



# Attention Deficit Hyperactivity Disorder (ADHD)

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## INFORMATION FOR PARENTS

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Cork/Kerry Child and Adolescent Mental Health Service  
(CAMHS)

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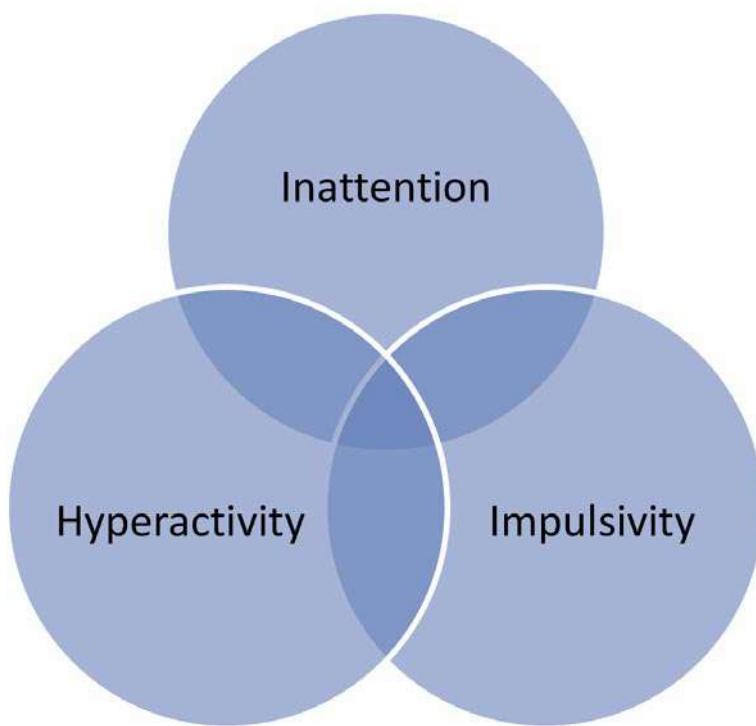
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## What Is ADHD?

ADHD is a neurodevelopmental disorder which affects up to 4-6% of school aged children and 2-3% of adolescents. Approximately 5% of children are diagnosed worldwide. It can affect children's behaviour, learning and their social relationships. The three core symptoms of ADHD are:



When these symptoms are deemed inappropriate for a child's stage of development and are causing some impairment in their level of functioning at home and in school, an ADHD assessment may be warranted. Young people may find it difficult to keep up in school because they have difficulty concentrating, listening, and remaining seated. They may be forgetful and disorganised in their everyday activities which can often be problematic for them. They may also have difficulty managing their behaviour and emotions.

## Symptoms of ADHD



### Inattention

Children and adolescents often have difficulty paying attention and may be easily distracted. They may find it hard to stay on task or focus over a period of time (sustained attention) and may therefore avoid any task that requires this type of attention. They may find it hard to start or finish things without support or prompts. They are often forgetful and disorganised.



## Hyperactivity

Children and adolescents are often very active when younger and may find it hard to sit still or even to remain seated when expected to do so. They may be restless and/or squirm in their seat. However, this high level of hyperactivity tends to reduce with age. Adolescents report more of an inner sense of restlessness.



## **Impulsivity**

Children and adolescents may often be impulsive and act without thinking. They may have little or no awareness of danger and may often engage in behaviours without thinking of the consequences. They may often blurt out or be prone to interrupting conversations. In adolescence, impulsivity is often linked with oppositional behaviours and poor decision making. Emotional dysregulation is regularly linked with ADHD where children/adolescents have a low frustration tolerance and are prone to anger outbursts.

## **What Causes ADHD?**

The exact cause is still unknown but ADHD is understood to be caused largely by genetic factors and can also be influenced by the environment.

ADHD runs in families. More than half of all parents with ADHD will have a child with ADHD and recent genetic studies suggest a heritability rate of as much as 74%. Siblings of children diagnosed with ADHD are 2 – 3 times more likely to have ADHD as well.

