ADHD training for Specialist Community Teams - Youth Offending Service, Substance Misuse Teams and Social Care

Learning Objectives

- Understand the stigma surrounding ADHD (e.g. only medical condition whose validity is challenged) and develop ability to challenge stigma.

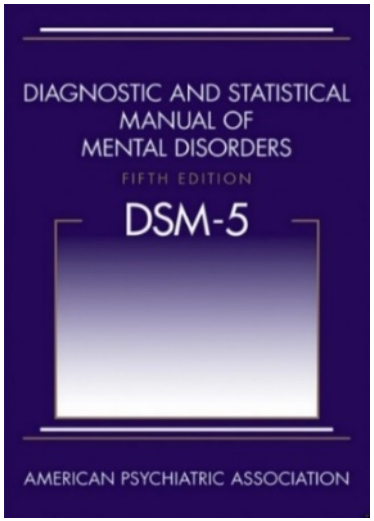
- Understand the different presentation that is expressed between genders, and presentation in relevant venue/situation.

- Understand your role and responsibility with in the ADHD pathway and risk management process.

DSM-5 classification of ADHD

ADHD is characterised by a pattern of behaviour, **present in multiple settings** (e.g. school & home), that can result in **performance issues** in social, educational, or work settings

Symptoms must be present **before age 12** (previously before age 7)



Children must have **at least six symptoms** from the inattention criteria and/or the hyperactivity & impulsivity criteria, while older adolescents & **adults** (over age 17 years) must present with five

What is ADHD?

- ADHD stands for Attention Deficit Hyperactivity Disorder which is a recognised medical condition with specific symptoms.[1]

- ADHD is a behavioural disorder where the brain develops and works in a different way from those not affected.[2]

Famous people with ADHD

Sir Richard Branson

Chef Jamie Oliver

Michael Phelps

Ensure research has been completed and all people listed have ADHD before adding to this list

What is ADHD? Select most appropriate videos

ADHD - Challenges with accessing services

https://www.dropbox.com/s/j8po75lbex3xiiv/ADHD%20-%20Challenges%20with%20accessing%20services.mov?dl=0

What is ADHD?

https://www.dropbox.com/s/yqtk5wsl5ua94v5/What%20is%20ADHD.mov?dl=0

ADHD - Challenges in education

https://www.dropbox.com/s/9psnn4smrq6tm9v/ADHD%20-%20Challenges%20in%20education.mov?dl=0

ADHD - Challenges with life skills

https://www.dropbox.com/s/vycm86kc75blbzi/ADHD%20-%20Challenges%20with%20life%20skills.mov?dl=0

ADHD - Challenges with peers

https://www.dropbox.com/s/y9ejy3ea1pioct6/ADHD%20-%20Challenges%20with%20peers%20.mov?dl=0

Key symptoms

Impulsivity

Inattention

Hyperactivity

These symptoms occur in every child from time to time but in young people and adults with ADHD they are persistent and impact on daily functioning

Discussion

How may these symptoms present whilst in

- the waiting room?
- in the consultation room?

What strategies would you implement?

What do you expect to be the outcomes of your actions?

Challenge or opportunity – a point of view

Distractibility/disrupts others	**Alertness/Interactive**
Activity / impulsivity	**Imagination/innovation**
Insatiable / inflexible	**Energy / persistence**
Risk-taking / egocentricity	**Enthusiasm / passion**

Changes across development: typical presentations at different ages

	Preschool	Primary School	Adolescence	Adulthood
Inattentive	Short play sequences; leaving activities incomplete; not listening	Brief activities; premature changes of activity; forgetful; disorganised; distracted by environment	Persistence less than peers; lack of focus on details of a task; poor planning ahead	Details not completed; appointments forgotten; lack of foresight
Overactive	“Whirlwind”	Restless when expected to be calm	Fidgety	Subjective sense of restlessness
Impulsive	Does not listen; no sense of danger (hard to distinguish from oppositionality)	Acting out of turn, interrupting other children, blurting out answers; thoughtless rule-breaking; intrusions on peers; accidents	Poor self-control; reckless, risk-taking	Motor and other accidents; premature and unwise decision-making; impatience

