

Working with adults, children and young people with additional needs:

An introduction to Attention Deficit/Hyperactivity Disorder (ADHD)

& Oppositional Defiant Disorder (ODD)

We hope that you will find this 'introduction' leaflet helpful. It is not intended to replace conversations that you will need to have with children, young people, their families, and the professionals who know them. Those conversations are essential to understand the uniqueness of each family member you work with to ensure that you can engage with them in the most meaningful and supportive way. Links to relevant charities, information services and research are embedded at the end of this leaflet.



Is it ADD or ADHD? What's the Difference?

In short, people often use the terms ADD and ADHD interchangeably, although the current medical terminology is ADHD or Attention Deficit/Hyperactivity Disorder. However, in line with our commitments to children and families to write in clear accessible language, we always write acronyms out in full.

It is characterised by difficulties in the areas of attention, level of activity and impulse control. These difficulties are often present before the age of 7 years (even if not diagnosed until later in life). People with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with day-to-day functioning and/or development, such as:

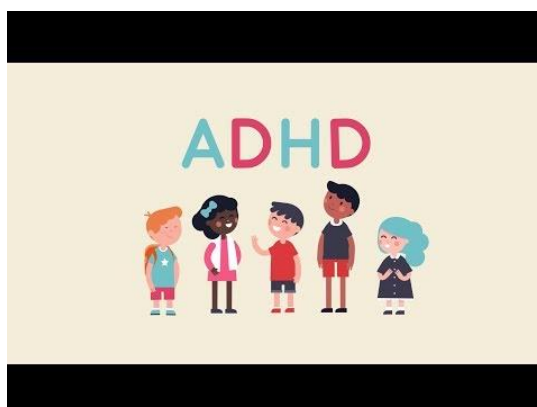
(Inattention)

- Often has difficulty holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often has trouble following through on instructions and failing to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organising tasks and activities.
- Often avoids dislikes or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted.

(Hyperactivity and Impulsivity)

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor."
- Talking excessively.
- Often 'blurts' out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or game)

Let's talk about ADHD Video



Oppositional Defiant Disorder

All children 'act out' sometimes, but children who have oppositional defiant disorder (ODD) have a well-established pattern of behaviours that are more extreme than their peers. One way to distinguish between typical disruptive behaviour and ODD, is how severe the behaviour is and how long it lasts. In order to be diagnosed with ODD a child needs to have been presenting extreme behaviours for a least 6 months, such as:

- Being unusually angry and irritable
- Frequently losing their temper
- Being easily annoyed
- Arguing with authority figures
- Refusing to follow rules
- Deliberately annoying people
- Blaming others for mistakes
- Being vindictive

[There is a very high overlap in children who have ADHD and ODD \(roughly 40%\)](#) or a related conduct disorder.

Planning for meetings, interviews and direct work

A person with ADHD and ODD may need you to adjust how you would usually undertake direct work or an interview. It is important that you establish what they need from you to make this an effective piece of work. Speaking with the child, young person or adult and their family members and the professionals who know them will guide your planning.



These are some general tips to think about:

- ✓ **Where/how would the person like to meet?** Remote working can be effective and may be more appropriate for some children and young people. It is important to ask.
- ✓ **Give simple instructions**
- ✓ **Create a low stimuli environment** - for example, avoid bright lighting, consider only taking toys you intend to use in the session, close the window if you're next to a noisy road and be conscious of where you are meeting
- ✓ **Let them take the lead to set the pace- listen**
- ✓ **Would the child benefit from support?** the child is welcome to have a supportive adult e.g., a teacher in the session with them. Try to avoid asking parents/carers/family members to support the session so that the child can speak freely.
- ✓ **Give enough time for the direct work/interview.** Are 'movement breaks' required?¹
- ✓ **Don't be afraid to be creative.**

¹ A short interval often recommended by Occupational Therapists where the child can move freely and 'burn off' any energy before coming back to the task feeling refreshed and ready to engage

- The templates for the **introductory letters** are editable. These letters can be sent to a child, young person or adult to introduce yourself and share details about the purpose of your interview/visit. Use of pictures, images and jargon free language is appropriate in these letters. Electronic documents can be 'read aloud' by the computer.
- If a letter is not appropriate, think about how you can introduce yourself and the situation in advance of the interview. Would a **call or video call** be useful?
- **Sharing your photograph/a picture of the room** you're going to be meeting in so the child, young person or adult is familiar with your face and the setting is appropriate, may help manage any anxieties.
- After the direct work/interview has finished it is important to know how your recommendations to the court and the outcome of any hearing will be shared with the child. Would they like you to write to them again or use other ways of communicating? Is this best communicated via solicitors, family members or professionals, and if so, why? 'Easy read' letters and judgements are becoming more widespread within the family court and you can advocate for these from the judges and magistrates. These outcome letters can form a valuable part of a child's life story work. Even if the child cannot understand the letter at their current age or developmental stage it is something they may be able to understand as they get older.

Safeguarding

Children, young people and adults with additional needs are at greater risk of abuse due to communication barriers, the signs of abuse being misunderstood or minimised, increased isolation and greater dependence on others for their care, a lack of education to help them to stay safe, and inadequate support. It is important to work proactively to protect vulnerable children and adults, be professionally curious and respectfully challenge others if we have concerns.

How can you be sure you're making the right adjustments?

The short answer is you can't. However, if you're flexible and willing to try different approaches, you're far more likely to succeed.



Using Cafcass Direct Work Practice Aides

Cafcass direct work practice aides are designed to be used with all children, young people and adults.

Here are some tips and ideas to help you use them:

- Limit the number of 'pages' or screens you are using from the practice aides. This allows for clear questioning with visual support. Don't try to complete the entire practice aide unless this is something the child or young person wants to do and can manage.
- Share the sections of the practice aide you intend to use with the adults who care for the child or young person in advance of the session. This could include educators or support staff. They may be able to offer guidance to you about how best to engage with the child or young person.

- Include pictures or images in letters to the judge. These may convey the message the child or young person wants to communicate effectively and will allow the court to hear their voice.

- The 'Dictate' software can be used to allow the child to interact directly and see their own words on the page.
- Don't feel you need to do all the direct work yourselves. Adults that the child or young person are familiar with may be key to helping you understand how best to communicate.
- Working alongside educators, carers and support staff may provide opportunities to amplify a child's voice in a way that you could not do alone.
- [Cafcass resources for professionals](#)

Remember, connection before content.

The importance of planning and relationship building cannot be underestimated.

Links

[ADHD UK | ADHD UK](#)