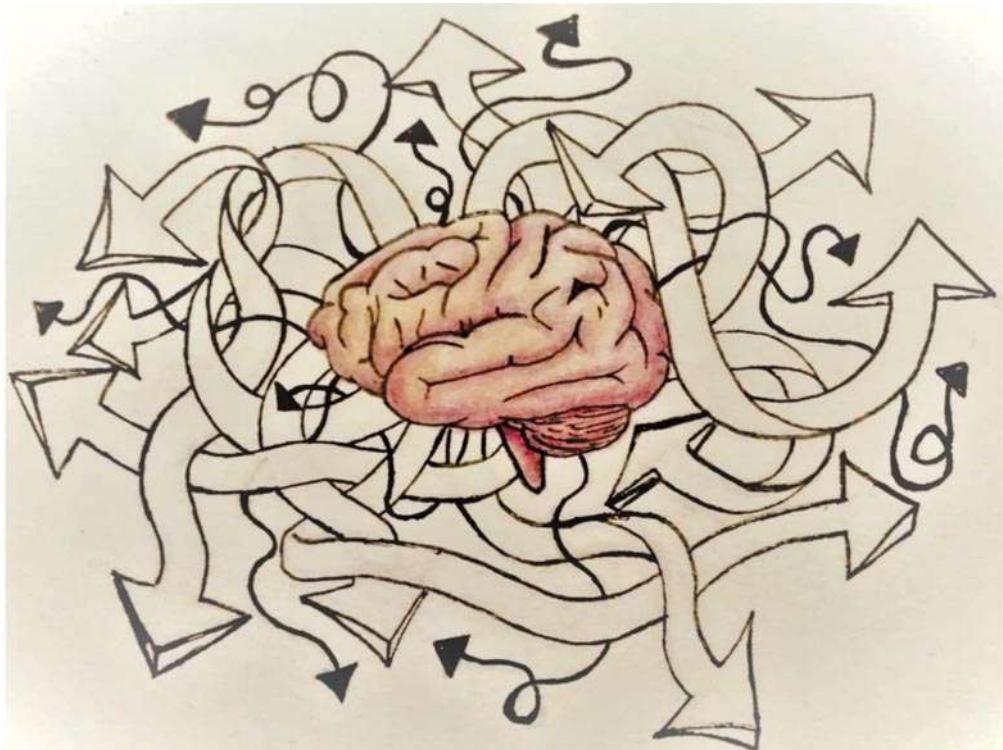
There are also some risk factors that make ADHD more likely to occur in children with a genetic ADHD vulnerability, including premature births, and babies with a low birth weight. In addition, smoking, drug use and drinking alcohol in pregnancy is found to increase the risk of ADHD in the new-born.

Research has consistently showed reduced amounts of certain neurotransmitters (chemical messengers) in the brain including **Dopamine (DA)** and **Noradrenaline (NE)**. Dopamine has a controlling influence on certain physiological functions including, memory, sleep, cognition, movement, mood and responding to rewards. Noradrenaline is involved in focus, processing and controlling impulsive behaviours.

