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# ADHD OVERVIEW

## What is attention-deficit/ hyperactivity disorder (ADHD)?

### Key figures



**3:1** Male to Female **Ratio**  
in ADHD patients

People with ADHD have weaker control over **attention** and **impulses** than similarly aged peers. ADHD is believed to be caused by **structural** and **functional** impairments in the brain.

#### Structural

Developmental impairment at the pre-frontal cortex affects executive functioning



#### Functional

Dopamine deficiency limits the ability to regulate attention, emotion and behaviour



Tendency of **lower sensitivity** in identifying **girls** with ADHD leading to **delay** in referral for professional **diagnosis**



Around **1-2** students with ADHD in a **class of 30**

## How is ADHD classified?

ADHD is classified into **3 major subtypes** in the American Psychiatric Association's Diagnostic and Statistical Manual, fifth edition (DSM-5).

1

### Predominantly inattentive

Mainly symptoms of inattentiveness with fewer symptoms of hyperactivity

2

### Predominantly hyperactive impulsive

Mainly symptoms of hyperactivity with fewer symptoms of inattentiveness

3

### Combined

Both inattentive and hyperactive presentation criteria are met

### Preliminary tests for ADHD

SNAP-IV 26-item scale (Child)  
(modified by Alberta Counselling Centre)

<https://bit.ly/3eLz2Zq>



Adult ADHD Self-Report Scale - V1.1  
(ASRS-V1.1) (World Health Organisation)

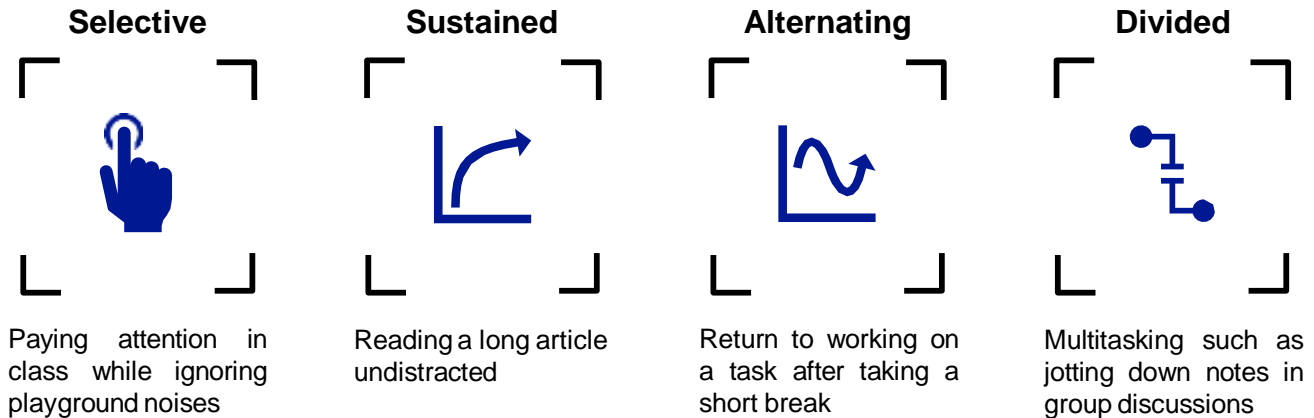
<https://qrگو.page.link/BDQUw>



# SIGNS & SYMPTOMS

## Does keeping eye contact mean a student is being attentive?

Not necessarily! Attention is critical in many aspects of our daily lives. There are different subtypes of attention. Below are the different types and their respective examples:



## Is sleeping in class or being active a sign of ADHD?

Not always! But close attention should be given if a student exhibits various signs and faces more difficulties when compared with similarly aged peers, and that the symptoms are present persistently from a young age (before 12 years old). Please pay attention if:

Symptoms present for **≥6 months** in **≥2 settings**

Symptoms directly impair quality of social, school, or work functions

Symptoms are not better explained by other mental issues

## How are ADHD symptoms classified?

### Inattentive

- Careless (e.g. submit incomplete tasks; leave signed parent's letters at home)
- Does not appear to be listening during conversations
- Unable to sustain attention in class, avoids tedious tasks and gives up easily
- Easily distracted with or without external stimuli, daydreaming, unnecessarily slow at tasks
- Unable to follow long and multi-step instructions
- Disorganised (e.g. messy drawers, overloaded bags)
- Poor time management and fails to follow routines