Understanding the possible impacts of ADHD

mood instability

motor accidents

alcohol / drug abuse

sleep difficulties

antisocial behaviour

relationship problems

marital discord

social difficulties

peer rejection

smoking

occupational difficulties

behavioural disturbance

academic impairment

low self esteem

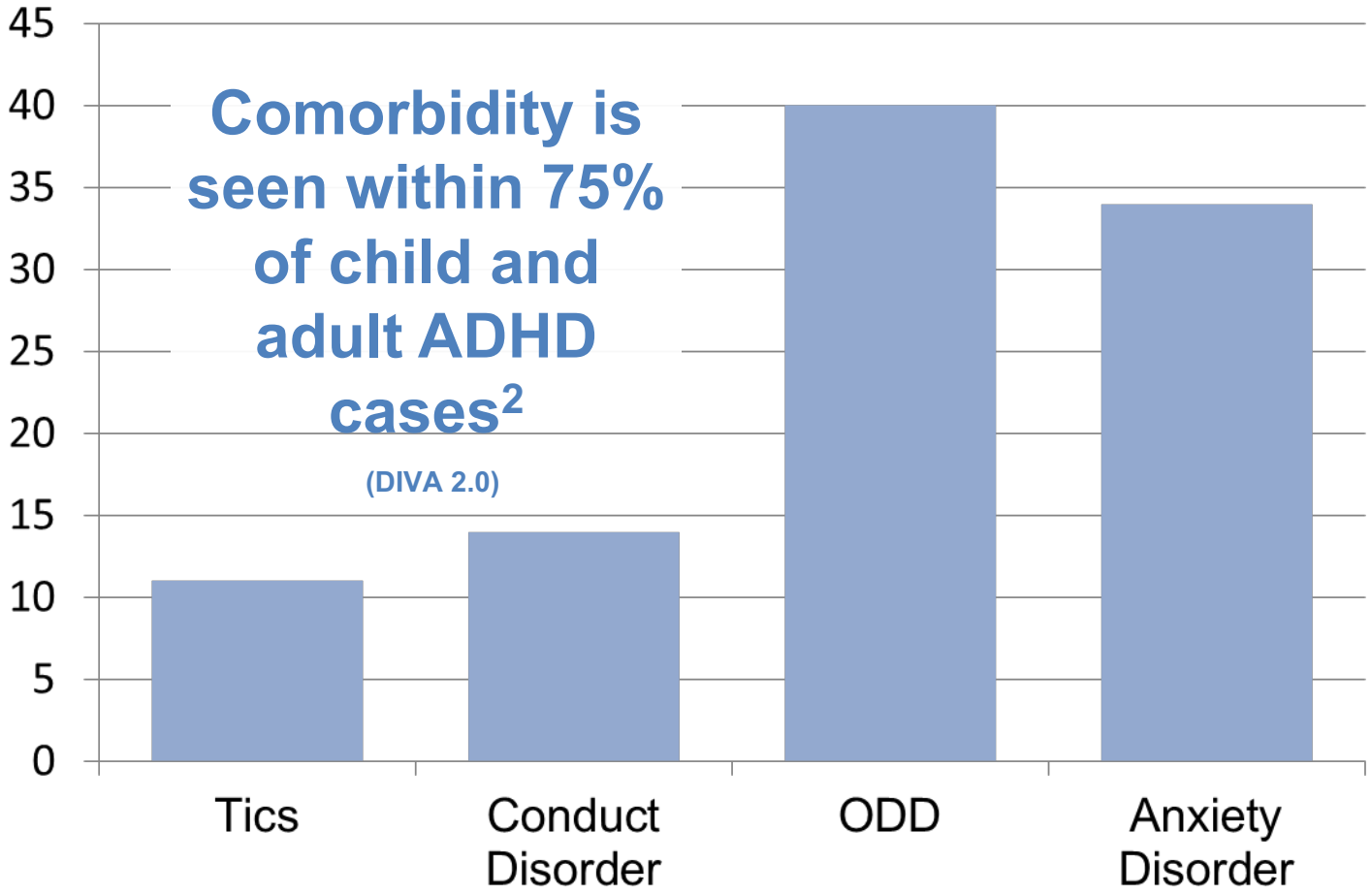
comorbidities

…Pre-school…Childhood …Adolescence …Adulthood

How many children are affected?

