



Understanding ADHD

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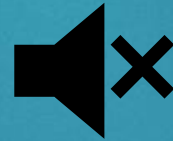
Parent Education for Exceptional children

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In the Q&E box ,
They will be addressed
After the presentation.



Por favor entre sus preguntas
en el area de Q&E
Las vamos a contestar después
de la presentación.

- ADHD is a Brain based disorder that affects Executive function.

This often presents itself with difficulties in Organizing information. Planning. managing thoughts. completing tasks. Impulsivity inability to control actions often forgetting information.

ADHD symptoms continued into adulthood.

The possible ADHD presentations exhibit Six or more Symptoms in two settings for Diagnosis.

Older Teens and adults must exhibit 5 of the symptoms

According to the DMS-5 Diagnostic and statistic disorders Manual

There are three possible presentations of ADHD

- Hyperreactive
- Predominantly Inattentive
- Impulsive combined.

Inattentive

- -STRUGGLES TO FOLLOW DIRECTIONS
- IMPULSIVE, DISTRACTIBLE
- POOR ATTENTION TO DETAILS
- APPEAR NOT TO LISTEN
- DIFFICULTIES IN ORGANIZING INFORMATION
- LOSSES THINGS
- TAKES EXCESSIVE TIME COMPLETING WORK OR DOES NOT COMPLETE WORK.
- TALKS EXCESSIVE IN CLASS
- LACKS MENTAL FOCUS
- IS FORGETFUL IN DAILY ACTIVITY'S
- NEEDS REDIRECTION AND PROMPTS INTERESTED IN “
- ‘EVERYTHING’
- TROUBLE WITH TRANSITIONS
- INATTENTION

Hyperactive- Impulsive

- FIDGETS WITH HANDS AND FEET INABILITY TO STAY STILL
- DIFFICULTY REMAINING SEATED
- EXCESSIVE, EXTREME RESTLESSNESS
- DIFFICULTY'S IN ENGAGING IN ACTIVITY'S QUIETLY
- AS IF DRIVEN BY A MOTOR
- TALKS EXCESSIVELY
- BLURTS OUT ANSWERS OUT OF TURN
- DIFFICULTY'S IN AWAITING OR TAKING TURNS
- INTERRUPTS OR INTRUDES UPON OTHERS

COMBINED

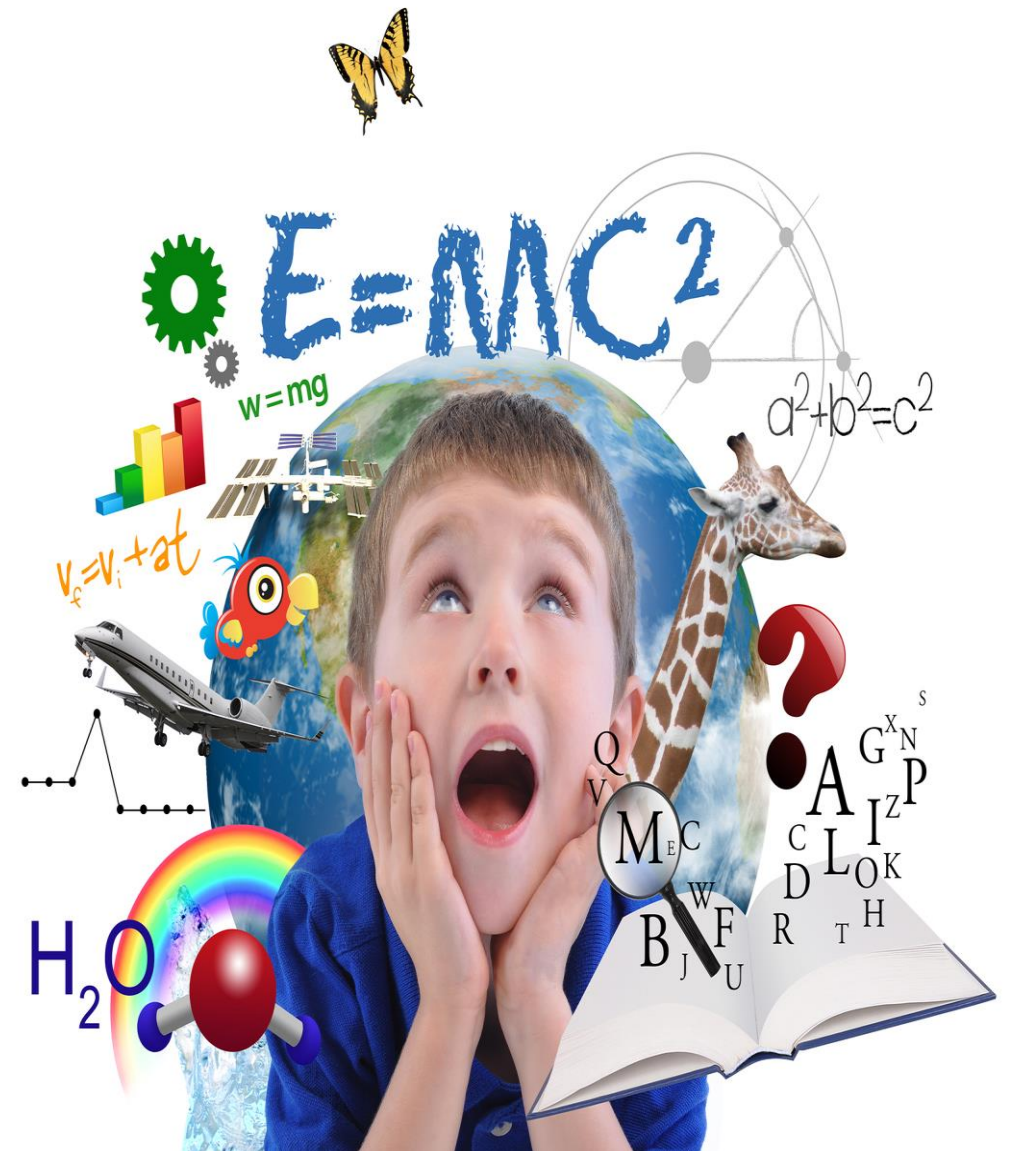
MEETS THE CRITERIA OF BOTH INATTENTION AND
HYPERACTIVITY –IMPULSE PRESENTATIONS.

