

# PARENTING AND ADHD

Southwark Parenting Team

TAP-in Sessions

# WELCOME

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We are the Southwark Parenting Team

We deliver this and five other sessions in our 'TAP-in' series as well as other parenting courses which run termly across Southwark

This session is designed as a one-off session but as part of a series of parenting talks that we run. You are welcome to 'tap-in' to any of interest.

# AGENDA

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- Welcome, introductions and expectations
- What do we mean by Neurodiversity?
- What is ADHD
- What support might our children need from us
- What support we might need
- Thinking positively about our parenting

# AIMS OF TODAY

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The aim of today is to give some information around neurodiversity and to use this to help us think about our own children. We will explore some of the challenges they may face and what strengths they hold

We will support you to think about what support our children, and us as parents, need to help them to thrive

We are **not** ADHD experts; this evidence-based session is designed through a parenting support lens

# What is does Neurodiversity mean?

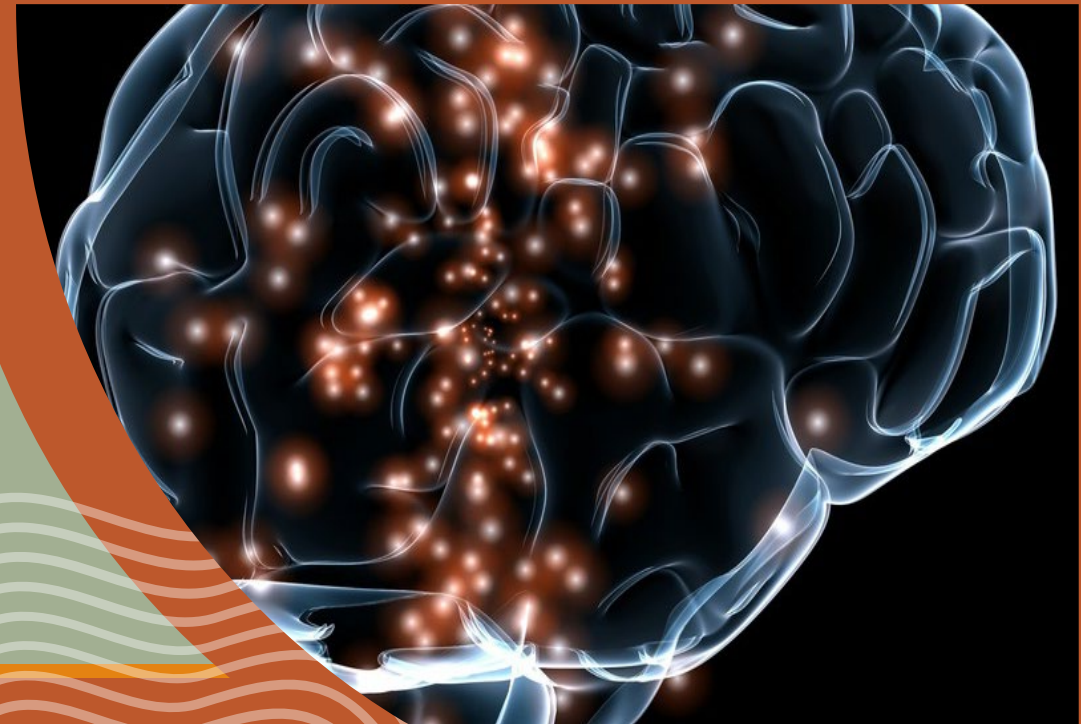
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Put simply, it means that no two brains are the same. The term was first used in 1998 by a sociologist Judy Singer, to describe how our brains all develop in a unique way.

In recent years it has become a preferred term to refer to those in the population who have a different way of processing information than the 'majority' of their peers.

Neurodiversity therefore relates to a range of different conditions such as Dyslexia and Dyspraxia, as well as Autism (or Autistic Spectrum Condition) and Attention Deficit Hyperactivity Disorder (ADHD).

For today's session we are focusing more on ADHD as we are seeing an increase in diagnosis for these conditions nationally in both children and adults.