- ADHD is the most common behavioural disorder in the UK[1]
- It is estimated that ADHD affects around 2-5% of school-aged children and young people[1]
- In UK, it is believed that the prevalence of severe ADHD in the school-age population is 1.5%, and the less severe form is 3-5%.[2]

Comorbidities in childhood ADHD (N=579)[1]



Younger children with ADHD have higher rates of other mental health needs

- Rates of Autistic Spectrum Disorders and tics (8%) are higher than average
- Rates of learning difficulties are higher
- Sleep difficulties are higher than average
- Rates of oppositional behaviour are higher

Older children with ADHD have higher rates of other mental health needs

- Rates of depression and anxiety are higher in children with ADHD and higher still in Looked After Children and those in contact with the criminal justice system.
- Rates of suicidality and self harm are increased in children with ADHD
- Self esteem is reduced in children with ADHD.
- Rates of substance misuse are higher in children with ADHD.
- Adolescents with bulimic behaviours were significantly associated with ADHD symptoms.

ADHD: a genetic disorder

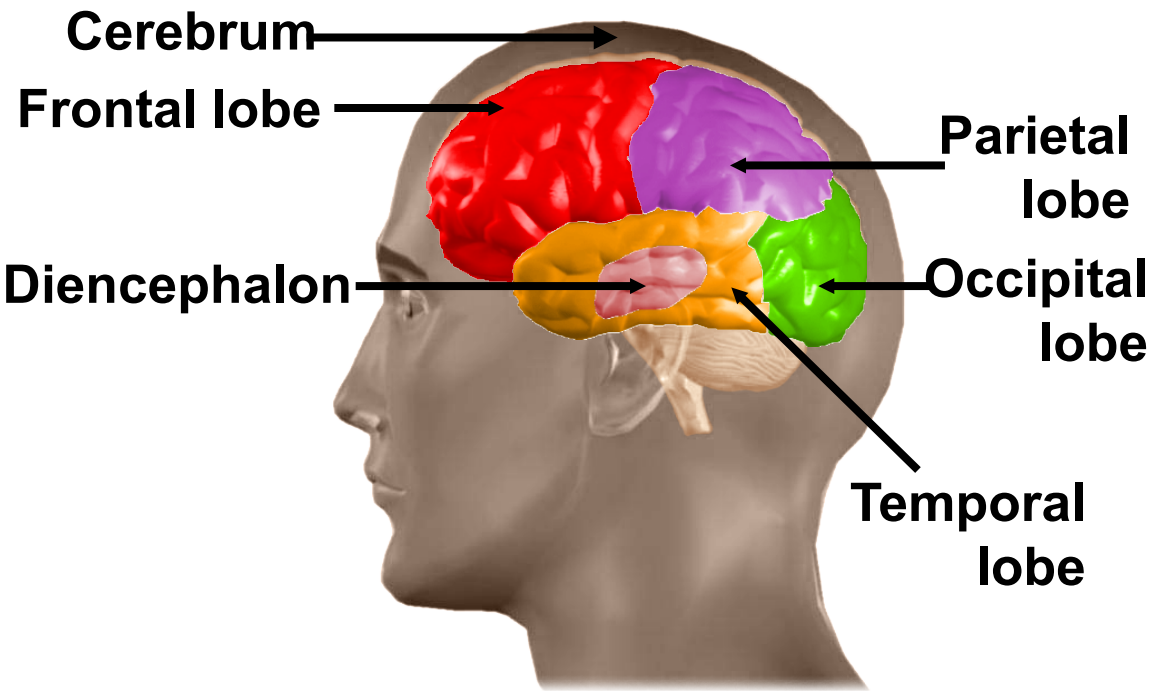
- ADHD is often a genetically inherited disorder
- Overall heritability is 75%

Twin studies estimate a heritability of up to 76%[1]	**Family studies**	**Adoption studies**	**Molecular genetics[2]**

ADHD is a neurobiological disorder

The frontal lobes that enable us to control our thoughts and behaviour do not function as well in those affected[1]

Some of the pathways involving key chemicals that enable brain-cells to communicate with each other are disrupted[2]



Causes of ADHD: neurotransmitter function

- ADHD is thought to be influenced by an imbalance of neurotransmitters, dopamine and noradrenaline.
- Both play an important role in the ability to focus & pay attention to tasks[1-3]

ADDISS ADHD research: family

- **65%** of parents of children with ADHD have divorced, separated or experienced marital distress as a result of their child's condition
- **33%** of parents have been unable to seek employment as a result of ADHD in the family
- **Nearly half** of parents surveyed have been treated for depression as a result of ADHD in the family
- Parents with ADHD are more likely to have children with ADHD.

Insert case study for group discussion that highlights…

The importance of (1)less verbal instructions

(2)importance of increased visual cues (3) need to repeat take home messages (4) uses of concentration tools.

