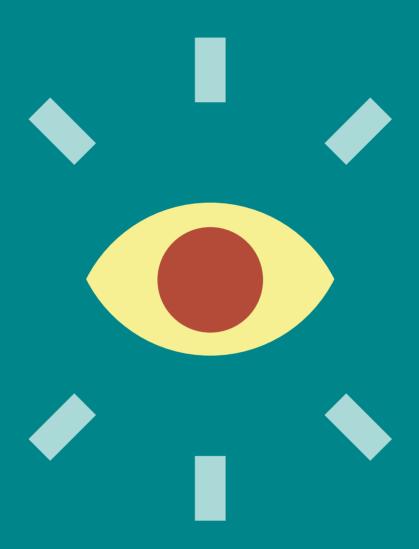
ADHD Attention deficit hyperactivity disorder











"The child needs to adapt to his/her environment to some extent. **But the environment** also needs to be adjusted in order to fit the child."

Nicolas Waters, Economist, diagnosed with ADHD as an adult





This is a neurodevelopmental disorder. Not every restless or inattentive child suffers from ADHD.

Girls / Boys:

The symptoms of hyperactivity/impulsivity are more frequently found in boys, whereas girls are more often diagnosed as predominantly inattentive.

Younger children / Adolescents:

In general, hyperactivity diminishes in intensity with age. However, difficulties concentrating, organising, and accomplishing tasks at school and in daily life may get worse. The comorbidity risk is heightened where no steps are taken to tackle the problem.

Consequently, the impact of these disorders does not necessarily diminish with age. Indeed, symptoms of ADHD may persist even in adult life.

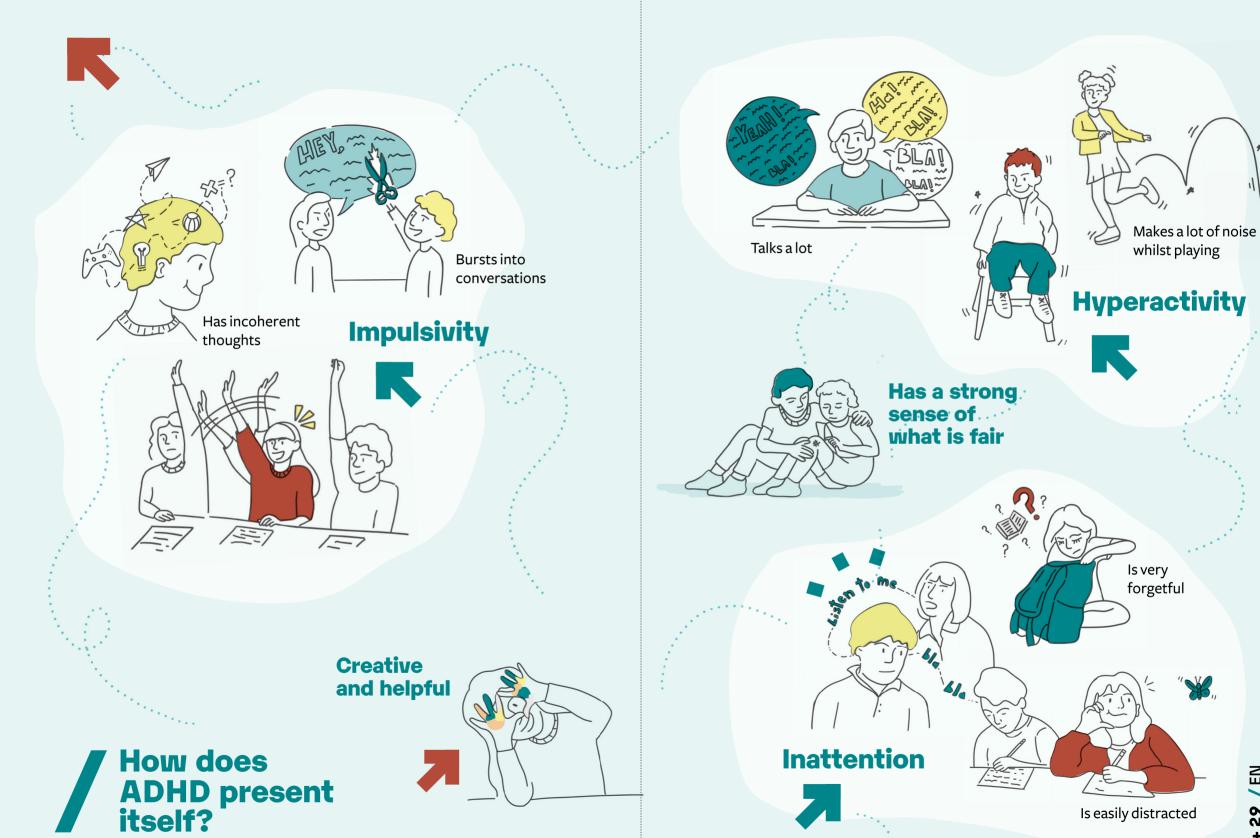
Comorbidities:

The most frequently observed comorbid disorders are those relating specifically to learning processes (dyslexia, dyscalculia, dyspraxia, etc.), social behaviour problems, and depressive, anxiety-related, obsessional and compulsive disorders.

The three presentations of ADHD

symptoms presentation	attention deficit	hyperactivity- impulsivity
combined	++	++
predominantly inattentive	++	+
predominantly hyperactive-impulsive	+	++

➤ The different symptoms may be more or less pronounced. Moreover, they do not necessarily all manifest themselves at the same time.





When should one speak about ADHD?

According to the international classifications, one should speak about ADHD when:

- / the disorder manifests itself before the age of 12 years;
- / the symptoms have been apparent for at least 6 months;
- / the symptoms significantly hamper the person's daily life and his/her social relationships and relations with others at school or in the workplace;
- / the symptoms do not result from any other disorders.

In order to be able to make a diagnosis, the following is necessary:

- / a medical exam (differential diagnosis);
- / conversations with the parents, teachers and the child/young person/adult concerned;
- / behavioural observation;
- / standardised tests and questionnaires.

"The diagnosis felt like finally arriving."

Elisabeth Trausch, Mother of a child diagnosed with ADHD



Who can I turn to?

If you're a teacher, you should approach:

- **/ your educational team**, so that you can ask their perspective;
- **/ the Special Educational Needs Coordinator SENCO** (instituteur spécialisé dans la scolarisation des élèves à besoins spécifiques, I-EBS);
- **/ your regional directorate/school principal's office**, including their support team for pupils with particular or specific needs (équipe de soutien des élèves à besoins éducatifs particuliers ou spécifiques, ESEB) and/or psychosocial counselling and school support service (service psychosocial et d'accompagnement scolaire, SePAS);
- **/ the inclusion commission** (commission d'inclusion [scolaire], CI/CIS), to report a pupil showing symptoms;
- / the Centre pour le développement des apprentissages Grande-Duchesse Maria Teresa (CDA) or another centre of expertise to seek advice; also, if need be, the Institut de formation de l'Éducation nationale (www.formation-continue.lu) for coaching, supervision or training.

If you're a parent or an adult student, you should approach:

- **/ a doctor** (specialist paediatrician, child psychiatrist, neurologist) who can make a diagnosis;
- / the class teacher, who will be able to give you guidance;
- **/** the CDA or another centre of expertise, for clarification or guidance;
- / the Service de consultation et d'aide pour troubles de l'attention, de la perception et du développement psychomoteur (SCAP Consultation and Assistance Service for Attention, Perception and Psychomotor Development Disorders) for an opinion and guidance and, if need be, a care proposal;
- / the Office national de l'enfance (ONE National Office for Children), to get information about assistance measures tailored to the individual needs of the child and to apply for and obtain financial support covering the cost of the measure granted;
- / Treffpunkt ADHS a.s.b.l. (guidance for adults);
- **/ professionals and private organisations** for an assessment and care provision.