# UNDERSTANDING ADHD

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ADHD can present in several different ways, and these differences might be due to age, developmental stage and gender

It is thought to be genetic, and has been found in different generations of the same family

ADHD can often be presented with behaviours typically seen as 'disruptive' meaning some stigma has developed over the years

Behaviours often associated with ADHD can also mirror behaviours associated with trauma which can create some misdiagnoses

# WHAT IS ADHD?

ADHD is a lifelong developmental condition

ADHD is found in individuals around the world regardless of race, culture or economic background.

ADHD as an umbrella term for:

- Inattentive ADHD
- Impulsive/Hyperactive ADHD
- Combined ADHD

Generally, individuals with ADHD have problems with

- Focussing on single tasks or topics
- Focussing for a 'long' amount of time
- Consequential thinking
- Impulse control

However, one person's presentation and experience of ADHD will be unique to them



# UNDERSTANDING ADHD

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ADHD as an umbrella term for:

- Inattentive ADHD: previously known as 'ADD' this is where a person may struggle more with their attention, but not necessarily experience the hyperactivity ('daydreamer')
- Impulsive / Hyperactive: where a person struggles more with their ability to focus, keep still and regulate behaviour (may struggle to assess the 'risk' before taking action)
- Combined: Where a person struggles almost equally with their attention as well as impulse regulation

# WHAT DOES THIS MEAN FOR OUR CHILDREN?

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Children who have a condition such as ADHD spend a lot of their time navigating a world which is set up for the 'neuro typical majority'.

This can be exhausting and frustrating.

As children get older, they may become more aware of peer differences and feel self conscious that they are 'getting it wrong', especially if they are often pulled up for the behaviours associated with the condition.

There is still a stigma around some of the behaviours associated with ADHD which can mean children carry a label of 'lazy' or 'naughty'

It is also complex, as a number of traits associated with ADHD could also be found in people without the condition; other issues such as trauma, culture and experiences, can impact behaviour in the same way. Although, ADHD is more likely when it impacts processing and not just behaviour



# WHAT DOES THIS MEAN FOR OUR CHILDREN?

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There is also a likelihood of co-morbidity where two conditions exist concurrently. This could be a dual diagnosis of ADHD and sensory issues, for example, where they born with both, or they could develop conditions such as mental health conditions like anxiety or depression

We also know that ADHD can have a big impact on sleep which in turn can impact health and wellbeing

Those with ADHD are 80% more likely than peers without a diagnosis of any condition to have a co-morbid diagnosis



# GENDER DIFFERENCES

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The majority of studies which inform the knowledge, understanding and assessment of ADHD has historically been on boys, from western cultures, and historically far more boys were diagnosed than girls.

As a result, there are a lot of emerging cases of late diagnosis in girls and often misdiagnosis of other mental health conditions before ADHD is explored

We are going to look at some 'tendencies' against gender but remember individuals will present in their own way.





# GENDER DIFFERENCES

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## Common gender differences\*:

- Typically, girls are more likely to internalise the behaviours of ADHD and/or learn social cues to compensate for the presentation of ADHD
- Girls may suffer more from burn out, hyper fixation and poor organisation
- ADHD in boys can be easier to notice with more disruptive symptoms such as inability to be still, poor consequential thinking and inattention.

However, socially we tend to think of boys' and girls' behaviour differently so may look for the typical ADHD behaviour in boys more

This can lead to it being unrecognized or misdiagnosed

**\*These are general, each individual will present their own way, but these have been identified as common features across the gender divide**



# ADHD AND COMMUNICATION

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Some children with ADHD need to fidget to be able to concentrate. This may look like they are not listening, although it is aiding their ability to listen

Where some children have developed social cues to mask the ADHD, they may often 'look' like they are listening, but are concentrating so hard on their presentation, they cannot listen.

When it comes to support, allow them to have fidget toys if they help, but also keep instructions and communication direct and simple; break down tasks into smaller steps, limiting the possibility for distraction. Also check back that they heard the key message.

