

Communicating with people with Attention Deficit Hyperactivity Disorder (ADHD)

A resource prepared by the Intermediary Pilot Program

Background and Overview

About ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a common condition which affects concentration abilities and impulse control. ADHD is a lifelong neurodevelopmental disorder, which is a disorder of brain function. It is not a sign of low intelligence.

A diagnosis of ADHD needs to be made by a trained and experienced health professional such as a paediatrician or a child psychologist. ADHD is a clinical diagnosis; it is based on a person showing the characteristic behaviours to a greater extent than would be expected for a person of their age or developmental ability. The behaviour must also impact on their daily functioning. People with ADHD may also experience additional conditions including learning difficulties, sleep problems, autism spectrum disorder, oppositional defiant disorder, behaviour difficulties, anxiety and depression.

Symptoms of ADHD

1. **Inattention** – difficulty concentrating, forgetting instructions, moving from one task to another without completion, difficulty organising tasks, easily bored.
2. **Impulsivity** – talking over the top of others, easily losing control of emotions, being accident prone, acting without thinking.
3. **Overactivity/hyperactivity** – constant fidgeting and restlessness, difficulty relaxing or focusing, often feeling nervous or on edge, thought bombardment.

A person with ADHD may present with varying degrees of inattention or hyperactivity or a combination of both.

Stimulant medication

The RCH (2018) state that “*stimulants act on parts of the brain involved in controlling attention and arousal (being alert and awake). These medications greatly improve concentration, impulse control and hyperactivity in about 80% of*

individuals with ADHD. Two of the most common stimulants used in Australia are Methylphenidate (e.g. Ritalin) and Dexamphetamine (e.g. Vyvanse).”

“Stimulants can be short acting (e.g. Ritalin 10) or long acting (e.g. Ritalin LA, Concerta, Vyvanse). The short-acting forms usually last about 3-4 hours. The long-acting can last 6-8 hours and up to 12 hours.”

Common Issues

ADHD is variable in its presentation and affects both children and adults (children do not ‘grow out’ of ADHD). Personality, cognitive ability, access to treatment and medication can impact on how ADHD presents in each person.

In ADHD, executive functions are less efficient, meaning tasks that involve thinking require more mental effort. People with ADHD experience difficulties with concentrating adequately to complete tasks. Some everyday tasks may require a disproportionate amount of effort to complete. People with ADHD may have difficulty regulating their thoughts, words, actions and emotions and as a result may struggle to inhibit their reactive or instinctive response to internal and external stimuli. People with ADHD may also experience hyperactivity, they may feel restless and want to be active. People with ADHD that includes hyperactivity are typically easier to identify.

A person with ADHD may:

- Struggle to focus and concentrate on information or tasks they find tedious
- Be easily distracted by external stimuli
- Often miss instructions, questions or comments
- Have trouble remembering information
- Have trouble listening and responding during conversation (instead answering with ‘I don’t know’ or ‘I don’t remember’)
- Struggle to pay close attention to detail

- Require more redirection
- May shift between topics frequently
- Fidget with hands or feet and squirm in their seat
- Leave their seat and move around the room
- May blurt out an answer without waiting for the question to be asked
- Have difficulty waiting their turn
- Have difficulty sustaining attention
- Have difficulty organising tasks and activities
- Appear to not be listening or paying attention
- Appear forgetful
- Avoid, dislike or be reluctant to take part in tasks that require sustained attention and cognitive load
- Talk excessively or interrupt others
- Make decisions impulsively.

Case Example 1: Timothy

Timothy* is a 23-year-old man diagnosed with ADHD and mild intellectual disability. Timothy has recently moved into a shared accommodation setting and does not consistently take his ADHD medication.

Timothy presents as a quiet man who prefers to play his games rather than talk to others. He avoids eye contact and requires repetition of instructions and questions with emphasis on key words. He tends to answer questions with simple one-word answers unless talking about his gaming. Timothy sometimes appears to be looking off into the distance and not listening to others. He is easily distracted by noises and things going on around him. Timothy requires visual supports (a daily schedule and reminders) to complete daily tasks.

Timothy reports finding it hard to listen to people and focus on what they are talking about. He finds his forgetfulness frustrating and often becomes upset when he has not remembered. Timothy also notes he finds noises distracting and has difficulty speaking to more than one person at a time.

Timothy requires reminders to take his medication. He benefits from short simple questions and repetition of key words. Timothy is able to concentrate best in the morning. He needs clear instructions and prompts to continual reminders to focus on a task.

Case Example 2: Maria

Maria* is a 14-year-old girl with a diagnosis of ADHD. Maria is currently in high school and is struggling academically and socially. It was originally thought she had a learning disorder. However, she has recently been diagnosed with ADHD (and is of average intelligence). She is seeking treatment and has started taking medication.

Maria presents as a distractible teenager. She struggles to sit and engage in conversation and always appears to be looking around. Maria typically answers questions with short answers or 'I don't know'. She sometimes speaks over others and does not wait her turn. Maria's parents note she is very disorganised and forgetful. She makes careless mistakes and does not follow instructions. Maria has started to refuse to go to school. Maria reports feeling restless and 'finds it hard to turn her thoughts off'. She fidgets and plays with her clothing and prefers to move around rather than sit. Maria is an active girl who likes to play outside and run around and appears to have a lot of energy.

Maria benefits from repetition of key information and reminders to wait and listen. She requires clear expectations of how long she will be required to listen and maintain her attention. She works best in quiet areas with reduced distractions and with regular scheduled movement breaks. Sensory materials such as a fidget cube assist her to maintain concentration.

Strategies

The information below outlines general strategies that can be adopted by representatives of the court to enhance communication with people diagnosed with ADHD. These include:

- Keep instructions, questions and comments brief and clear. Emphasise key words if needed
- Say the person's name and make eye contact when giving important information and asking questions
- Ask the person to repeat questions or instructions to make sure they have understood
- Provide prompting, monitoring and encouragement to remain focused
- Keep the area around the person as uncluttered as possible
- Highlight or mark key information when providing written materials
- Signpost and bookend topics when asking questions
- Accommodate for fidgeting and restlessness with flexible seating options and sensory materials (e.g. thinking putty, squishy balls, fidget toys)
- Plan seating and furniture carefully to minimise distractions
- Provide one to one instruction and explanation when possible
- Consider scheduling hearings and meetings to take place during the individual's best concentration time(s). This is typically in the morning. If the person is taking medication, the timing of the medication should also be considered
- Provide a checklist of what the person is required to do. Provide a schedule of what is expected
- Consider scheduling rest breaks (e.g. 5-minute movement break every 15-minutes).

References

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