carry out instructions.
  - Having difficulty organising tasks and time.
  - Appearing forgetful or often losing things.
  - Having difficulty completing tasks.

**What is ADHD?**

- **Inattention**
- **Impulsivity**
- **Hyperactivity**
“Don’t all children seem hyperactive, impulsive and find it difficult to concentrate?”

YES!

“So, if all children display these characteristics – what makes a child have ‘ADHD’?”

For a child to be diagnosed with ADHD, these characteristics would significantly impact upon their daily functioning.

**How does my child’s brain function differently?**

Scientists have discovered that there are subtle developmental, structural and functional differences in the brains of people with ADHD.

For those with ADHD, the development of the pre-frontal cortex and other parts of our brain are delayed. The prefrontal cortex of the brain plays an important role in our ability to concentrate, regulate our emotions and behaviours and make decisions. This delay may mean that children and young people with ADHD appear to be less mature for their age.

The different parts of our brains are linked via neural pathways; these pathways carry information from one brain region to another. For this to work effectively, the brain needs neurotransmitters, for example, Dopamine. Dopamine helps the successful transmission of information around the brain which helps us to both learn and remember.

Dopamine is also associated with our motivation to learn and the sense of reward which comes from this. Dopamine does not seem to work as effectively in those with ADHD making learning more difficult and, at times, even stressful. Exercise and movement are ways that the brain produces more dopamine, therefore, that is why children with ADHD are often hyperactive and move a lot.
“What else does ADHD have an impact upon?”

ADHD can also have an impact upon your child’s Executive Functioning Skills. Our executive functions are the processes that happen in our brains that help us to plan and organise what we have to do. They help us to control our attention, our impulses and emotions so that we can focus upon what we have to do and sustain our focus so that we can complete tasks.

Our executive functions also help us to retrieve information from our memory, organise this information so that we can use it and continually self-monitor ourselves and manage time effectively. Our executive functions also enable us to make changes or adjustments to what we are doing in real time if the demands of an activity change.

No, ADHD is a spectrum of traits and there are many variables and complexities. Some people like to describe children with ADHD as having a “mild” or “moderate” or “severe” presentation. This is quite unhelpful and doesn’t explain the variety that we can see between different children with ADHD, for example, one child can be very inattentive and not listen to the teacher explaining a task and then cannot start, whereas another child may have listened and understood the task but then find it difficult to plan and organise their work and so not complete the task successfully.

Therefore, every child is made up of different abilities, both strengths and challenges. We all have innate abilities and we all find some tasks and activities more difficult than others. Our abilities are the result of a combination of our genes, our experiences in childhood and what we have learned so far in our lives. Hence, every child is different. Our brain is as unique as our fingerprint.
“If you recognise any of the descriptions of ADHD that we have outlined so far, what should you do now?”

Top Tip Number Two
Speak up and seek support

Talk to your child’s teacher or the Special Needs and Disability Coordinator (SENDCO). You will need their support if you want to seek a diagnosis later. Describe your experience of your child’s ADHD characteristics at home and ask if this is evident in school. It is important to ensure that the conversation at this stage is wide-ranging, for example, not just focused upon your child’s behaviour which is often their response to broader difficulties in different situations. For a comprehensive assessment of possible ADHD, the conversation must also include a discussion of your child’s ability to pay attention, their memory, resilience and executive functioning. Make a commitment to working in partnership with the school to begin the process of making a referral for a diagnosis.

The exact process that this will take is unique to the specific area in which you live. Your child’s SENDCO or your GP will be able to inform you of this. Your child can only receive the final decisive diagnostic assessment from a paediatric clinician who specialises in ADHD.

“How will the clinician decide upon the diagnosis?”

The clinician will refer to the diagnostic criteria explained in the earlier section entitled “What is ADHD?” However, doctors also consider emotional resilience and executive functioning skills as part of their assessment.

To meet the diagnostic criteria for ADHD, children need to display six or more of the listed traits in two or more settings, for example, in both home and school. Older teenagers and adults must display five or more traits. These traits need to have been evident before the age of 12 and cannot be better explained by the result of another condition, for example, acute anxiety.

The majority of clinicians in the UK will then diagnose your child with one of the following types of ADHD:

- ADHD Inattentive type
- ADHD Hyperactive / impulsive type
- ADHD Combined type*

*This is the most common presentation and means that the child has met the criteria for both Inattentive type and Hyperactive/Impulsive type.
ADHD is largely genetic. This means that, in the majority of cases, it is inherited. Environmental factors such as our parenting style, school and life events in childhood can influence how our genetics show themselves.