## **How long will my child have ADHD?**

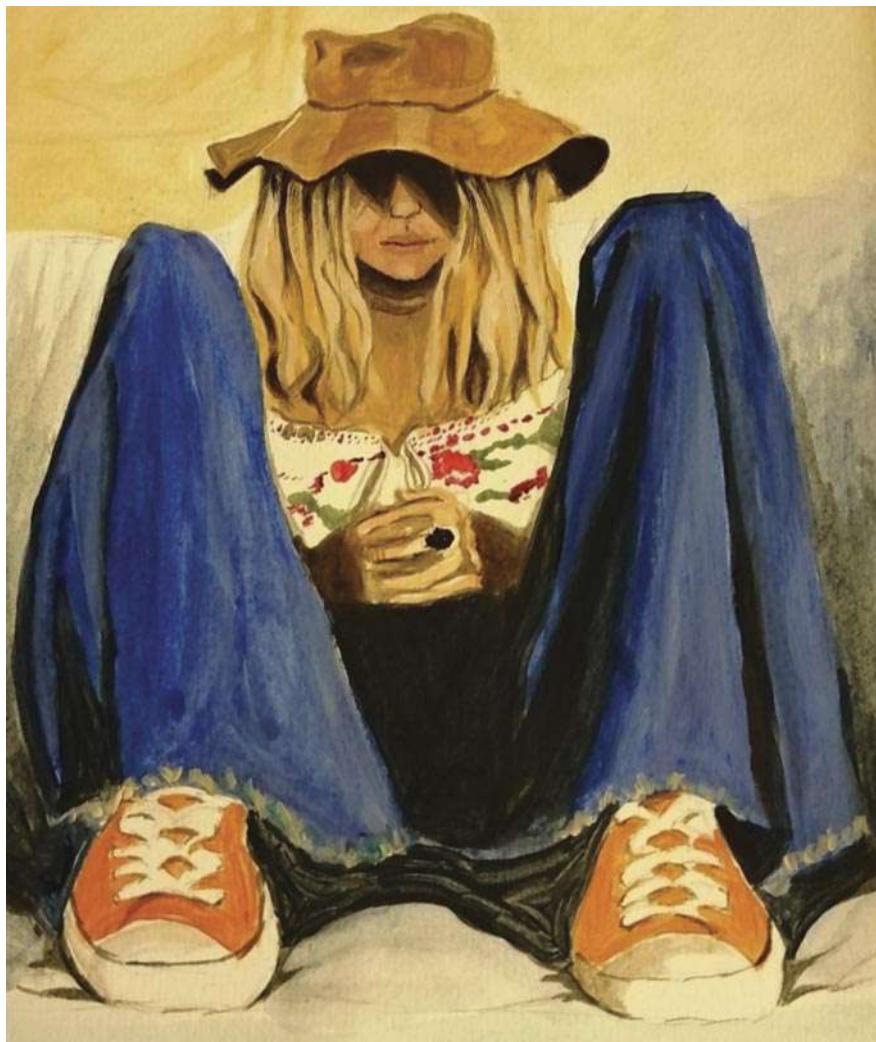
For many children and adolescents the symptoms of ADHD can improve with age. However, some young people continue to have symptoms that persist into adulthood. During adolescence they may become less hyperactive and impulsive but the inattentiveness more often persists.

## Can Other Conditions Present with ADHD?



There are other conditions that are more likely to occur if you have ADHD. Some of these include speech and language difficulties, learning difficulties, autism spectrum disorder, anxiety, mood disorders, oppositional defiant disorder, conduct problems, tic disorder and dyspraxia. However, some children with ADHD may never have these difficulties.

## ADHD and Girls



Symptoms of ADHD in girls often go unnoticed and their symptoms can be more subtle than boys. Girls tend to have greater difficulties with their attention, organisation and motivation, whereas boys can often present as more hyperactive and disruptive. Girls tend to mask their difficulties more easily and are therefore less likely to be identified and referred for ADHD assessment. It is unknown how often diagnoses in females are missed.

Adolescent girls with undiagnosed ADHD commonly present with mental health difficulties such as: low mood, anxiety and deliberate self-harm.



## Positive Traits

Young people with ADHD tend to have a lot of positive traits, such as, being innovative, artistic, creative, sporty or musical. They tend to find it easier to try out new ideas and think outside of the box. It is important to support your child to pursue their interests and talents and build on their strengths so they have a sense of accomplishment.

## How do you Treat ADHD?

There are a few recommended Strategies that support children and adolescents with ADHD:

- **Education** – It is helpful for parents and for the child/adolescent to know the facts about ADHD so parents can learn how to help their children and the young person learns how to help themselves.
- **Behaviour management** – Some children/adolescents with ADHD also present with oppositional defiant behaviours. There are many behavioural strategies that parents can use to manage this oppositional behaviour such as communication strategies, routines, rewards and consequences.
- **Adaptions to the environment** – You can change the child's environment through appropriate seat location, uncluttered working environments and organisational plans to optimise their skills and coping ability.
- **Medication** – Your child may be prescribed medication to help them focus better, and lessen their impulsive behaviours and hyperactivity. The medication works by enhancing how the dopamine system works in the brain and helps them feel calm and to stop and think before they make decisions. A large study involving 10,000 twelve year old twins in the Netherlands in 2017 demonstrated that children taking ADHD medications scored significantly higher on educational achievement tests than children with ADHD who did not take medication.
- **Classroom based interventions** – Schools and teachers can allocate additional supports to help manage ADHD behaviours in the classroom in order to enhance the young person's learning in the school environment.
- **Cognitive behavioural therapy (CBT)** – There is some evidence that CBT can be useful for young people who have benefited from medication but whose symptoms are still causing a significant impairment, such as, social skills with peers, problem solving, self-control, expressing feelings and active listening.