### Hyperactive

- Prolonged hyperactivity and restlessness
- Unable to remain seated and may stay off-seated
- Fidgety limbs and difficulty in working quietly
- Impatient and fails to wait for his/ her turn
- Blurts out sentences and interrupts conversations
- Gets injured or breaks things easily
- Intrudes on others during tasks or fiddles with others' properties without permission

ADHD is associated with weaker executive functions and not necessarily low intelligence or dyslexia

Being still while playing games ≠ having sustained attention as there are constant visual and auditory stimulation

# Symptom Development

## ADHD symptoms over time

ADHD symptoms vary with age; hyperactivity and impulsivity may reduce while inattentiveness tends to impact daily life more significantly over time. Limitations in executive functioning can affect daily functions, social relationships, and mental health. Others may fail to see the difficulties faced by people with ADHD and may mistakenly attribute their symptoms to laziness or poor intentions. Repeated social failures in patients with ADHD can affect social acceptance and increase the risks of various mental health issues.

### Preschool Years

Common comorbidities for preschool students with ADHD include oppositional defiant disorder (ODD) and speech and language disorder

#### Challenges

- Hyperactivity and restlessness
- Inattentive to instructions or requests
- Argumentative, disobedient, impulsive, and impatient
- Prone to injuring self or others

#### Social-interpersonal Issues

- Strained relationships with parents, caregivers, and teachers
- Disciplined frequently for misconduct
- Arguments and fights with peers
- Poor social skills and temper control

#### Mental Health Issues

- Loneliness
- Anger issues
- Lowered self-esteem
- Stress

### Primary School

Common comorbidities for primary school students with ADHD include learning disabilities, ODD, conduct disorder, and Tourette's syndrome

#### Challenges

- Fail to follow instructions in class
- Poorer academic performance
- Hyperactive and restless in class
- Disorganised in various aspects of life (e.g. desk, room, missed submissions)

#### Social-interpersonal Issues

- Similar with preschool years
- Potential school avoidance
- Judged by peers for incompetence and disruptive behaviours
- Impulsive, impatient, and argumentative

#### Mental Health Issues

- Similar with preschool years
- Depression
- Anxiety

### Adolescence

Common comorbidities for adolescents with ADHD include conduct disorder, depressive and anxiety disorders

#### Challenges

- Less hyperactive but still restless
- Academic and career difficulties
- Involvement in substance abuse, dangerous driving, or illegal activities
- Disobedient and resist supervision

#### Social-interpersonal Issues

- Similar with primary school years
- Weak social skills, emotional control, and failure to recognise social cues
- Fail to maintain relationships
- Offend others easily

#### Mental Health Issues

- Similar with primary school years
- Bipolar disorder
- Substance abuse

### Adulthood

Common comorbidities for adults with ADHD include conduct disorder, mood and anxiety disorders

#### Challenges

- Careless, disorganised, and tardiness
- Challenges with employment
- Involvement in addictive activities (e.g. gambling, gaming)
- Treatment adherence issues

#### Social-interpersonal Issues

- Impatient and impulsive
- Fail to care for family (e.g. bills, chores)
- Increased likelihood of having children with ADHD and difficulty in parenting
- Isolation; poor relationship with others

#### Mental Health Issues



- Similar with adolescence

# Referral

## ADHD services referral map

### Preschool

Assessment in Maternal and Child Health Centre (MCHC), referred by pre-school educators (Comprehensive Child Development Service)

→ Referral form for educators :   
<https://qr.go.page.link/d2kqy>  
 → MCHC sends final reply to the education centre 

Evaluation by Educational Psychologists (EDB or school sponsoring body), referred by teachers or social worker

→ Provide referral letter and intervention recommendations and/ or assessment summaries to the school and parents

### Primary & Secondary School

Educational Psychologists' evaluation (EDB or school-based), referred by Special Educational Needs Coordinator (SENCo) or social worker

→ Provide referral letter, intervention recommendations, or assessment summaries to the school and parents

Parents may raise concern to and request referral from the Student Health Service (SHS)

→ Provide assessment summary to parents

### Adulthood

#### Private Psychiatrists<sup>1</sup>

•Kowloon:  
<https://qr.go.page.link/JkfLP>  
 •HK Island:  
<https://qr.go.page.link/QvmTW>



Kowloon

**Financially concerned** individuals may seek private psychiatric evaluation in via funding programs in our website



HK Island

Evaluation at General Out-patient Clinics/ by registered medical practitioners

→ Provide referral letter to parents

Assessment by Clinical Psychologists/ Educational Psychologists in private clinics or other organizations

→ Provide referral letter and intervention recommendations and assessment reports to the school and parents

Integrated Community Centre for Mental Wellness (ICCMW) (target: in secondary school or beyond)

→ Referral to psychiatric evaluation

- Self-application; or
- Referral through doctors, social workers, allied health professionals or government departments, etc.