Sometimes, the genetic potential for ADHD can be triggered by such things as difficult pregnancy, premature birth and difficult labour, increasing the chances of a child having ADHD. We also know that brain injury, including injury caused by seizures or epilepsy, can trigger the genetic potential for ADHD.
“My child is under six years of age, how would I know if they have ADHD? And what can I do about it?”

In the Early Years, most children will have difficulty paying attention, following directions and taking turns, so how can we tell if the child is showing early signs of ADHD, or just being a young child?

Top Tip Number Three

Love and nurture your child.

Early childhood is an important time in brain development. Did you know, 90% of a child’s brain development happens before they are 5 years of age? This is a critical time when they form attachments and relationships with their parents or carers and, consequently, learn positive behaviours. Children need attention from their primary care givers and thrive when they receive the attention they need. However, those with ADHD may not always behave in a way that attracts our positive attention. Many parents feel a great deal of pressure that their children need to behave like the ‘perfect child’. It can be challenging for any parent when their children are hyperactive and seem unable to understand what is expected of them in different situations. Learning is a trial-and-error process, children will make mistakes. It is our job as adults to help children ‘learn’ from their mistakes and to model the behaviour that we need them to learn.

How we help children learn to behave will impact on the child’s self-image, their ability to form friendships and to understand how their behaviour affects those around them. You can play a vital role in helping your child’s brain to develop skills in early infancy and through the Early Years.

Brain Development For Babies

- Read Together
- Discover the outdoors together
- Sing Together
- Teach cause and effect through play
- Play Games & Exercise
- Educational toys
- Colourful visual stimulation

All these simple things we do in our babies’ lives, teaches them more about the world they live in and stimulates their brain’s development.
“Now that my child has an ADHD diagnosis, what do I do now?”

One of the best supports that you can offer to your child when they have received their diagnosis is to reduce the stigma that is associated with ADHD. Support your child to understand their diagnosis and begin to develop strategies to self-manage the condition for themselves. This will be an ongoing process throughout their childhood and into early adulthood, expect difficulties along the way.

Explaining ADHD can be complicated. After all, the very name “Attention Deficit Hyperactivity Disorder” is misleading!

- It is not actually a deficit in attention, but rather inconsistent attention and distractibility.
- ADHD does not always involve hyperactivity.
- ADHD does not lead to difficulties in every environment.

Instead, we might better explain ADHD as:

- Challenges regulating or sustaining attention (as opposed to a lack of attention).
- Challenges regulating emotions and our emotional behaviour – especially in childhood.
- Challenges with organising and planning our thoughts, emotions and aspects of our day to day lives.
“How do some people with ADHD describe themselves?”

“There are too many tabs open on my brain’s computer browser”

“It feels like having a “Ferrari brain, with bicycle brakes”

“ADHD is like being in a room with 6 television sets – I can’t focus on one TV because there is too much distraction!”

Remember to communicate to your child that ADHD is also characterised by lots of strengths and positives too. These positive traits are not despite of ADHD, they are because of it!

**These may include:**

- Ability to hyper-focus
- Curiosity
- Lateral thinking
- Visual memory and the ability to think in pictures and see patterns in complex information
- Creativity
- Quick wit and humour
- Determination

**Without ADHD brains, it is unlikely we would have many explorers, entertainers, pioneers, inventors, entrepreneurs, athletes, musicians, computer engineers and creatives.**

You will find people with ADHD in EVERY walk of life and in EVERY profession.

**ADHD does not mean low ability or low intelligence.**

The way we talk to our child or teenager about ADHD will influence how they see themselves for the rest of their lives. The use of positive language and accurate explanation will help to empower them with confidence about how to manage their ADHD and how to play to their strengths and talents.
However, it is important to stress to your child that ADHD is a pattern of both strengths and challenges. This will make some environments easy to deal with and other environments more difficult. School can be one aspect of childhood that children with ADHD find more challenging than their peers.

**“Difficulties associated with ADHD”**

- Difficulty making friends.
- Difficulty holding onto information such as simple instructions.
- Difficulty paying attention.
- Excessive climbing or fidgeting.
- Difficulty with ‘carpet time’ or other activities where they are expected to sit quietly.
- Sustaining frequent injuries whilst playing.