# **Behavioural Management/ Discipline strategies for parents of children with an ADHD diagnosis**

## **Children**

- Special time/one to one time is very important for every child. Aim to spend at least 15 minutes one to one individual time daily with your child to help develop and maintain a strong parent/child bond.
- Always look for opportunities to praise your child. Notice your child's successes and be specific with your praise by telling them exactly what they did well.
- Aim to ensure a daily predictable, consistent and structured routine.
- Use consistent boundaries and enforce simple and clear rules from an early age.



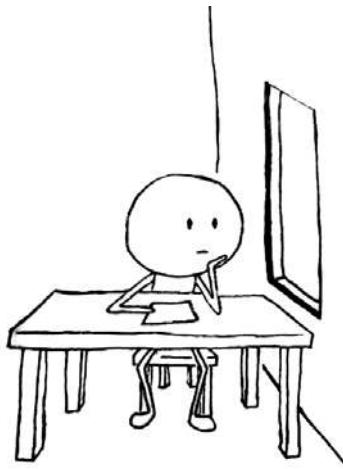
- Use clear commands instead of requests. '*Please take out your lunchbox from your bag*' instead of saying '*would you mind,' can you' or '*will you' take out your lunchbox from your bag*'.*
- Try to ensure that you make rules that you can enforce and always explain these rules and consequences in advance.
- Ensure that you have a clear plan of action for behaviours so that when an incident occurs you can respond appropriately and follow through with the consequences. Avoid using the child's special interests and talents as contingencies for good behaviour or withholding them if your child misbehaves. Children with ADHD benefit from immediate feedback and short term consequences for their behaviours.
- Avoid giving multiple commands to your child. Give one command at a time and get them to repeat back what you asked to ensure that they have heard and understood the command.
- Always tell the child what you want rather than what you don't want. '*Please keep your hands to yourself*' rather than saying '*don't hit your brother*'.
- Before going out remind the child of what specific behaviours you want to see and continue to reward their behaviours with specific praise.
- Children often imitate the behaviours that they see around them so it is important for parents to stay in control and remain calm when dealing with behavioural outbursts. Take time out to breathe and to collect your thoughts before attempting to calm your child and impose any consequences for their behaviour.
- Remember to ***always separate the behaviour from the child.***



## Adolescents

- It is important that you continue to engage with and spend some one to one time with your teenager. Staying connected with your teenager and actively listening to them can also help them socially and emotionally.
- Notice your teenager's successes and continue to build on their strengths so they will have a sense of accomplishment.
- To avoid conflict, try to let emotions calm before talking with your teenager. Instead of getting into an argument take a deep breath, count to five and step back from the conversation. Encourage your teenager to do the same. Always try and *listen more than you speak to your child*.
- Praise positive behaviours with the aim of encouraging more of these behaviours and tell them exactly what they did well.
- Encourage problem solving and negotiation of rules to ensure that your teenager has an input into them. Try to ensure that they understand and accept what is expected of them as this encourages a sense of responsibility and independence.

- It may take different discipline approaches to manage some adolescent behaviour so continue to try a strategy, evaluate how it went and try a different strategy if required.
- Remain persistent and consistent when applying rules/boundaries.



## Supporting Homework and Learning

- Establish a clear predictable homework routine with minimal distractions in the homework space for your child.
- Encourage your child to colour code their books and copybooks by subject to help with organisational skills.
- Encourage them to break complicated tasks in to more manageable segments.
- When completing homework, encourage your child to follow a low interest activity with a preferred high interest activity to help them stay focused and motivated.
- Timers can be useful to time subject activities and allow movement breaks.
- Encourage and support the use of planners, checklists, post-it notes and week to view diaries for planning daily activities, afterschool activities, course work and projects.

## **Creating a Healthy Lifestyle**

A Healthy lifestyle is a very important part of every child and adolescents' physical, mental and emotional wellbeing.

- It is important for your child to get at least 8 – 10 hours of sleep per night.
- Ensure that they make healthy food choices by eating a balanced diet.
- It is important for all children/adolescents with ADHD to get daily physical exercise.
- Ensure that the amount of screen time they have is balanced with other activities.

## **Sleep and ADHD**

Many children with ADHD have difficulty sleeping. A good night's sleep has many benefits for children including improvements in attention, concentration and behaviour. The following are some useful tips in promoting a good sleep routine for your child.