Children with ADHD often struggle to stay on topic or on task. This can mean things are left unfinished or with lots of activities all being started at once.

We will often need to repeat ourselves a lot to get something done – whilst it can feel like nagging, it is usually helpful to the ADHD person.



# ADHD AND BEHAVIOUR

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Many children with ADHD have poor consequential thinking and poor impulse control – this can often result in ‘risk taking’ behaviours (but the child may not have considered the behaviour and risk before starting)

Presenting as high in energy which can mean they need constant attention/engagement

Some children with ADHD may find they are often in trouble, without understanding what it was they have done wrong

Linking back to communication, focussing on the art of listening can be disabling to listening, meaning they may not react as expected to what is said. Help them by repeating and showing!

Masking could also mean they go along with behaviours without thinking them through first

# ADHD AND BEHAVIOUR

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So how can we support our children with some of these behaviours?

Revisit a behaviour and explain what the risk was, ask what their intention was and then explore how they could safely meet their need

Allow the fidgets / coping mechanisms which aid concentration

Clear boundaries which are simple and easy to follow (“do not open the front door”) but can be consistently repeated to help them remember

Create space times and spaces for energy to be released

As they get older, allow them to explain their view on situations without making them feel silly





# ADHD AND SLEEP

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Sleep is often reported as one of the biggest impacts parents experience of their child's ADHD; because often if they're not sleeping, neither are you.

Knowing it is due to their ADHD and changing our expectations might help reduce some of the pressure around bedtime. Can they go to bed later and still be up on time? If this is their natural pattern, then work with it?

Set some boundaries about what is and isn't acceptable if they can't sleep?

If they share a room, is there another room they can safely go to.

And how long should they be up for?

However, if they wake up tired, then it is likely they do need the sleep and need a longer wind down time for the brain to be ready for rest.

# ADHD AND SLEEP



- Problems with sleep affects 60% of ADHD children.
- Only 15% of teens get the right amount of sleep.
- Children can be prescribed Melatonin which will help the sleep process, but children need to learn how to fall asleep by themselves (without the need for technical gadgets)
- Food can play a huge part in a good sleep routine. Foods which contain Tryptophan converts to Melatonin:
- A milky drink given a couple of hours before bed with a half a chicken sandwich on wholemeal bread can really aid sleep
- Keeping to a consistent bedtime routine with limited screen time will help. Encourage them to engage in calming activities as part of their bedtime routine

# WHAT DOES THIS MEAN FOR US?

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For parents and carers this can also mean we are often dealing with meltdowns and 'overspill' as our children and young people find ways to release or as they become overwhelmed and frustrated.

We also need to fight harder for our children's voices to be heard, as they try to communicate with a world which isn't set up to understand them

When we think about any additional conditions or behaviours presented by children with ADHD, remember, you are the detective!!

Use your knowledge of your child and their ADHD presentation to be curious as to what is behind the behaviour....the more you know, the more equipped you are to help



# ADHD AND MEDICATION

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Often used as a treatment for ADHD

Medication does not cure ADHD, but can help with the symptoms

Usually prescribed for children older than 6 years of age

Medication can work for one child but not another. Dosage to be monitored so can be personalised to the child (things such as diet and BMI will need to be accounted for with dosage).

Please always speak to a medical professional about the best options. Where it is age appropriate, bring your child into these discussions; the more transparent we are the less likely they are to try and 'self-medicate' themselves

# WHAT CAN WE DO TO SUPPORT?

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As parents we need to be the detective and always looking behind the behaviour to see what feelings and triggers might be underneath.

We also need to make sure we fully understand our child– what areas do they struggle most with? What is their temperament aside from the condition? What age/stage are they at?

Taking the time to reflect rather than to react can be powerful and whilst it might feel like a longer process in the short term, getting the right response will make life easier in the long term.

# WHAT CAN WE DO TO SUPPORT?

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Have you ever heard of scaffolding?



When our child is faced with a challenge that feels overwhelming...