List of ICCMW: <https://qr.go.page.link/7XC6c>

#### Below 6 years of age

**Further Assessment:** Department of Health Child Assessment Service (ages ≤12)

→ Provide assessment summaries for the school and parents; Diagnosis may be made if a psychiatrist is present

→ Please bring documents required (<https://qr.go.page.link/ZWpcE>) and complete registration form (<https://qr.go.page.link/nVBoE>)



Documents required



Registration form

#### At or Above 6 years of age

Referred to Hospital Authority's Psychiatric Day Hospital/Child & Adolescent Psychiatric Day Hospital

#### New appointment booking documents:

1. HKID card (or a valid identity document)
2. Referral letter issued within the last 3 months from a Clinical Psychologist/ Educational Psychologist/local registered medical practitioner
3. Original local residential address proof issued within 6 months (e.g. utility bills, tax bills etc.)
4. School report/ exam or test paper samples (if applicable)

#### List of clinics:

<https://qr.go.page.link/J9uE7>

#### Waiting time for new case booking:

<https://qr.go.page.link/DmC1f>



List of clinics



Waiting time for new case booking


## Legend


The different colors and outlines represent each age group and the available services

 **Preschool**

 **Primary & Secondary School**

 **Adulthood**

 **Diagnosis and treatment** (Medication and/ or Behavioural Therapy)

 **Preliminary assessment** for further referral and early support (e.g. training, accommodations, counselling, behavioural therapy)

<sup>1</sup>Source from Hong Kong Association for AD/HD

# Considerations

## Factors For Social Workers to Consider When Handling ADHD cases

### Background Information of each case

#### Dynamics & Interactions

- Identify actions taken by family that may trigger the child 's ADHD behavioural problems
- Analyse family dynamic and relationships to help decide on direction of therapy

#### Family education & literacy

- Parents' understanding of ADHD
- Parenting styles
- Understand need for academic support and offer assistance where necessary

#### Ethical concerns and Cultural beliefs

#### Family Resources

- Suggest and/ or offer available family resources for therapies or activities

### Potential problems that family members may face

#### Strained Family Relationships

- Siblings** – May feel pressured as they may think that parents have additional expectations to provide support or protection; receive less attention from parents; easily disrupted or affected emotionally by sibling with ADHD.
- Extended family** – Patients may unintentionally disrupt or offend in-laws and relatives. The core family may feel anxious or disinterested in gatherings.
- Romantic partner** – Potential disappointment when the partner with ADHD has poor planning or is inattentive. Frustrations caused by the patient's heavy dependence in daily responsibilities, frequent conflicts, as well as impulsive decisions.

#### Social and Financial Difficulties

- Fewer outings or family trips** as children's "bad" behaviour in public may be misunderstood as a result of bad parenting.
- Financial difficulties** from therapy and medication fees; attending schools with special needs located far from residence; supporting individual who faces difficulties in getting employed.

#### Disturbance to Family and Marital Function

- Parental stress** – Arising from children's incompilance to simple requests and constant power struggle. Family may be scrutinised and considered "incompetent". Concerns over the child's safety, future, and adjustment in school.
- Parents' guilt** – Perceiving themselves as the cause of the child's condition of ADHD (genes or parenting).
- Overwhelmed and sensitive** – Frequent communication with teachers and the need to seek different professional treatment, training, and support.
- Restricted** – Limited time and energy to spend quality time with partner and children. Potential difficulty in seeking child-care resources when both parents are at work.
- Disagreement between parents** – On parenting strategies, choice of treatment, and perception of ADHD, etc.

### Potential problems that teachers may face

- **High stress level and staff turnover rate** – Teachers with limited experience in handling ADHD students may find difficulty in controlling students' behaviour or communicating with their family
- **Injuries** – Arising from disciplining or protecting student with highly hyperactive and impulsive behaviour
- **Additional workloads** – Perceived special needs accommodations and inclusion training as heavy and extra workload, in addition to worrying about teacher evaluations (class observation/ academic results of the class)



# Treatment

## Step 1: Need Assessment – identifying supportive needs

### Collecting Information from Various Parties

Needs assessment is facilitated by objective observations from parents and educators. For symptoms and information that may be unnoticed by parents and educators, patients' perspectives should be considered.