- TO RECEIVED DIAGNOSIS

CONSIDERATIONS ARE TAKEN IF INDIVIDUALS SYMPTOMS HAVE BEEN PREDOMINANT BEFORE AGE 12.

SYMPTOMS ARE PRESENT IN MORE THAN ONE SETTING

INTERFERE WITH FUNTIONING HOME, SCHOOL,SOCIAL SETTINGS.



- **ADHD IS TREATED THROUGH A COMBINATION OF “MULTIMODAL TREATMENTS**

MEDICAL EDUCATIONAL, BEHAVIORAL AND PSYCHOLOGICAL INTERVENTIONS.

THIS APPROACH OF TREATMENT IS CALLED “MULTIMODAL”.



**SKILLS Training
PARENT TRAINING**



**MEDICATION
AND HOLISTIC
INTEVENTIONS
SUCH DIET AND
NUTRITION**



**BEHAVIORAL
THERAPY
BEHAVIORAL
MANAGEMENT
STRATEGIES**



**CLASSROOM,
SCHOOL BEHAVIORAL
INTERVENTIONS
CLASSROOM
ACCOMODATIONS**

SUPPORTS FOR ADHD IN THE EDUCATIONAL SETTING

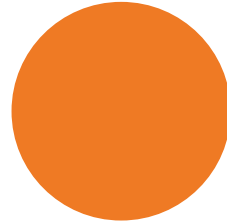
MINIMIZING DISTRACTIONS
STABLISHING RULES AND PROCEDURES

BEHAVIOR MAGNAMENT STRATEGIES

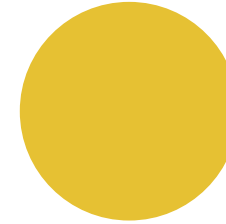
BEHAVIOR MODIFICATION THERAPY IS CRITICAL TO ADHD TREATMENT FOR SOCIAL EMOTIONAL AND EDUCATIONAL SUCCESS.

THE TREATMENT NEEDS TO BE TAILORED TO THE UNIQUE NEEDS OF EACH CHILD.

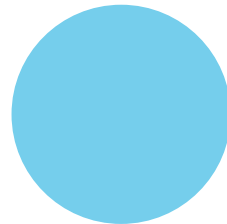
COUNSELING SERVICES



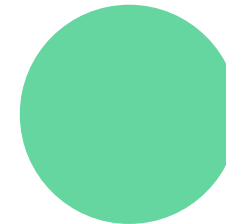
BEHAVIOR THERAPY = BEHAVIOR MODIFICATION IT IS CRITICAL OF ADHD TREATMENT



BEHAVIOR MAGNAMENT THERAPY EDUCATORS ARE TRAINED IN EXECUTING SPECIFIC BEHAVIOR TERAPHY CRAFTED TO THE NEEDS OF THE INDIVIDUAL



SCHOOLS, PARENT COLLABORATION IS ESSENTIAL FOR SUCCES OF THE INDIVIDUAL.



