Australian Evidence-Based Clinical Practice Guidelines For ADHD FACTSHEET

Educators Factsheet

ADHD affects around 1 million Australians and is the most common mental health condition in children, impacting 6-10% of children[1] and 2.5% adults[2]. Treatment and support of people with ADHD can result in positive outcomes.

It is important for educators to be aware of ADHD, including how to recognise potential symptoms and support those with ADHD in all levels of education, including preschool, primary and secondary school and at university and TAFE.

What is ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition with onset typically before 12 years of age[3]. Children with ADHD are usually identified in primary school, however, some people may not come to clinical attention until after this age.

Some will not be recognised until they are in university or even later. The symptoms of ADHD include differences with attention and/or hyperactivity and impulsivity negatively impact developmental stages and interfere with activities and participation. Symptoms include:

- **Inattention:** including difficulty sustaining attention on tasks which do not provide significant stimulation or frequent rewards, distractibility or disorganisation
- **Hyperactivity:** including excessive motor activity and difficulties being still, particularly in structured situations that require self-control
- **Impulsivity:** including a tendency to act in response to immediate stimuli, without consideration of the risks and consequences.

A diagnosis of ADHD is suggested when these symptoms occur often and negatively impact functioning in several areas including psychological, social, academic, occupational, and activities of daily living and leisure. These symptoms usually persist throughout one's life and usually require ongoing treatment and support.

There are three presentations of ADHD with different combinations of symptoms[4]:

- inattentive presentation when only inattentive symptoms are present
- hyperactive-impulsive presentation when only hyperactive-impulsive symptoms are present
- combined presentation, when both inattentive and hyperactive-impulsive symptoms are present

This means someone can have ADHD and not be hyperactive and impulsive but just have difficulties with their attention. Often people with the inattentive presentation of ADHD may be less obvious and receive their diagnosis later in life.

Key pitfalls for teachers to avoid

- The inattentive presentation of ADHD does not include hyperactive-impulsive symptoms, so may not be as easily identified. The symptoms of inattention can be equally or more challenging for people with ADHD. Being aware of the inattentive presentation is critical so people with ADHD don't get missed.
- Girls also have ADHD. In adulthood the gender ratio declines from 2-3 boys for every one girls, to ADHD being equally prevalent in men and women.

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[1]Graetz, Sawyer, Hazell, Arney, & Baghurst, 2001; Lawrence et al., 2015)
[2](Simon, Czobor, Bálint, Mészáros, & Bitter, 2009; Song et al., 2021; Willcutt, 2012)
[3](American Psychiatric Association, 2013)
[4]American Psychiatric Association, 2013)

Screening

Early screening is important to allow for early treatment to reduce the increased risk of poor outcomes for people with ADHD. There are numerous screening measures for ADHD which are quick and easy to perform. When an educator notices signs of ADHD in a student, they should discuss this in a sensitive manner with the person and/or their family and encourage them to undergo screening.

Screening is can be done by a trained professional but a formal diagnosis can only be given by a paediatrician, psychiatrist or clinical psychologists and less commonly by nurse practitioners and GPs. Many allied health practitioners and often school counsellors and psychologists are administering some early intervention screening tools as well.

Diagnosis

Paediatricians, child and adolescent psychiatrists and psychologists typically diagnose ADHD in children and adolescents. Psychiatrists and psychologists typically diagnose ADHD in adults. GPs and nurse practitioners may also be trained in diagnosis of ADHD. Having referral pathways to these clinicians (including allied health practitioners) with expertise in ADHD is important.

During a diagnostic assessment, educators may be asked to complete brief interviews and complete rating scales to report on the person's symptoms in the education setting. The information provided by educators is critical and ensures a comprehensive diagnostic assessment for the person.

Treatment

There are a number of different treatment options for ADHD recommended by the Australian ADHD evidence based clinical-practice guideline. These treatments can improve the core symptoms of ADHD and improve functioning and wellbeing. Treatments can improve the long term outcomes of people with ADHD helping them to live full and happy lives.

Treatments include non-pharmacological and pharmacological approaches. Educators can assist people with ADHD to access and adhere to treatments. This might be through helping children access their ADHD medication, and providing time for students to access treatments as needed. Educators will often interact with treating clinicians to provide updates on symptoms and progress of the student, and to work together with clinicians to ensure adjustments in the education setting are appropriate for the student.

Signs of ADHD throughout the lifespan

Educators are often well placed to identify the signs of ADHD. Having expertise in child development they can often notice when a child may experience characteristics of ADHD that are more pronounced compared to their peers in the classroom. Being able to recognise possible signs of ADHD throughout the lifespan is important for educators.