#### Patient

1. Physical examination
2. Symptom self-description

*Note: Symptom description may be inaccurate as patient may selectively disclose certain information to downplay symptoms such that social workers may underestimate symptom severity*

3. Further questions on symptom frequency, intensity and duration, first occurrence, triggers, and how symptoms may affect daily activities

*Points that Social Workers can note while assessing each party are in italics*

#### Parents

1. Parents' observations of behaviours in children
2. Parent-child relationship

#### Teachers

1. Teachers' observations of behaviours in children
2. Teachers' observations of interactions between patient and peers

*Discrepancies in observations by parent and teachers may appear:*

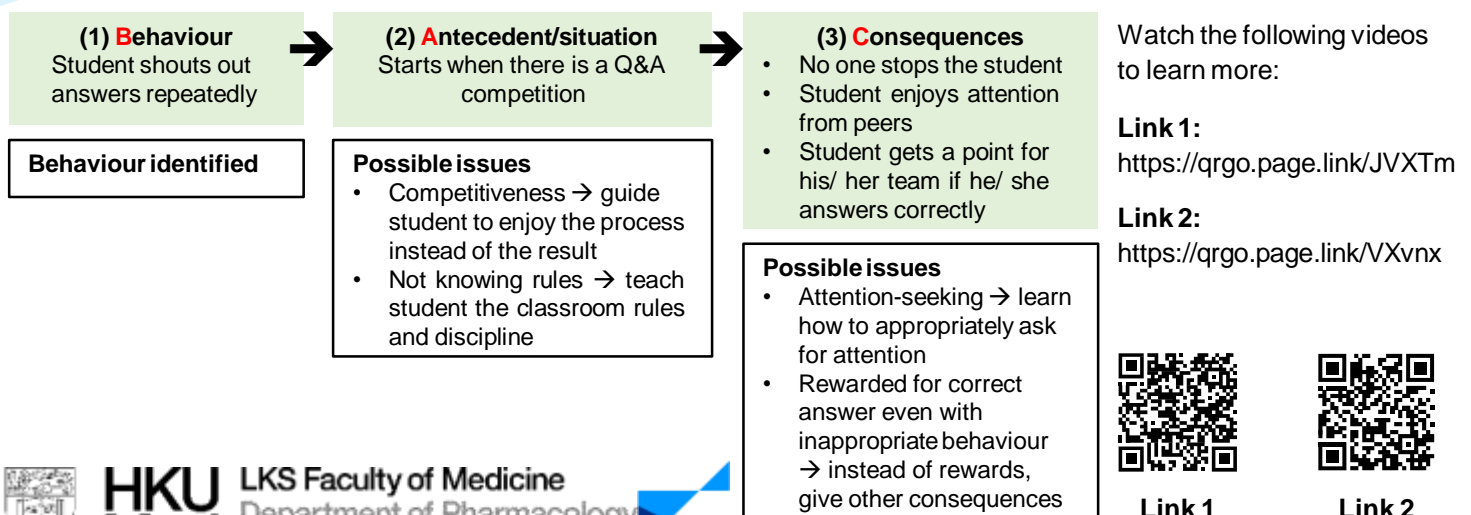
- *When parents' observations are more severe than teachers, social workers can observe and assess parent-child relationships first. Parents may receive behavioural modification therapy if required.*
- *When teachers' observations are more severe than parents, social workers can try to understand the child's family dynamics and the parents' views on appropriate behaviour. Observe other reasons for such behaviour in school settings (e.g. social relationships, anxiety).*

## ABC Chart of Functional Behavioural Assessment (FBA)

To start with and to optimise the effectiveness of a strategy, the underlying issues should first be accurately identified (i.e. cause of problematic behaviours).

There can be many underlying reasons behind a certain behaviour. Often, there are **antecedents (A)**, which are the preceding stimuli or situations that lead up to the undesired **behaviour (B)**. The behaviour can also be encouraged or discouraged by the **consequences (C)** faced following the behaviour.

Applying the ABC chart of Functional Behavioural Assessment (FBA) in different situations helps identify the specific reasons behind a behaviour. It is potentially beneficial to all students in a class.