- A good sleep routine is very important for your child/adolescent. Try to ensure the same bedtime and wakeup times to help regulate their body clock.
- Limit your child's exposure to phones/ I Pad/ tablet up to one hour before bedtime. The blue light omitted from screens can inhibit the release of the sleep inducing hormone 'Melatonin' which can cause them to become more alert and can alter their natural sleep circadian rhythm.
- Regular exercise can help with sleep but try and prevent your child from undertaking any strenuous exercise in the 2 - 3 hours preceding sleep.
- A healthy balanced diet can also help with sleep. However, a heavy meal before bed can interrupt sleep so encourage a light snack before bed time.
- Ensure that your child's bedroom is at a comfortable temperature and avoid having the room too hot. 18 degrees Celsius is recommended as the 'ideal' room temperature.

## **The Importance of Parents Looking after Themselves**

Raising children/adolescents with ADHD is an important but often challenging job. Looking after yourself as a parent can help you do this job well. Physical, mental and emotional self-care is important. You can achieve this by eating healthily, staying active and getting plenty of rest. If you have a partner, try to share out the workload and continue to support and communicate with each other. Help to reduce your stress levels by making time for yourself and seeking help if you need it.

## **Educating parents on ADHD**

Cork/Kerry Community CAMHS have a series of online educational workshops on ADHD for parents and adolescents. Access to the links for these recorded workshops will be given to you by your local CAMHS team once a diagnosis of ADHD has been confirmed. The parent workshops include the follow topics:

**Workshop 1 – Understanding ADHD**

**Workshop 2 – How to Communicate Effectively with a Child with ADHD**

**Workshop 3 – Medications used to Treat ADHD**

**Workshop 4 – Promoting a Sleep Routine in a Child with ADHD**

**Workshop 5 – Supporting a Child with ADHD in School**

**Workshop 6 – Promoting Emotional Resilience in Your Child**

## **Educating Adolescents on ADHD**

Cork/Kerry Community CAMHS have a series of online educational workshops on ADHD for viewing by Adolescents. Access to the links for these recorded workshops will be given to you by your local CAMHS team once a diagnosis of ADHD has been confirmed. Below is a list of these workshops:

**Workshop 1 – Understanding ADHD**

**Workshop 2 – Lived Experience of ADHD**

**Workshop 3 – Tips and Strategies to Promote Organisational skills, Support Homework and Reduce Stress**

**Workshop 4 – Speech, Language and Communication in ADHD**

## **Information Resources, Training and Support Groups for ADHD**

**ADHD Ireland:** Provides Information, resources and training on ADHD for children, adolescents and adults. **Email:** info@adhdireland.ie **Tel:** (01) 87448349  
**Website:** [www.adhdireland.ie](http://www.adhdireland.ie)

**ADDISS UK:** The National Attention Deficit Disorder Information and Support Service is a UK charity which provides lots of information, resources and training on ADHD. **Website:** <http://www.addiss.co.uk/>

**ADHD Foundation Neurodiversity Charity:** UK based integrated health and education service. **Website:** <https://adhdfoundation.org.uk/>

**ADDITUDE:** Free online US magazine with links to latest research and best practice including free webinars and access to downloads from previous recordings on many topics. **Website:** <https://www.additudemag.com>

**CHADD (Children and Adults with ADHD):** A US based non-profit organisation which also provides resources and information on ADHD.

**Website:** <https://chadd.org>

**Health Service Executive (HSE):**

**Website:** <https://www.hse.ie/eng/health/az/a/adhd/>

**NICE Guidelines:** The Current UK national guidance for ADHD can be found by searching on the National Institute for Health and Clinical Excellence (NICE Guidelines). **Website:** [www.nice.org.uk](http://www.nice.org.uk)

**INCADDS:** The Irish National Council of ADHD support groups' is an umbrella organisation for ADHD support groups in Ireland.

**Email:** info@incadds.ie **Website:** <https://www.incadds.ie/>

**<https://www.livingwithadhd.co.uk>**

Information App with resources for teenagers, parents and teachers.

**<https://www.adhdchildhood.com>**

Resources for ADHD in childhood.