Likelihood of young people and families are more likely to miss appointments and breach, and

- *how this should be appropriately dealt with*
- *how methods like texts could be helpful to reduce DNAs.*

ADDISS ADHD research: social

- **19%** of children with ADHD have been in trouble with the police

- **37%** of children have been admitted to A&E as a result of impulsive and reckless behaviour

Local services and pathway

Your role and responsibilities

Emphasis requirement to work with colleagues and multi agency partners to develop support plans which identify outcomes and differentiated approaches to meet the particular needs of children with their ADHD symptoms.

Who, where and how of diagnostic assessment

WHO?

- Multidisciplinary team of health professionals including Psychiatrist, Psychologist, Paediatrician

WHERE?

- CAMHS (mental heath), Paediatrics/Child Development Centre (health)

HOW?

- Referred via GP, school, self-referral, health professional

How to refer

- There are high rates of undiagnosed ADHD in young offenders, children who are using substances and looked after children.

- Professionals in social care, youth justice and substance use services may be the first to gather information about a child's unmet mental and physical health needs.

- When referring to CAMHS it is helpful gather information and examples about the difficulties with attention e.g. struggling to understand instructions, overactivity e.g. fidgeting or needing scribble and impulsivity e.g. accidents. Information about the developmental history, educational profile and family history can be very helpful.

How to refer

- The SNAP-IV Teacher and Parent Rating Scale # 6160 can be freely downloaded:
  http://www.myadhd.com/snap-iv-6160-18sampl.html
- Completed SNAP questionnaires could suggest whether a young person has ADHD.
- Consultation with a health worker based in your team or local CAMHS could be useful in gathering information and completing referral forms.
- Remember ADHD can be missed owing to the complexity of presentation in adolescence and overshadowing co-morbid problems.

How to Assess for ADHD

- Clinicians based in CAMHS or paediatrics will meet with the child and family. They will look at the way the child presents, and obtain consent to get information from school or other education settings.
- The department may use structured interview tools, and there are versions available on the SCN ADHD webpage.
- Clinicians will explain what they will be doing at the end of the appointment including providing questionnaires to complete (SNAP/Connors/ADHD-RS).
- An objective test such as the QBtest forms a part of many ADHD pathways, explain to the families what this will involve

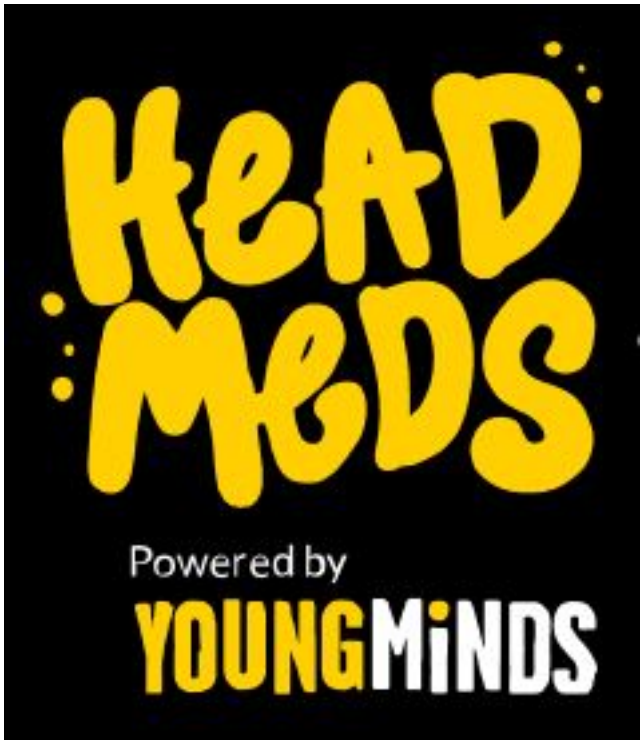
Qbtest

- The Qbtest is a standardised assessment tool for ADHD.
- A computer programme tests attention and combines this with an infrared observation of movement.
- The resulting report is compared against a large bank of control data of the same gender and age.
- Combined with clinical history and data from education settings, the test is a valuable tool in the diagnosis of ADHD.
- The test also provides a baseline to measure the effectiveness of future treatment.

Treatment

- If children are diagnosed with ADHD, and if the ADHD is moderate in severity medication may be considered.
- Medication can only be commenced by people with specialist training.
- Before commencing medication, ADHD Services will understand the child's physical health, e.g. heart pain or breathlessness in response to exercise. As well as checking the family history for cardiac disease or sudden death.
- NICE advises that medication should only be initiated by an appropriately qualified healthcare professional (often a CAMHS/ paediatric team).