## Step 2: Identify Suitable Treatment Approach

The **aim of ADHD treatment** is to **reduce severity** of ADHD symptoms and impairment; and **improve quality of life** (e.g. psychological well-being, occupational functioning, educational functioning). Both **pharmacological** and **non-pharmacological** (e.g. counselling, behavioural therapy, and family education etc.) treatments are available to help manage ADHD. They are most effective when **family members** and **educators** work together with patients to experience more daily life interactions.

### Non-Pharmacological Therapy

Often used in addition to pharmacological treatments, non-pharmacological treatments focus on managing daily life challenges and behaviour modifications. Some non-pharmacological therapies can be used in school environments, and teachers are highly encouraged to be a part of students' treatment support. While utilising non-pharmacological therapy to support students, it is important to maintain consistency in the process of rewarding good behaviours and discouraging/ punishing bad behaviours.

#### Education and Information

Help students and parents understand the characteristics of ADHD, the possible difficulties ahead, and the considerations in choosing the right treatment plans etc.

#### Parental Support or Parenting Training

To teach skills related to time and behaviour management; help create a structured environment and foster independence; establish a reward/ punishment system; help build self-esteem; develop interests; facilitate parent-child relationships etc.

#### Behavioural Therapy

Behaviour modification and cognitive behavioural therapy etc.

#### Executive Functioning Training

Time management, organisation, self-inhibition, prioritisation, planning etc.

#### Social Skills Training

Emotion regulation, group discussions, modeling, role-playing, feedback etc.

#### Others

Sensory integration therapy, counselling, problem-solving training, academic support groups etc.

Refer to our **Patients' Toolkit** for more info on "Additional help for people with ADHD".

### Therapy Examples

#### 1. Supportive Learning Project of Heep Hong Society (Chinese):

<https://qr.go.page.link/4brxP>



#### 2. Activities from Hong Kong Association for AD/HD (Chinese)

<https://qr.go.page.link/jgQWU>



#### 3. Baptist Oi Kwan Social Service Employment Supporting Service for ADHD

<https://qr.go.page.link/GgCG8>



#### 4. TWGHs Jockey Club Project COMPASS (Chinese):

<https://qr.go.page.link/pDU8y>



#### 5. TWGHs Jockey Club "Parents as Coaches" Project (Chinese):

<https://qr.go.page.link/fVVNg>



*No time for non-pharmacological training? Medication alone can be effective in reducing ADHD symptoms. As parents are children's major caregivers, they can be encouraged to discuss with professionals about the optimal treatment plan and taking any concerns and limitations into account.*



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# Pharmacological therapy



## Points to note:

When discussing about pharmacological therapy to parents, clarify that medications do not cause long-term changes in habits or behaviours. Instead, medications can help alleviate symptoms of ADHD and suppress negative behaviours. This can improve focus whilst learning and enhance treatment effectiveness with concurrent non-pharmacological treatments. Refer to our **Parents' Toolkit** for more information on medication treatments.

## Points to communicate to parents and teachers:

- Scheduling activities/ tasks e.g. homework during the medicated period to help maximise student's productivity
- Fully adhering to the psychiatrist's instructions to maximise treatment effectiveness
- Monitor changes in performance, side effects, and effectiveness before and after treatments, and during dose adjustments made at school/ home
- Consult a psychiatrist to optimise drug dosage and treatment plan
- According to the UK National Institute for Health and Care Excellence (NICE) guideline, non-pharmacological management should be the first-line treatment for moderate ADHD cases; pharmacological treatment should be considered when other forms of treatment are ineffective

## Medication

### 1. Stimulant Medication

- 3 main types available in Hong Kong
- Ritalin, Ritalin long-acting, Concerta

Stimulant medication works by targeting neurotransmitter imbalances in the brain by facilitating nerve network communication among cells; it is not used in patients:

- Below the age of 6
- Allergic to stimulant medication
- With Tourette's Syndrome, psychosis, anxiety, tension, or agitation

### 2. Non-Stimulant Medication

- 3 main types available in Hong Kong
- Strattera, Imipramine, Clonidine

## Pros & Cons

### Pros

- A study has shown that medication-alone is effective in reducing ADHD symptoms, however not to the extent of combined therapy (which shows the best treatment result)

### Cons

- Possible side effects from the use of medication (e.g. headaches, dizziness, sleep problems, loss of appetite)



# Maximising the effectiveness of therapies

## Combined Therapy

Combined therapy provides the best treatment result along with the benefits of a lower medication dosage based on the U.S. MTA study (1999) and a Hong Kong study (So, Leung & Hung, 2008)