Always recognise that ADHD does not define your child; it is just one aspect of who they are and remember that all behaviour in children is a communication. It is our job as adults to understand what that behaviour is communicating. Children’s brains are driven by an emotional response to feel safe, protected and nurtured. Children live in the moment with little concern for what is happening tomorrow. We educate and socialise our children to become mindful of ‘time’ and to understand the consequences of their words and actions, particularly, the ability to employ hindsight and foresight. These skills are learned as our brains develop and as we respond to the instructions from our parents, teachers and friends.
Write a list together of your child’s positive traits and talents, then write out a list of things that they might find difficult. Then explore with your son/daughter what strategies might enable them to overcome some of their challenges.

I am really good at...

I really enjoy...

I find it difficult to...

I get frustrated or sad when...

I need support with...

I am a good friend because I...

I like to...
ADHD can have an impact, not only on the child themselves, but also on family and home life. Every child is different and every situation is different, so there’s no ‘one size fits all’ advice for any challenges your family may be experiencing. Routine can often help.

**Children and young people with ADHD can benefit from routine and often find unstructured times challenging.**

- Establishing a good routine can help to establish boundaries, reduce anxieties, assist with planning, organising and working memory by strengthening executive functions and can help to prepare for transitions.

- Involving your child or teenager in developing routines will mean that they will have more investment in the process and will be more likely to stick with it.

- Creating Visual representations of routines (Visuals) can be hugely beneficial to children with ADHD of all ages. Visuals can take many forms, for example, checklists, charts, post-it notes, pictures or drawings.

- Children and teenagers may wish to tick items off on their checklists once they have completed them. This can promote a sense of reward when tasks are completed and increase motivation.

**Why else do Visuals help?**

- Allow time for language processing.
- Prepare for transitions.
- Reduces anxiety.
- Transferable between environments.
- Nonjudgmental.
- Promote independence and autonomy.

“My child often feels very anxious at home, what can I do about this?”
“How can I help my child to be more organised?”

Executive functioning challenges in ADHD can make it difficult to start tasks and see them through.

Supporting your child to set their own goals, will increase the likelihood of the goals being achieved. Goals are most effective when they are SMART – Specific, Measurable, Achievable, Relevant and Time bound.

Externalising our thoughts by writing them down can often help us see where our child’s challenges may be and how we can help them.

What challenges occur regularly?
1. 
2. 
3. 

What would I like my child to do in future when these challenges arise?
1. 
2. 
3. 

Tasks that I would like my child to complete that may previously been challenging and how am I going to support and encourage them?
1. 
2. 
3. 

What reward system could support this process?
1. 
2. 
3.
“My child finds it difficult to regulate their emotions. How can I support them?”

It is very common for children with ADHD to have challenges when dealing with big emotions. Helping your child to recognise and identify those emotions can help in developing useful strategies for managing emotions as they arise.

Take time to talk to your child about how they are feeling. Coach your child to articulate and verbalise their emotions rather than externalising them through actions or behaviour. Use descriptive language to help enhance your child’s emotional vocabulary. Often our children are only aware of their extreme emotions and do not recognise, or cannot verbalise, all of the “in between” type emotions.

“How can I describe this to my child?”

Using visuals, for example, “Emotional Thermometers,” can be very useful to explore how they are feeling. Asking your child how others may perceive their behaviours or actions can be a helpful way for them to consider their actions objectively. This can further build emotional intelligence and resilience.
Get your child to draw or write their worries on a piece of paper, they then ‘feed’ their worries to the Worry Eater. Search online for Worry Eater to purchase.

Search online for Worry Eaters to purchase. Worry eaters are great for children to self-soothe and calm down. They can be purchased online.

Clear and open communication with your child will help set boundaries, manage expectations, reduce anxieties and make home life more harmonious. Consider the suggestions within the Communication Wheel.

“Sometimes my child has meltdowns. Why is that?”

Often, when we see challenging behaviour from our children, it is the result of anxiety. Some children are more sensitive than others and will need more help in learning how to regulate their feelings. Telling your child not to be upset is not going to change how they feel.

Teach your child how to self-regulate their feelings. Strategies to teach your child how to self-calm and self-soothe will reduce their anxiety and give them more control over their behaviour.

Use techniques and tools to help your child to calm down, for example, Belly Breathing, Mindfulness, Square breathing, Calm down jars, worry eaters, yoga, exercise. Also, talk to your child about happy memories and encourage your child to reflect on aspects of their lives that make them feel happy and safe.
However, when our brains detect threat, our Fight, Flight or Freeze response is triggered. There can be many reasons why your child is feeling highly anxious.

“I haven’t done my homework”

“I am finding it difficult to concentrate”

“Where have I put my PE kit?”

“Is that person looking at me?”

The fight, flight or freeze stress response can present itself in many different ways.