Medication



https://www.headmeds.org.uk/

Medication

- Generally speaking, children will have their height, weight, pulse and blood pressure checked every 6 months either by primary care, or the CAMHS/ paediatric team that initiated the medication.
- The CAMHS/ paediatric reviews will also involve a brief review of the child's mental state, knowing that children with ADHD are more likely to develop conditions such as anxiety and depression.
- The reviews will also involve regular checks regarding, possible street drug use. Illegal drugs by their very nature are unregulated, and new compounds enter the market all the time. Thus any ADHD drug may have a new and unexpected interaction with an illegal drug.

There are 4 Types of ADHD Medication

- Methylphenidate is a stimulant that starts working in about 30 minutes.
- Dexamphetamine is a stimulant that starts working in about 30 minutes.
- Atomoxetine is a non-stimulant it takes about 3 weeks to start working and about 12 weeks to take maximum effect.
- Guanfacine is a non-stimulant it starts working from the first day.

Stimulant

Methylphenidate can last for 4 hours (immediate release) or can be steadily released over 8 hours e.g. Equasym or Medikinet or slowly released over 12 hours, e.g. Concerta or Matoride. It starts working within about 30 minutes and works only while in the child's system.

Dexamphetamine can last for 3 hours (immediate release) or can be steadily released over 13 hours e.g. Elvanse. It starts working within about 30 minutes and works only while in the child's system.

Side effects of stimulants

- All can increase blood pressure and pulse and reduce appetite.
- All can have an impact on sleep.
- All can increase pulse and blood pressure to dangerous levels if combined with an illegal stimulant.
- All can possibly make tics worse.

Non-stimulants

- Atomoxetine (Strattera) starts to work after about 4 – 6 weeks. It works all the time. Common side effects include stomach pain, reduced appetite, nausea and vomiting as well as increased heart rate and blood pressure.

- Guanfacine e.g. Intuniv starts working soon after it has been started, it needs to be taken every day or it can cause blood pressure fluctuations. Common side effects include sleepiness, headache, tiredness, stomach pain and sedation. Hypotension, bradycardia and weight gain have also been identified.

Documented benefits of medication

Cognitive

- Improves attention and short-term memory; increases amount and accuracy of work completed

Motor

- Reduces activity level; improves handwriting; decreases talkativeness, noisiness and disruptiveness

Social

- Improves cooperation; reduces anger; improves parent-child interactions; reduces non-compliance

Working with parents

Remember that children with ADHD may have parents with ADHD too. Take the time to reinforce basic parenting strategies for parents.

Some parents may benefit from referral to parenting programmes especially preschool ADHD children and those with co-morbid behavioural problems (under age of 12)

Advise parents that they may need to provide more prompting and structure when working on the child's independence and need to adapt parenting from their other children

When working with children with ADHD

If doing individual sessions with children, provide more breaks and repeat the information more than with age appropriate children.

Children with ADHD do not handle change well so minimise changes in schedule, physical relocation, disruptions; give plenty of warning when changes are about to occur

Provide alternative environments for some tasks and activities

Advice for children in residential settings

- Set a variety of tasks and activities
- In a care home setting, give one task at a time but monitor frequently
- Allow young person to fiddle with an agreed object e.g. stress ball or other manipulatives
- Explain to all staff working with this young person that they may struggle to regulate their emotions
- If a child is attending an appointment independently, provide multiple paper copies of the appointment letter and text or phone to remind children even on the day of the appointment or panel meeting.

Advice for children in residential settings

- In a shared environment, remember that the young person may be distracted by peers.
- Spend time alone discussing how to manage group situations.
- Be consistent
- Be calm but assertive
- Selectively ignore inappropriate behaviour
- Remove nuisance items
- Allow for ‘escape valve’ outlets
- Support the child to learn to recognize their own emotional regulation ‘flashpoints’.

Some useful websites*

www.addiss.co.uk
www.nice.org.uk
www.sign.ac.uk
www.handsonscotland.co.uk
www.netdoctor.co.uk

www.help4adhd.org
www.mentalhealth.com
www.adhdtogether.com
www.addup.co.uk
www.ukadhd.com
LOCAL OFFER PAGE

Thank you to all our partners
&
All members of the SCN ADHD Training Workstream