

360 Treatment Tools & Tips

An ADHD 360 3T's paper

Why would I get my child diagnosed and treated for ADHD?

I guess the starting answer, flippantly, would be 'why wouldn't you?' We sometimes take calls from parents, anxious about their child, asking for help in understanding the process of assessment and future treatment options, and those are good calls to take. The chance to inform a parent from a factual starting point is a valued position and we should at all times follow the science, the data and reject ill-informed information from social media groups and lesser scientifically based media outlets such as biased newspapers.

There is a great photograph of a sign that gets circulated periodically stating ***"please don't confuse your Google search with my medical degree"*** – great words that perhaps we could all listen to?

You are not alone. You are following the path that many parents have followed, and many will follow after you. That path is about caring, deciding and making your own mind up about what is best for your child. If your child is struggling, then it is probable that you are too.



Let's work our way through some of the frequent questions parents ask us about having their child assessed for ADHD?

Will you recommend treatment, or can I just get an assessment for my child?



Whilst we can understand the knowledge that an assessment can give, whether it leads to a diagnosis of ADHD or not, we must ask why wouldn't we seek to treat the patient with a known mental health issue such as ADHD. You have raised the question of an assessment for a reason, most probably something is not going so well and that's unlikely to change 'just' because we see a diagnosis.

But what of the dangers we read about regarding medication?

ADHD medication is safe. That is a clinical fact. Medication is also the best, most suitable and most influential way to treat ADHD. A parent recently asked about medication stating, 'All I want is a letter to convince school to give her more time in exams, we don't need treatment'. It is an interesting perspective. Imagine being that child that cannot focus, apply the mind to an exam-based task, and can't sit still for long periods. We should then ask what we expect from extending the exam period for that child without any treatment to make the exam experience any easier. Surely to do this would be to inflict some form of torturous experience on the poor child, extending their pain?

Of course, it could be argued we would say that, as we are a medically based treatment service. We are a team of experienced and competent clinicians, working within a regulated framework, with collectively hundreds of years' experience. Had the science indicated that therapy or counselling could achieve rapid and sustained impairment reduction for ADHD we would perhaps be that kind of service, but you can likely see where this is going? That approach doesn't work, what does work is medicine, and that's why all of us are committed to the very best service we can deliver, based on the science.



Is the assessment something that will upset my child?

Our approach to an assessment is to make it 'swan-like'. Everyone loves a swan, right? Graceful on the surface, paddling like a furious thing under the water, with the paddling legs not being seen by onlookers. We know that watching a beautiful, graceful swan is eye catching and enjoyable.

Our clinicians are swan-like, they work with a professional grace and perform their duty in a way that you won't see the majority of their hard work, you will have an enjoyable experience.



Our clinicians all work to a semi-structured 'script', with some pre-ordained questions that they build into a conversation. This isn't just reading from a list, it's an art form, where those questions are asked conversationally, with humour if necessary and appropriate. Our clinicians match their style to the child, bringing it down a notch for younger children and up to an almost adult style for older teenagers, but flexing where they feel the need.

Some of the unseen, swan-like, skills are things like 'effective listening', 'monitoring non-verbal communication' coupled with a huge dollop of empathy.

Does my child need to be present in the assessment?

There are two available answers to this frequent question, and both are 'yes'. Your clinician needs to work with your child, getting to understand them and assessing their competence to answer questions in their own right. This is important and a requirement of good practice to check the child's competence and to seek their answers. Of course, Mum or Dad, a carer or partner may have their own perspective, sometimes conflicting with the view from the child. It is the clinician's competence that teases these things out, checks the balanced perspective and moves forward with an evidence-based information set. The second 'yes' comes from the need to build rapport with your child, this helps reduce any latent treatment-based anxiety and allows for a trust to build that becomes very important over time.



What is the best age to have my child assessed?

This is a huge question, and the answer is not age related. If you have concerns that you think your child may be being held back, not achieving their potential and is struggling, and you have a good idea that this could be ADHD based, maybe from an online questionnaire, or talking to family or other professionals, then the answer is: **Now!**

Don't delay, life flashes by quickly for our children and a moment lost whilst we deliberate over an ADHD assessment is a moment of positive change missed for your child.

We know that children with ADHD start to feel 'different' at the age of 6, being segregated from friends, not invited to parties, sleep overs or 'trips out' from this age. This negatively affects their self-esteem. As this happens, your child will start to build up coping mechanisms, and the older they get, the more entrenched these become. Once we are in late teens, compared to under say 8, the harder it is to overturn those coping mechanisms which can prevail even after your child's ADHD is more under control and regulated.

Mind you, we have assessed and diagnosed people over the age of 70, who simply wanted to be better grandparents, so it is never too late, but the earlier the better.

Can you assess my child; he is only 4 years of age?

We can assess a child at just about any age, but we hesitate when they are under 6. There are two main reasons for this: Firstly, it is really hard to separate out 'growing pains' and those age-related behaviours at the age of 4 or 5, and secondly, medication is only licensed for over 6-year-olds. The second fact is the one we ignore the most though. If the child's impairment is such that an assessment is obviously needed, we will take the family through that process, but we need to be mindful that until the age of 6, the family will probably have to buy their medication privately, not on the NHS.

We also have a second professional 'opinion' when we assess a child under the age of 6, it is good practice, and we supervise all decisions for this small patient group to ensure we practice safely and with the very best of intentions for the patient and their family. We have had great success with under 6-year-olds, keeping them in school, raising their self esteem and facilitating much better results in school.

What happens when my child gets to the age of 16?

In the NHS your child may fall into a gap in treatment provision, some call it 'transition'. We don't like the term and what it stands for. It has almost become synonymous with an accepted failure to continue treatment. Our children when they approach 16 see nothing different in their treatment, and why should they? We may choose to review them less frequently, and we may use a slightly different screening tool to see how they are doing, but there are no gaps in treatment and nor should they be.

This is an important age for your child, with the pressures of exams, puberty and lifestyle changes, the very last thing they need is a treatment break for their ADHD.



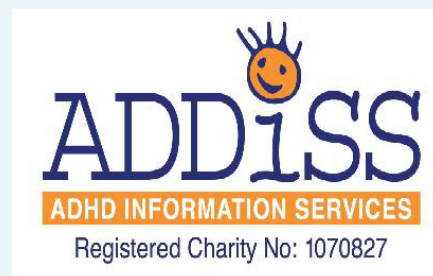
How successful are you with children?

As we wrote this paper, genuinely, we received this email:

“ *Hello there Lisa,
It's been a long time since we chatted but I really wanted to let you all know that my son has got 2 very good GCSE grades a year early (an A* and a grade 9!!!) and we have booked him in for another subject in January. Compared with the child who was on target for a few scant passes at age 18, this is an absolutely amazing result that he has worked really hard for, so thank you and the team for all your support.* ”

So there you have it. Treatment leads to success, and if we are discussing your child, why would you not want to see this kind of turn around and achievement?

If you are considering treatment for your child, and want some further guidance, please think about contacting ADDISS on **020 8952 2800** or **info@addiss.co.uk** the national ADHD advocacy service, their friendly team can help you to review your options in an informal and impartial manner.



You can also call our team on **01507 534 181**, or email **enquiries@adhd-360.com**.



ADHD 360 Mobile & Desktop App

The ADHD 360 app is designed to help you keep yourself and your clinical team up to date with your ADHD symptoms and includes many useful tools.

It's free on the Apple App Store for mobile and desktop.



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