When our child is experiencing the fight, flight or freeze stress response, they will be thinking with the emotional part of their brains and not the rational part. Allow your child to calm down is an important way to help them feel safe and to be able to think rationally and logically again.
“How can I help my child to do this?”

In order for children / young people to manage their stress response, they firstly have to learn to regulate that response. It is likely that they learn how to manage stress and anxiety by watching how we manage ours.

**Top Tip Number Eight**

**Take a family approach to managing stress.**

**Some ways of helping manage stress are:**
- Breathing techniques
- Mindfulness
- Healthy Lifestyle
- Sufficient sleep
- Regular exercise
- Grounding techniques

**Top Tip Number Nine**

**Consider using Grounding Techniques.**

Grounding techniques are strategies that can help in stressful situations by focusing our attention away from the stressful situation. This can help to calm our breathing, regulate our heart rate and lower the stress hormones in our brains.

**When your child is beginning to feel anxious, guide them through the following process:**

**Look around your surroundings**

- **Name 5 things you can see**
- **Name 4 things that you could reach out and touch**
- **Name 3 things that you can hear**
- **Name 2 things that you can smell**
- **Name 1 thing that you can taste**
Top Tip Number Ten

Focus on the positive.

Looking for opportunities to praise and reward your child’s strengths will encourage positive behaviours and increase their sense of self-esteem and self-worth. By acknowledging your child’s efforts, they are more likely to persevere with tasks that they find challenging or boring. This will increase the likelihood of success.

Always praise without qualification, for example, “well done for sitting quietly whilst we were waiting” will be more effective than, “well done for sitting quietly whilst we were waiting – but why can’t you be like that all of the time?”

How can I look after myself?

Juggling your child’s innate curiosity, their need to explore the world around them and keeping them safe from harm is exhausting for every parent. Going through this process with a child that displays ADHD characteristics can, at times, be very challenging.

Top Tip Number Eleven

Help yourself through helping your child.

Give yourself a break!
Don’t waste your emotional energy or blame yourself for your child’s difficulties. Take time for yourself. Enlist the support of family and friends and teachers. It takes a village to raise a child!

Knowledge is power!
Inform yourself with accurate information and share that information with your child’s nursery or school, in a positive and compassionate way. You can find more information and resources on our website and social media platforms. www.adhdfoundation.org.uk

Build a support network
Open communication is the key to accessing help and support. Build good relationships with the Early Years team, nursery staff or school teachers. Some parents access support from their local parent/carer forums, support groups and local charities.

Be an advocate for your child!
You may feel intimidated when speaking to educational or health professionals etc, but don’t forget that you are also a professional when it comes to knowing your child. You know your child better than anyone.

Pick your battles
Focus on rewarding positive behaviours; if our attention is only gained through inappropriate behaviour, we are likely to see more inappropriate behaviour. Notice when your child is doing something well, showing kindness, sharing, displaying good manners, and reward this with praise and affirmation. Set clear boundaries and make sure you stick to them - say what you mean and mean what you say!
“My child is a teenager, what do I need to consider?”

During puberty and adolescence, children’s brains undergo a period of rapid growth as their bodies transition into adulthood. You may be wondering why your teenager with ADHD isn’t ‘acting their age’. Remember that young people with ADHD can have a developmental delay in emotional maturity. This means that they need more support to organise themselves, to think about the consequences of their words or actions and to regulate their emotions. Teenagers with ADHD can display low tolerance and become easily frustrated or upset. This delayed maturity will also affect their friendships, which are very important to all teenagers. Teenagers with ADHD may also experience low self-esteem, low self-confidence, rejection sensitivity, anxiety and low mood. They may experience these more frequently and more intensely than their peers.

Our teenagers may experience embarrassment or stigma in relation to their ADHD; they may be in denial, feel guilt or shame, may work hard to mask their challenges or keep their difficulties secret from their friends and teachers. Encourage your teenager to be open about their difficulties, but understand that ADHD is an explanation, not an excuse.

**Top Tip Number Twelve**

**Encourage open and honest communication with your teenager.**

- Set aside time each day for you and your teenager. Positive interaction will help maintain a positive self-image and encourage good communication.
- Speak honestly about ADHD, sharing the facts about their diagnosis and dispelling the myths.
- Explain how the difficulties or challenges that your teenager may be experiencing are related to ADHD and help them develop daily habitual strategies that they will need to learn how to self-manage their ADHD.
- Explain why some teenagers may need medication as part of their toolkit for living successfully with ADHD.
- All young people need role models. There are many successful people with ADHD in every profession; help your teenager to learn about these role models who may inspire them.
- Encourage your teenager to engage in activities where they experience some success. Everyone is good at something; we have to help our children discover their talents and abilities.
- How we feel isn’t necessarily how it is. As teenager’s transition through adolescence, they will experience mood swings and a need to be esteemed by their peers. Teenagers have to learn that sometimes we all need to do things that we don’t feel like doing, for example, tidying your room, doing chores and completing homework.
Your relationship with your teenager son or daughter can be stretched in lots of situations, placing stress on the whole family.