## **Videos and Podcasts on ADHD**

### **Podcast with Author Dr Thomas Brown on ADHD**

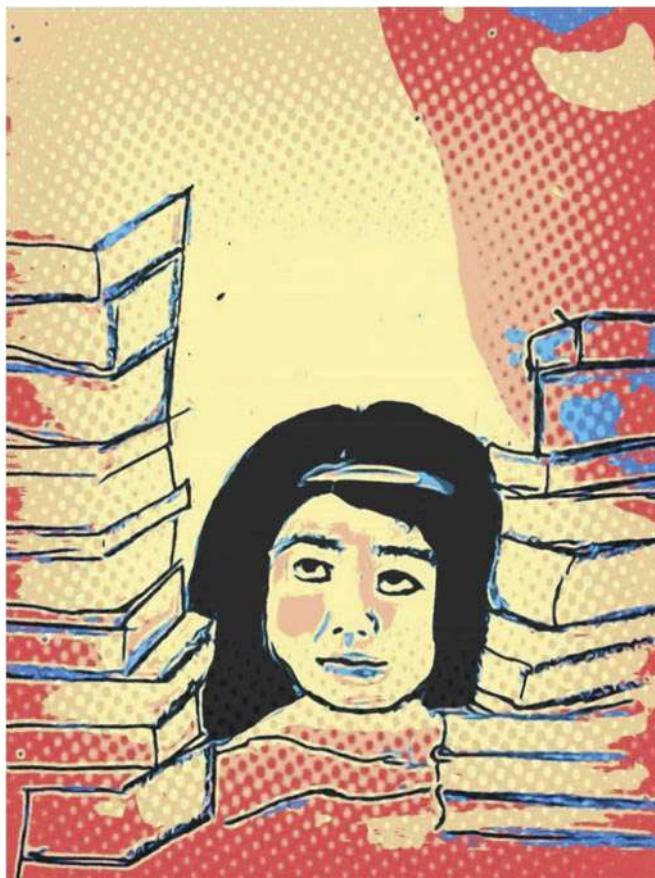
<https://www.brownadhdclinic.com>

### **Video Explaining ADHD to Young people**

<https://www.youtube.com/watch?v=Rfcdx3qm77M>

### **Video for children explaining ADHD: ‘ADHD and Me’**

<https://www.youtube.com/watch?v=yyaVKvuEBkk>



## Recommended Reading list for children and adolescents

### Explaining ADHD to Children/Adolescents

1. '*Putting on the Brakes: Young Peoples Guide to Understanding Attention Deficit Hyperactivity Disorder*', by Patricia Quinn.
2. '*A Walk in the Rain with a Brain*', by Edward Hallowell.
3. '*Attention Girls! A Guide To Learn All About Your ADHD*', by Patricia Quinn.
4. '*50 Activities and Games for kids with ADHD*', by Patricia Quinn and Judith Stern.
5. '*Learning To Slow Down and Pay Attention: A Book for Kids about ADHD*', by Kathleen G. Nadeau.

6. ‘*Jumpin’ Johnny – Get Back to Work! A Child’s Guide to ADHD/Hyperactivity*’,  
by Michael Gordon.
7. ‘*The ADHD Workbook for Kids; Helping Children Gain Self–Confidence, Social Skills and Self Control*’,  
by Laurence Shapiro.
8. ‘*Cory Stories; A Kids Book about Living with ADHD*’,  
by Jeanne Kraus and Whitney Martin.
9. ‘*Where’s my stuff: The Ultimate Teen Organising Guide*’,  
by Samantha Moss and Lesley Schwartz.
10. ‘*Thriving with ADHD Workbook for Kids: 60 Fun Activities to Help Children Self- Regulate, Focus and Succeed*’,  
by Kelli Miller.
11. ‘*I Would if I Could: A Teenagers Guide to ADHD/Hyperactivity*’,  
by Michael Gordon.