Children

- Excessive activity including difficulties sitting still, excessively talkative
- Difficulties with learning, not being able to concentrate on learning
- Day-dreaming and not appearing to listen, needs instructions repeated
- Struggles with organising themselves, is messy, late, easily distracted and forgetful
- Difficulties regulating emotions. Easily upset and sensitive, particularly to criticism from others, often taking a long time to calm down and re-regulate
- Anxiety – worries about judgement from others, failing at tasks, may result in attempts to be perfect / perfectionistic behaviours
- Peer problems – may be seen as different to peers resulting in bullying, fewer friendships and difficulties maintaining friendships

Adolescents

- In addition to the above list for Children;
- Beginning to struggle with learning as more independent study is required including homework (e.g. Year 10 onward). This often includes a dramatic decline in academic performance
- Development of low mood and depression into secondary school, usually due to difficulties with keeping up academically or due to decline in academic achievement, being excluded from peers, and the negative self-view that develops from these

Adults

- Struggling at university including failing subjects and not completing courses, without apparent cause e.g. is intelligent but not able to achieve at this level
- Overlooking or missing details, doing work that is inaccurate, impacting on their work performance or life administration
- Missing deadlines, having poor time management, having severe procrastination, impacting study, work, relationships, and self-view
- Having difficulty completing tasks that take a long time, such as preparing reports, completing forms or reviewing lengthy papers, impacting study, work
- Often losing things, like keys or phones
- Being easily distracted and side-tracked, by things that happen around them and by their own unrelated thoughts
- Often forgetting to do important things, like paying bills or returning calls or completing important life administration such as tax returns
- Having a constantly busy mind, feeling restless, not being able to sit still for a long time in meetings or restaurants
- Not being able to relax, even on holidays and needing frequent stimulation
- Being behind their peers in usual life milestones e.g. moving out of family home, having a partner, getting married, having children, owning own home

Other signs of ADHD may be the person having a co-occurring condition. In children and adolescents with ADHD, around two-thirds will have a co-occurring mental health condition. The most common co-occurring conditions in childhood are specific learning disorders, oppositional defiant disorder, language disorders, autism spectrum disorders and anxiety disorders, with depressive disorders and substance use disorders starting to occur in adolescence.

Adults with ADHD also have a high prevalence of co-occurring disorders, with up to 80% having at least one additional mental health disorder. The highest rates of co-occurring mental health disorders in adults with ADHD are depressive disorders, bipolar disorders, anxiety disorders and substance use disorders.

Educational Adjustments

Students with ADHD may benefit from adjustments to ensure their needs are met and to help support them in learning and studying. The rights of students are protected by the Disability Standards for Education 2005 which are part of the Commonwealth Disability Discrimination Act 1992. These Standards aim to give students with disabilities the same educational opportunities and choices as all other students. The Standards specify that education providers must consult, make reasonable adjustments and eliminate harassment and victimisation.

An ‘adjustment’ is something an education provider does to ensure a student with disability has the same opportunities as other students to participate in the education program. Educators often will need to make educational adjustments for students with ADHD. These are detailed in the Factsheet: Educational adjustments for people with ADHD.

This includes changing the way educators teach information. Such as using more direct instruction, providing content in multi-modal formats, providing written instructions, and using more hands on learning.

Adjustments to the education environment are also important. For example, considering where a student with ADHD will be seated to minimise distractions, allowing the student to wear noise cancelling headphones or listen to music, and providing more break times for students to be active and release excess energy.

Students often need adjustments to education assessments, including assignments, tests and exams. This includes providing extra assistance with assessments such as further clarification, extra time to complete assessments and flexible due dates. For tests and exams, providing them in a quiet room free from distractions is important. Extra time to complete tests/ exams and break times during them is also important.

When educators can make adjustments for students with ADHD it enables them to achieve at their ability level and have the ability to learn and access education like everybody else.

References

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Resources for people with the lived experience

The guideline has several resources for people with a lived experience of ADHD. You can access these resources here: https://aadpa.com.au/guideline

Resources for clinicians

The guideline has several resources for clinicians to support clinical quality improvement in ADHD identification, diagnosis, treatment and care. You can access these resources here: https://aadpa.com.au/guideline

Questions?

For more information please visit: https://aadpa.com.au/guideline

Or email the guideline team: guidelines@aadpa.com.au

Disclaimer

AADPA has produced this clinical practice guideline to support the delivery of appropriate care for a defined condition. The clinical practice guideline is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual client, in consultation with the client and/or their carer or guardian, when applying information contained within the clinical practice guideline. People with a lived experience should use the information in the clinical practice guideline as a guide to inform discussions with their healthcare professional about the applicability of the clinical recommendations to their individual situation.

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