We have to remind ourselves that being a teenager is a tough process for them. There are more demands placed upon our teenagers as they are growing into young adulthood. One element of the process of adolescence is that the opinion of friends can sometimes be more important to your teenager than the opinions of parents or teachers. This will take time for teenagers with ADHD to get right. They may need lots of reminders and structures in place to be able to comply. This may be a source of frustration for both you and your teenager. However, if left unmanaged, this can lead to a negative cycle of communicating that undermines the relationship that you have with your child.

“How might this negative cycle look?”

If this cycle continues to repeat itself, even minor demands and breaches of the rules can trigger more negativity.
To really understand your teenager’s behaviours, let us consider what is going on in their brains, particularly, the prefrontal cortex.

**The pre-frontal cortex**

This area of the brain continues to develop throughout childhood and adolescence and up until early to mid-twenties. The prefrontal cortex is the part of our brain that governs our ability to plan and organise ourselves, make decisions, rationalise situations and control our emotions. The development of the prefrontal cortex may be delayed in those with ADHD by up to 30% as compared with those without ADHD. Because of this, teenagers may rely on a different part of the brain called the amygdala to make decisions and solve problems instead. The amygdala is the emotional part of the brain and is linked to impulses, aggression and instinctive behaviour. This may mean that a lot of the decisions that our teenagers make will be guided by their emotions.

We can see this when our teenager does the following:

- Takes more risks or chooses high-risk activities.
- Expresses emotions more frequently and in more extreme forms.
- Makes impulsive decisions.

“How can I help my teenager with this?”

- **Be consistent.** Set out clear expectations and boundaries. These are important to achieving a calm and happy home environment. Reward positive and appropriate behaviour with privileges, whilst dissuading negative or disruptive behaviours with consequences.

- **Reassure your teenager** that you are there to help them work through difficulties and let them know that you believe that they can succeed. Explore your teenager’s interests with them and help to identify their strengths to open up opportunities for your teenager to experience success.

- **Stay positive.** Remember that ADHD can also create new opportunities, such as creativity, high energy levels and the ability to hyper-focus on tasks that they enjoy. Your teenager is maturing and may, with your support and guidance, develop the ability to articulate their symptoms and needs more clearly. This will then help you to better understand and meet their needs.
Moving up to secondary school.

Secondary school differs from primary school in many ways. Following a timetable with different subject lessons in different places, with an increased number of teachers and more academic demands can be a particularly challenging transition for a child with ADHD.

“How can I support the transition to secondary school for my child?”

• The school need to be aware of your child’s learning needs and strengths, and appropriate accommodations put in place, as defined in the Special Educational Needs (SEND) Code of Practice.

• Setting good routines (including sleep, mealtimes, study times, homework time, free time) Have a copy of the school timetable on the bedroom wall and visual reminders for school equipment, homework, PE kit etc to support their memory and organisation.

• Develop strategies to ensure they complete homework. Breaking down lengthy tasks into smaller pieces, including brain and movement breaks, using assistive technology and committing to the time required so that they do not rush through homework making careless mistakes. Graphic organisers and revision posters on bedroom walls offer a year-round revision strategy. Using timers and alarms may also be helpful.
“How can I support my teenager to have healthy relationships with friends?”

Teenagers with ADHD may experience difficulties in making and maintaining positive friendships and relationships. They may find it challenging to understand social cues and the subtle ‘rules’, expectations and nuances of social groups and may also have experienced rejection by their peers due to impulsivity, hyperactivity and inattention.

Some teenagers with ADHD may seek friendships with younger children as they may identify more with them than with same-age peers, whilst others may believe that they don’t ‘belong’ in school because they ‘feel’ different to their peers.

These difficulties can then be exacerbated by the neurological changes that are happening in the brain of your teenager. The adolescent brain is hard wired to seek out new experiences and take risks, this is a natural part of growing up and is your child rehearsing what it is like to be an adult. However, this may pose new difficulties for teenagers with ADHD with issues such as:

- Sexual maturity and sexual orientation.
- Increased access to technology, social media exposure, and peer pressure .
- Alcohol and/or other substances.
- Impulsive risk-taking activities.
- Sensitivity to rejection or criticism, shame and embarrassment.