- Break the task down into small achievable steps.
- Work out what is needed to complete step 1.
- Stay here – praise, review what went well or what had to be done differently, reward (with more praise).
- Use this experience to inform step 2, 3 etc
- Keep supporting them with this approach to challenges until they one day do it on their own

Teaching children they can safely slow down, go at their own pace and go again is a key life skill, but one children with ADHD might struggle with



# WHAT CAN WE DO TO SUPPORT?

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Living with a neurodiverse condition can impact on a person's self esteem



To help support our children and young people two of the key things we can do to improve their self-esteem are:

- Praise
- Acceptance

A third important aspect is consistency – routine and predictability help children to feel safe





# WHAT CAN WE DO TO SUPPORT?

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Praise:

As humans we internalise 10 negative comment to every 1 positive.

Children with ADHD 30% more likely to hear negative comments therefore we need to counterbalance the praise.

Important we praise in a way which is meaningful (don't force touch or eye-contact if they don't like it)

Important we praise for who they are, rather than what they do (ie I love how inventive you are)

**Ear-shotting** is a great way of getting praise to them; talk positively about them, when you know they can hear



# WHAT CAN WE DO TO SUPPORT?

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Accept:

Sometimes the natural preferences that come with the condition may not 'fit' socially...but they are ok.  
So long as they are safe, healthy choice which you can support there are more opportunities to help our child feel comfortable.

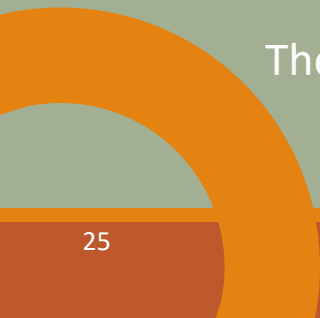
If they need to fidget to listen – Ok

If they need to jump about for a bit before homework – OK

Do we need to remind them for the 7<sup>th</sup> time? - Ok

You as the parent may need to develop a 'Perspex shield' from other parents' helpful advice, but if its not harming anyone, let them be.

There are plenty of non-negotiable (school, fruit,vegetables etc) so when you can say OK, make sure you do





# WHAT CAN WE DO TO SUPPORT?

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## Consistency:

Routine and boundaries not only help to keep us safe but help us to feel safe. Routines and boundaries which are clear, age-appropriate and manageable can be an important tool in managing ADHD.

When the world is uncertain, knowing how the evening will do can be comforting.

In the same way, those with ADHD will work best when there are clear boundaries around their behaviour – it can act as a guide to what they should be doing....and do's usually work better than don'ts

This doesn't mean things won't go to off plan at times, but if we are prepared for bumps in the road and are consistent in how we manage them, our children will begin to feel safe in these situations too.





# OTHER HELPFUL STRATEGIES

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- Clear communication – know their style and work to it, rather than to change it
- Allow decompression time for them – afterschool might be a key moment where this is needed
- Allow decompression time for you – know when it's becoming too much, and you need a breather; find kind ways to communicate it but make sure you do accept the help



# OTHER HELPFUL STRATEGIES

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- Distraction: Rather than asking them to stop a behaviour, help them find something else to do instead. Know the behaviour is likely an energy outlet, so let the energy out positively.
- Ignoring: Not always appropriate, but low-level mistakes might not need any attention being drawn to them. Highlight what they do right, rather than what they do wrong
- Have small fidget toys, doodling pads or even just always play doh on hand

# SO WHAT SUPPORT DO YOU NEED?

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Being a parent is hard work, and demands are higher when parenting a child who is neurodivergent.

We will also get it wrong. If a strategy hasn't worked or the day ran away, then take a breath and reflect on what happened and what could help next time

Ask for help and keep asking

Use the support groups locally and nationally

Praise your child daily for who they are (and do the same to yourself too!)



# USEFUL RESOURCES

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Southwark local offer

[Home | Southwark Local Offer](#)

Southwark Independent Voice

[Home | SEND | Southwark Independent Voice | London Borough of Southwark](#)

Mind

[ADHD and mental health – Mind](#)

Young Minds

[ADHD Support For Your Child | Parents Advice Guide | YoungMinds](#)