When is the appropriate time to have a positive attitude and be respectful?

- ALWAYS! Do your best to be respectful and have a positive attitude each day. We are going to have a fantastic year!





- DISTRACTIVE BEHAVIORS DISORDERS
ODD
- OPOSITIONAL DEFIANT DISORDER:
- A PATTENT OF ARGUYING
- LOOSING TEMPER.
- REFUSSING TO FOLLOW RULES.
- BLAMING OTHERS.
- ANOYING OTHERS.
- ANGER AND RESENTFULL.
- WILL ENGAGE IN ANOYANCE IN PURPOSE.

COEXISTING DISSORDERS

MORE THAN
TWO –
THIRDS OF
INDIVIDUALS
WITH ADHD
HAVE A
LEAST ONE
OR MORE
COEXISTING
DISORDERS

- MOOD DISORDERS:
- EXTREME CHANGES IN MOODS
- OFTEN CHILDREN SEEM UNHAPPY
- CRY'S FREQUETLY IRRITABLE
- **MOOD DISORDERS INCLUDE**
- DEPRESSION, MANIA
- BIOPOLAR DISORDERS WITH DEPRESION
- BOTH GENETIC AND EVIORMENTAL FACTORS MAY CONTRIBUTE

BIOPOLAR DISORDER : A SEVERE CONDITION OF INDIVIDUALS WITH ADHD

INVOLVES A PERIOD OF MANIA AND ADNORMAL ENERGY.

CONTRASTED BY EPISODES OF CLINICAL DEPRESSION IF LEFT UNTREATED.

BIOPOLAR DISORDER CAN LEAD TO SCHOOL DIFICUTIES, SOCIAL PROBLEMS AND SUICIDE .

ANXIETY :
UP TO 30% OF CHILDREN WITH
ADHD MAY ALSO HAVE
ANXIETY DISORDER.

INDIVIDUALS THAT SUFFER
WITH ANXIETY DISORDER
OFTEN WORRY ABOUT A
NUMBER OF THINGS

- SCHOOL
- WORK
- SOCIAL INTERACTIONS

SYMPTOMS COULD INCLUDE:

ANGER
STRESS
OVERWELMED BY EMOTIONS
TIRED
UNABLE TO SLEEP
SLEEPING TO MUCH
WITHDRAWAL
TENSE
UNABLE TO CONCENTRATE
UNMOTIVATED

SLEEP DISORDERS OFTEN COEXIST WITH ADHD
DIFICULTIES STAYING SLEEP, FALLING SLEEP ARE
COMMOM

DEPRIVATION OF SLEEP CAN MAKE ADHD
WORSE.

UP TO 50% OF CHILDREN AND ADOLESCENTS WITH ADHD HAVE CO-EXISTING DISORDERS

THIS CAN CAUSE PROBLEMS WITH HOW INDIVIDUALS ACQUIRE OR USE NEW INFORMATION. THIS WILL PRESENT-ITSELF IN DIFFICULTIES IN

- READING, CALCULATING.
- THE MOST COMMON COEXISTING DISORDER IS DYSLEXIA AND DYSCALCULIA
- ADDITION 12% OF CHILDREN WITH ADHD HAVE SPEECH DISORDERS.

TREATMENT OF ADHD VARY BY NEEDS OF THE INDIVIDUALS AND THE FAMILY'S NEEDS.

THE ADHD IS OFTEN TREATED FIRST AS THIS WILL IMPROVE THE ABILITY OF THE INDIVIDUAL TO FOCUS AND REDUCE STRESS, IMPROVING ATTENTION AND ABILITY FOR INDIVIDUAL TO DEAL WITH THE SYMPTOMS.

TREATMENTS SUCH AS
BEHAVIORAL THERAPY,
MEDICATION
SKILLS TRAINING,
COUNSELING,
SCHOOLS BEHAVIORAL
INTERVENTIONS, AND
SCHOOLS SUPPORTS WITH
ACCOMODATIONS TO
IMPROVE OVERAL
PHYSICOLOGICAL –WELL
BEING AND MANAGEMENT
OF SOCIAL RELATIONSHIPS.

keep
learning.

USEFUL RESOURCES

CHADD'S NATIONAL RESOURCE CENTER ADHD IDA GEORGIA

ADHD together. This is a nice website with some useful information for parents.

ADHD Resource Center - American Academy of Child and adolescence

<https://www.aacap.org/AACAP/Families>

Dyslexia training Institute

[ADHD 101 | Parent to Parent: Family Training on ADHD](#)

[Understood.org](#)

[Eduforspecialneeds.com](#)



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