Research shows that teenagers with ADHD are more likely to start using cigarettes, alcohol and other substances earlier than their neurotypical peers. They may also become sexually active earlier, be more likely to have unsafe sex and have an increased risk of unplanned pregnancies.

✔ Talk to your teenager about their feelings. Understand that if your teenager is highly anxious, they may easily fall into “worst case scenario thinking”.

✔ Encourage your teenager to learn how to reduce their stress and anxiety using proven relaxation techniques on a daily basis, for example, deep breathing, meditation, yoga or progressive muscle relaxation.

✔ Listen to your teenager’s concerns, these may not always be clearly expressed. Look for signs such as such as changes in eating habits, sleep disturbance, social withdrawal or changes in school attendance and performance. Mood swings are common in all teenagers, however, if your concerns persist, talk to the school and explore whether counselling may help.
“I have a daughter. Is it different for girls?”

Our social stereotypes of people with ADHD often conjure up images of lively, noisy, hyperactive boys. This stereotype is inaccurate in many ways.

• Girls and boys are diagnosed with ADHD at a ratio of about 1 to 3. This doesn’t mean that fewer girls and women have ADHD; it means that ADHD is undiagnosed in many girls.

• Girls tend to be overlooked by medical and educational practitioners and diagnosed later than boys, because their ADHD traits tend not to fit the ADHD stereotype and can appear to be more subtle.

• Girls with ADHD who are presenting with attention differences or difficulties are often seen as daydreamers. Girls presenting with hyperactive-impulsive symptoms may be seen as being a chatterbox, bossy, overemotional or even “hormonal.”

Girls often compensate for any difficulties that they are experiencing by masking their ADHD and are more prone to experiencing low mood, anxiety and depression.
“Can my child have ADHD with another neurodevelopmental condition as well?”

Yes certainly. ADHD often co-occurs with other neurodevelopmental conditions. It is believed that more than two thirds of those with ADHD will also have at least one other coexisting condition. The term “comorbid condition” refers to a condition that co-occurs alongside ADHD. Some people may have multiple diagnoses or comorbid conditions. Other people with ADHD may display traits of other conditions but not enough for a full diagnosis. We may see strengths in some areas of functioning, and challenges in other areas.

**Conditions that commonly occur alongside ADHD**

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<th>Specific Learning Difficulties:</th>
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<th>Depression</th>
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<td>Dyslexia</td>
<td>Involuntary movements – Motor tics</td>
<td>Lack of interest in things previously enjoyed</td>
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<tr>
<td>Resistant to change</td>
<td>Dysgraphia</td>
<td>Involuntary sounds – Vocal tics</td>
<td>Feelings of hopelessness</td>
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<td>Sensitive to sensory stimuli</td>
<td>Dyscalculia</td>
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<td>Feelings of sadness or numbness</td>
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<td>Processing difficulties</td>
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<th>Bipolar Disorder</th>
<th>Anxiety</th>
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<tbody>
<tr>
<td>Mixed states of extreme highs (mania) and extreme lows (depression)</td>
<td>Anxiety</td>
<td>Obsessions – worrying thoughts, impulses, and mental images</td>
<td>Difficulty falling asleep</td>
</tr>
<tr>
<td>Rapid mood swings</td>
<td>Excessive worry</td>
<td>Compulsions – actions or repetitive behaviours to counteract the obsessions</td>
<td>Waking multiple times during the night</td>
</tr>
<tr>
<td></td>
<td>Feeling stressed</td>
<td></td>
<td>Difficulty waking</td>
</tr>
<tr>
<td></td>
<td>Tense or wound-up</td>
<td></td>
<td>Insomnia</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Sleep apnoea</td>
</tr>
</tbody>
</table>

“Can my child have ADHD and ASD together?”

The term Autistic Spectrum Disorder (ASD) is the medical term for Autism, but some people prefer to use the term Autistic Spectrum Condition (ASC). These terms are now used to replace previous terms such as Autistic Disorder and Asperger’s Syndrome.

Autism, just like ADHD, is a spectrum condition. No two people will experience their Autism in the same way.
ADHD and Autism can co-occur and have overlapping traits.

In the past, children and young people displaying with both conditions would be diagnosed with the condition that was most prevalent, however, it is now more common to have a dual diagnosis of both ADHD and ASD.

ADHD and ASD are both neurodevelopmental conditions affecting the parts of the brain responsible for language, memory and social skills. Research has found many similarities between the two conditions. Children and young people with ADHD or ASD can have problems focusing, can be impulsive, have difficulty communicating, and may have difficulty with social relationships.

