



What is ADHD?

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects attention, activity levels, and impulse control. The occasional struggle with attention and focus is normal for children and teens; however, ADHD is **more frequent, severe, and impairing** than expected for their developmental level. The difficulties often affect their daily functioning and may negatively affect their academics, social relationships, or regulation of behaviour and emotions. Some common signs include:

Inattentive Behaviours

- Trouble sustaining attention
- Makes careless mistakes
- Forgetful
- Easily distracted
- Lacks follow-through on tasks or instructions
- Poor organization and loses materials

Hyperactive/Impulsive Behaviours

- Frequent movement and fidgeting
- Restless
- Talks excessively or blurts out responses
- Difficulty waiting for their turn or resisting impulses
- Trouble remaining seated
- Interrupts or intrudes on others

A child or teen with a **combined presentation** shows both inattentive **and** hyperactive/impulsive behaviours

ADHD begins in childhood and often affects the individual across their lifespan. **It is not expected that children or teens will outgrow ADHD**, though the symptoms may change as they mature and develop coping skills.

What is the cause of ADHD?

There is no one cause of ADHD. Instead, it is likely a combination of factors that can lead to the disorder including genetics, environmental features, and gene-environment interactions. There is a biological basis, as the function and structure of the brain differs in children with ADHD compared to those without the disorder.

Children with ADHD are **not** lazy or bad, and their behaviour is **not** a choice. There are **brain-based differences** that make it difficult for these children to pay attention and focus. In addition, ADHD is **not** a sign of low intelligence, though learning difficulties can often co-occur with the disorder.

How is ADHD diagnosed?

Assessment and diagnosis of ADHD is a comprehensive process. Information is gathered from multiple people, such as the parent or guardian and classroom teacher, to understand the child or teen's behaviour and functioning across multiple settings. In addition, the evaluator often completes observations and both informal and formal assessment activities directly with the child or teen across several days or weeks. **There is no one test or questionnaire that can diagnose ADHD.**

Diagnosis is only provided if there is **clear evidence that symptoms interfere with the child or teen's functioning or reduce quality of life** in social, academic or occupational areas, **and** the **symptoms are present in more than one setting**, such as both home and school.

An ADHD diagnosis can be provided by a school psychologist, clinical psychologist, psychiatrist, pediatrician, or general practitioner. Assessment practices may differ between professionals.



How are children and teens with ADHD supported at school?

The symptoms and effects of ADHD differ depending on the student, which makes it important to consider the student's strengths and needs when planning and delivering supports. Some strategies to consider include:

Learning Environment

- Reduce visual clutter and unnecessary objects in the classroom and individual working space to minimize distractions.
- Seat the student near the teacher or a peer who can model classroom expectations and provide subtle cues to remain on task.

Routine & Structure

- Maintain a daily schedule with shorter work periods that occur more often. Alternate work time with preferred activities and incorporate many opportunities for movement throughout the day. Be predictable and consistent in scheduling.
- Use a visual timer or checklist to help the student manage their time and track task completion. Begin by modelling and drawing the student's attention to the timer and/or list.

Active Engagement in Learning

- Provide opportunities for choice, such as choosing an activity from 2-3 options, the order in which activities will be completed, and/or the format for task completion. Avoid forced choices and be prepared to moderate choices.
- Include high-interest learning activities that are hands-on and novel for the student. Allow them to have an active or helping role in activities when possible.

Behaviour Management

- Regularly review classroom expectations with the student and post them in a visible place. Provide immediate feedback and use subtle non-verbal cues to correct behaviour.
- Set up opportunities for the student to succeed and try to catch them engaging in positive behaviours. Praise positive behaviour in a specific and genuine way (e.g., "Thank you for raising your hand to ask a question").

Planning and Thinking Skills

- Externalize thinking processes when possible by using check-lists, agendas, or graphic organizers. Explicitly teach the student how to use these methods to support planning, task completion, and organization.
- Break large tasks down into small steps and check for understanding before moving on. Consider several smaller assignments or tasks as opposed to one larger one.

Medication

- The parent/guardian reserves the right to pursue stimulant medication as a treatment option for ADHD. This is done in consultation with and monitored by a medical doctor.
- School psychologists cannot prescribe medication and do not make decisions regarding medication use. They may support the school team in monitoring possible side effects observed at school if requested by the parent/guardian.

For additional information, please visit the following websites:

- The Canadian ADHD Resource Alliance (CADDRA) - <https://www.caddra.ca/>
- The Child Mind Institute - <https://childmind.org/topics/disorders/attention-deficit-hyperactivity-disorder/>
- ADDitude - <https://www.additudemag.com/>