The different symptoms may be more or less pronounced.

Moreover, they do not necessarily all manifest themselves at the same time.



What can be done?

Daily problems at school and at home?

Implementation of strategies to help manage problematic situations and symptoms.

™ Cognitive behavioural therapy

Pronounced symptoms of ADHD and acute suffering?

Control of attention, impulsivity and hyperactivity problems by means of medications, taken under medical supervision.

Medication

Need to understand things better?

Following the diagnosis, the disorder is explained to the people concerned and advice/guidance may be given concerning the educational aspects, spatial organisation and healthy living.

■ Psychoeducation and advice/ guidance for parents and/or teachers

Difficulties in organising and planning learning activities?

Development of suitable strategies.

¥ Learning therapy

Concentration problems at

school? Targeted training in the different functions involved in attentiveness, essential to participation in the classroom.

▲ Attention training

Concentration problems or stress-related problems?

Training in the cerebral functions relating to concentration and relaxation.

№ Neurofeedback

Need to talk?

■ Exchanges with others in similar situations

Comorbidities

Problems in relation to motor skills, perception, attention or impulsivity?

Development of strategies to handle daily life better.

y Psychomotricity/occupational therapy

Problems with reading, written expression and/or calculating?

Work on gaps in education.

№ Speech therapy/pedagogy

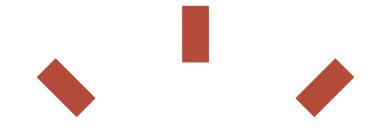
Anxiety, low self-esteem or lack of emotional regulation?

Reduction of negative ways of thinking and behaving and identification of personal strengths.

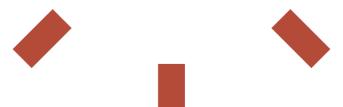
№ Psychological support

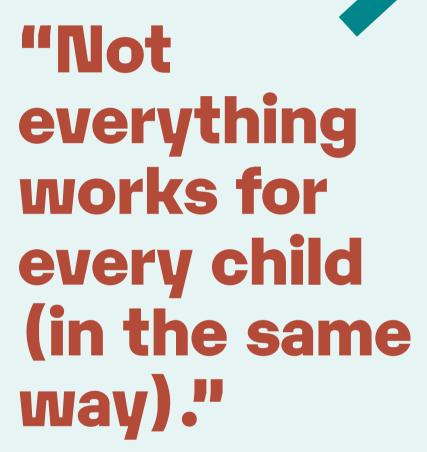
How can I help?

	At school	At home
Develop an understanding of the problem		
Ensure a stable and structured daily routine (rituals, etc.)		
 Reduce extraneous stimuli in learning situations: reduce potential distractions of a visual kind (e.g. things on the walls or desk) and/or of an auditory nature (background noise); provide periods of individual working in a place with few extraneous stimuli or in a separate room. 		
Establish and maintain a positive relationship with the child		
Develop strengths to compensate for weaknesses		
Lay down clear rules and apply direct consequences		
Congratulate immediately and regularly		
Encourage autonomy and self-control		
Allow breaks in which to move around, and possibilities for stimulation: / "Fidget Cube"; / floor cushions; / speakers/headphones with music playing at low volume; / clean the blackboard, collect or distribute exercise books/work sheets; / etc.		



	At school	At home
Create a pleasant working atmosphere (in which to do homework at home, etc.)		
Provide withdrawal possibilities		
Give short, clear and precise instructions		
Promote cooperation between the school, the parents and the child		
Make time to engage in pleasant activities together		
Consult specialists in order to receive support		
Check out the set-up in the place where the learning takes place: / choose a suitable seat; / place the child next to a quiet class-mate.		
Devise and plan the teaching and leisure activities in such a way as to make them as structured and varied as possible		





Marc Schons, Primary school teacher, I-EBS