### Autistic people may:

- Have difficulties with communication and interacting with other people.
- Find it hard to understand how other people may think or feel.
- Can have sensory sensitivities, for example, bright lights or loud noises. These can feel overwhelming, stressful or uncomfortable.
- Get anxious or upset about unfamiliar situations.
- Take longer to understand and process information.
- Have repetitive behaviours.

### Overlapping behaviours in ADHD and ASD:

<table>
<thead>
<tr>
<th>ADHD</th>
<th>ASD</th>
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</thead>
<tbody>
<tr>
<td><strong>May seem forgetful, easily distracted.</strong></td>
<td><strong>May avoid eye contact and/or physical contact.</strong></td>
</tr>
<tr>
<td><strong>Can be inattentive and then have trouble following instructions.</strong></td>
<td><strong>May be prone to meltdowns due to sensory processing issues anxiety, frustration or communication difficulties.</strong></td>
</tr>
<tr>
<td><strong>May be prone to meltdowns due to frustration or lack of impulse control.</strong></td>
<td><strong>Uses excessive body movements to self-soothe (e.g., rocking, flapping hands, stimming)</strong></td>
</tr>
<tr>
<td><strong>Struggles to sit still during quiet activities, for example, mealtimes or independent schoolwork. Difficulties with turn taking, being impatient.</strong></td>
<td><strong>Constantly “on the go” or moving; fidgets and needs to pick up and fiddle with everything.</strong></td>
</tr>
<tr>
<td><strong>Social skills - Can interrupt people, speak inappropriately and may struggle with nonverbal cues.</strong></td>
<td><strong>Social skills - Gets upset by changes in routine. May be very advanced verbally, but struggles with nonverbal cues. Has obsessive interests.</strong></td>
</tr>
<tr>
<td><strong>Can act without thinking and may not understand the consequences of actions.</strong></td>
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</tbody>
</table>
“My child is having problems sleeping. Is this related to ADHD?”

Yes, it could be. ADHD has been linked to a range of sleep disorders, and sleep is often explored as part of the diagnostic process for ADHD. However, there are many reasons for a child having problems with sleep.

Children and young people with ADHD often report having sleep disturbances such as:

- difficulty falling off to sleep.
- waking in the night.
- feeling tired despite having slept.
- being unable to “shut off” busy thoughts in order to fall asleep.

Some researchers believe that sleep problems in people with ADHD may be a side effect of impaired arousal, alertness, regulation circuits in the brain and/or the effects of taking prescribed stimulant medication. Other researchers believe that ADHD sleep problems can be traced to a delay in our circadian rhythm (our internal body clock) and a delay in the production of our sleep hormone, melatonin. Melatonin is an important element in the body’s sleep–wake cycle. Our pineal gland is prompted to start producing melatonin with the onset of darkness, promoting healthy sleep and helping to set our body clock, or ‘circadian rhythm.’

Some people with ADHD describe themselves as “night owls.” This means that they will seem to come alive when the rest of us are starting to wind down. Other people find that they may have felt tired all day long but, at bedtime, they feel awake again. The reason for this could be that night-time for people with ADHD may provide the only quiet, uninterrupted time of the entire day to ‘hyper focus’ on the issues that may be playing on their minds, such as homework, projects or worries. For some, fatigue, exhaustion or even boredom during the day has led to a nap. Napping for too long, or too late in the day, can have a direct impact on our ability to go to sleep at night. Whatever the reason, sleep issues can have a considerable impact on our physical health, our mood and our ability to concentrate and use our memory.
"My child has several screens in their bedroom. Are these screens making sleep problems worse?"

They could be. Being exposed to the light emitted from our electronic devices too close to bedtime can disrupt our production of melatonin. Visible light is made up of a spectrum of 7 colours: red, orange, yellow, green, blue, indigo and violet. Each of these colours has a different wavelength.

Blue light, as emitted from computer screens, smart phones, some fluorescent lightbulbs or LED lighting, has a very short wavelength and produces a higher amount of energy. When we use gadgets that emit ‘blue light’ in the evening or at night-time, our brains may be fooled into thinking that it is still daytime and, as such, will suppress the production of melatonin. This will make falling to sleep more difficult.

It is recommended that we turn off electronic gadgets for at least an hour before bed to counteract the effects of the blue light and allow our brains to start making melatonin.

If your child / young person is having difficulty with sleep, explore a few ideas to help but be mindful that not everything may work at once.