## **Recommended Reading for Parents**

- 1.** ‘*How to Talk so Kids will Listen and Listen so Kids Will Talk*’ ,  
by Adele Faber and Elaine Mazlish.
- 2.** ‘*Driven to Distraction*’ ,  
by Edward Hallowell & John Ratey.
- 3.** ‘*12 Effective Ways to Help Your ADD/ADHD Child*’ ,  
by Laura J Stevens.
- 4.** ‘*What Your Child with ADHD Wishes you Knew – Working Together to Empower Kids for Success in School and Life*’ ,  
by Sharon Saline.
- 5.** ‘*Understanding Girls with ADHD – How They Feel and Why They Do what They Do*’ ,  
by Kathleen Nadeau, Ellen Littman and Patricia Quinn.
- 6.** ‘*Attention Deficit Hyperactivity Disorder*’ ,  
by Russell Barkley.
- 7.** ‘*123 Magic Effective Discipline for Children 2 – 12 years*’ ,  
5th Edition, by Dr Thomas W. Phelan.
- 8.** ‘*Single Parenting and ADHD*’ ,  
by Helen Graham.
- 9.** ‘*The Hidden Handicap*’ ,  
by Gordon Serfontein.
- 10.** ‘*ADHD Recognition, Reality and Resolution*’ ,  
by Dr G Kewley.

## Bibliography

American Psychiatric Association. (2000) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. American Psychiatric Association, America.

Barkley R. (2006) *Attention-Deficit/Hyperactivity Disorder*. Guilford Publications, America.

Barkley R. (2020) *Taking charge of ADHD: The complete, authoritative guide for parents*. Guilford Publications, America.

Browne T. (2020) *My unique journey to Neurofeedback*. Academic Press, America.

Davis C., Claudius M., Palinkas L., Wong J. & Leslie L. (2012) Putting families in the centre: family perspectives on decision making and ADHD and implications for ADHD care. *Journal of Attention Disorders*, 16(8), 675-684.

Farone S. & Larson H. (2019) Genetics of attention deficit hyperactivity disorder. *Molecular Psychiatry*, 24 (1), 562 – 575.

Geng G. (2011) Investigation of teachers' verbal and non-verbal strategies for managing Attention Deficit Hyperactivity Disorder (ADHD) students' behaviours within a classroom environment. *Australian Journal of teacher education* 36(7), 17-30.

Health Service Executive (HSE). (2014) *Fifth Annual Report of Child and Adolescent mental Health (CAMHS)*. HSE, Ireland.

McIntyre R. & Hennessy E. (2012) 'He's just enthusiastic. Is that such a bad thing? 'Experiences of parents of children with Attention Deficit Hyperactivity Disorder'. *Emotional and Behavioural Difficulties*, 17(1), 65-82.

Moen O., Hall-Lord M. & Hedelin B. (2011) Contending and adapting every day: Norwegian parents' lived experience of having a child with ADHD. *Journal of Family Nursing*, 17(4), 441-462.

Moen O., Hall-Lord, M. & Hedelin B. (2014) Living in a family with a child with attention deficit hyperactivity disorder: A phenomenographical study. *Journal of Clinical Nursing*, 23 (21-22), 3166-3176.

National Institute for Health and Care Excellence. (2018) Attention deficit hyperactivity disorder: diagnosis and management. NICE, United Kingdom.

Polanczyk G., Salum G., Sugaya S., Caye A. & Rohde L. (2015) Annual Research Review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*, **56**(3), 345-365.

Reale L., Bartoli B., Cartabia M., Zanetti M., Costantino A., Canevini M., Termine C. & Bonati M. ( 2017) Comorbidity prevalence and treatment outcome in children and adolescents with ADHD. *European Child & Adolescent Psychiatry*, **26**(12), 1443-1457.

Saline S. (2018) *What Your Child with ADHD wishes you Knew - Working Together to Empower Kids for Success in School and Life'*. Peligee Books, America.

Sciumto M. (2015) ADHD knowledge, misconceptions, and treatment acceptability. *Journal of Attention Disorders* **19**(2), 91-98.

Shaw M., Hodgkins P., Caci H., Young S., Kahle J., Woods A. & Arnold E. (2012) A systematic review and analysis of long-term outcomes in attention deficit hyperactivity disorder: effects of treatment and non-treatment. *BMC medicine* **10**(1), 99.

Slainte Care. (2019) *Sláinte Care Implementation Strategy and Action Plan*. Slainte Care, Ireland.

Wang L. Yang C., Chou W., Lee M., Chou M., Kuo H., Yeh Y., Lee S., Huang L., Li S. (2020) Gut microbiota and dietary patterns in children with attention deficit/ hyperactivity *European Child & Adolescent Psychiatry*, **29**(1), 287 – 297.

World Health Organization. (1992) *International statistical classification of diseases and related health problems: 10th revision (ICD-10)*. WHO America.