- **Exercise daily.** It is recommended that children/ young people should get at least an hour of physical activity each day. Exercise during the day will promote a better night’s sleep. However, exercising in the evening may have the opposite affect!

- **Decide with your child/ young person what their night-time routine will be and stick to it.** A good bedtime routine should include when to turn off electronic devices, put their pyjamas on, brush their teeth, read, lights out etc. Turn off electrical devices at least one hour before bed and leave their phone in another room at night. Remember, those with ADHD need routine and predictability more than other children/ young people.

- **Consider setting a bedtime alarm,** in the same way you may set an alarm for waking. A bedtime alarm will help children associate their bedtime with a clock or timer instead of feeling that going to sleep is a demand from parents. Over time, your child will naturally associate the sound of their bedtime alarm with sleepiness. **Tip:** make sure the sound of the alarm is a gentle one and not loud and blaring.

- **Consider the sensory environment.** If light from outside is impacting on sleep, consider using blackout curtains.

- **Using white noise or nature sounds** to block external or household sounds can also be helpful.

- **Reduce anxiety.** Anxious children/ young people often have too much on their minds to fall asleep at night. Using relaxation, mindfulness and breathing techniques are all good ways to reduce anxiety and promote healthy sleep.

- **Use a sleep diary** to identify where the difficulties may be.
“Can my child’s diet impact upon ADHD?”

Sometimes, on the many courses that I have delivered to parents and carers, parents have asked whether what a child eats can have a significant impact on their ADHD symptoms and can affect how they feel, behave and how motivated they are. A healthy balanced diet will also promote both good physical and mental health. When we eat, our brain produces neurotransmitters, including dopamine. Our brains are hardwired to seek out behaviours that release dopamine. Some foods provide a moderate release of dopamine, whereas others release a larger amount.

Those with ADHD often crave foods that are high in sugars or processed carbohydrates. This can give a spike in blood sugars that may lead to hyperactive and impulsive type symptoms. This will then be followed by a dip in energy as the body tries to regulate the blood sugar; this can result in symptoms similar to anxiety or depression.
Mealtimes can sometimes be a source of anxiety for both parents and children.

- Set realistic expectations in terms of how long to expect your child to sit at the table.
- Switch off the television to concentrate on mealtimes.
- Build on foods that your child will eat, and introduce new foods, tastes and textures gradually.
- Involve your child with menu planning and meal preparation. Your child will be more invested in trying the product of their hard work.
- Don’t ban sweets and sweet treats. Teach your child when to eat them and in what quantity, for example, at the end of a meal.
- Be aware of parental anxieties! If we are anxious, our children will pick up on this.
- Avoid overeating by encouraging your child to find creative outlets for their energy, for example, sports, crafts or the Arts.
“Is exercise and movement beneficial for my child who has ADHD?”

Yes, exercise is very important for our physical and our mental health. When we exercise, our brain releases neurotransmitters, including dopamine. Dopamine is one of our reward chemicals and it also helps with attention and focus. Providing opportunities for exercise and movement can have a positive impact on ADHD symptoms.

“Why is exercise and movement important?”

- Exercise reduces feelings of stress and anxiety, by allowing our brains to focus on other things.
- Helps with fatigue and building stamina.
- Improve sleeps.
- Improves our executive functioning skills and can help with working memory, planning, and time management skills.
- Helps us to refocus. Some people find that if they stand up or walk around, or do some stretches, or other exercise they can then re-focus on a task they have lost interest in.

Get creative with your child to find ways to promote exercise and movement in their daily routine.
“Are there medications that can help my child?”

ADHD can be treated using medication or non-medical therapy, but a combination of both is often considered. There are two main types of medication licensed for the treatment of ADHD:

• **Stimulant medications** work by increasing activity in the brain, particularly in areas that play a part in regulating attention and behaviour. These are the most commonly used form of medication and come in short and long-acting formulations.

• **Non-stimulant medications** work in a different way. These often take more time to work, but may have a longer duration of effect.

Although these medications are not a cure for ADHD, they may help people with ADHD to concentrate better, be less impulsive, feel calmer, and learn and practice new skills.

**Does my child have to take ADHD medication?**

The National Institute of Clinical Excellence (NICE) Guidelines for the treatment of ADHD advises that the first line of treatment should be training opportunities for parents and carers. For those children and young people who need it, medication is the recommended second line of treatment.
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THANK YOU

We hope you have found this booklet helpful. You can also have the booklet read back to you by viewing electronically on the following website links:

www.adhdfoundation.org.uk

www.borntobeADHD.co.uk

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