## Medication Therapy Only

Medication therapy alone can effectively reduce ADHD symptoms but less so in oppositional behaviour, anxiety problems, and learning disabilities

## Behavioural Therapy Only

Insignificant impact with behavioural therapy alone

## Therapy effectiveness



Adapted from:  
<https://www.adhd.org.hk/adhd16/web/default.php?cmd=kids&ch=3>

## Treatment Q&A

### Why do some treatments succeed while others fail?

Below are some factors that may contribute to the success or failure of ADHD treatments:

#### Success

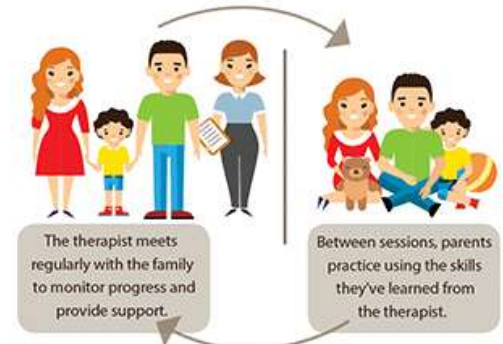
- **Effective communication** among family members, medical practitioners, teachers and social workers
- **Thorough understanding** of medication used in treatment to increase treatment adherence and reduce concerns when taking medicine
- **Adherence to medical practitioner's professional opinion**
  - ✓ Take medication as prescribed (dosage and frequency)
  - ✓ Alert medical practitioner about side effects
  - ✓ Handle side effects appropriately (symptoms mistaken as side effects may lead to treatment discontinuation, affecting original planned course of treatment)
- Understanding of **long-term benefits** from therapies
  - ✓ Parents and teachers show good understanding of the patient's condition
  - ✓ Parents' awareness on **long-term monitoring** of the condition (e.g. medication compliance, symptom observation, follow-up appointments) and **maintenance of parent-teacher communication**
- Development of **independence**
  - ✓ Encourage patients to develop a **hobby, activity or career** that can help build independence
  - ✓ Social workers can **empower the family** through suggesting and/or referring medical, financial, housing and educational services needed during therapy
  - ✓ Maintain regular follow-up sessions and contact between social workers and the patient's family

#### Failure

- Limited understanding of the condition and medication involved
  - ✓ Consult medical practitioner if side effects are experienced after medication use
- Being self-conscious of being labeled for this condition and wrongly assuming that it is a mental disorder
- Receiving inaccurate online information or false advertisements for incorrect treatment methods

### What parents can expect in behavior therapy

Parents typically attend 8-16 sessions with a therapist and learn strategies to help their child. Sessions may involve groups or individual families.



After therapy ends, families continue to experience improved behavior and reduced stress.

#VitalSigns

Source of image:

<https://www.cdc.gov/ncbddd/adhd/behavior-therapy.html>



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# Managing ADHD

## Providing methods to help stakeholders manage ADHD

Social workers are encouraged to inform parents and teachers about **additional services** that may further benefit individuals with ADHD and **provide** these **services directly** if possible or applicable. These services may **support** patients, their family members and educators in **non-symptom-based areas**.

### Individuals with ADHD

#### 1. Further education & academic guidance

- ❖ Group class for adolescents on personal development and planning

#### 2. Career path guidance

- ❖ Provide exposure to tertiary studies and career paths, equip adolescents with skills for academic admissions or job applications

#### 3. Coaching

- ❖ Social skills development
- ❖ Executive functioning

#### 4. Social interaction activities



#### 5. Counselling services on...

- ❖ Conflict resolution: Peer mediation programs, bibliotherapy, narrative-based interventions help teach individuals negotiation and communication skills
- ❖ Motivation and self-efficacy: Develop motivation and confidence with task breakdown for successful experiences
- ❖ Self-esteem: Reducing self-critique and develop interests
- ❖ Mood problems

*Note: Individual sessions with social workers can allow self expression which are valuable observations that can benefit treatment*

### Parents

#### 1. Parental Friendship Coaching

- ❖ Networking for families through fun games and playdates
- ❖ The child with ADHD is paired with a friend to accomplish tasks together, encouraging inclusive behaviour

#### 2. Parent training programs

- ❖ Help parents and family members understand and cope with the condition
- ❖ Increase awareness of effective disciplinary techniques over inappropriate behaviour

#### 3. Multiple Family Group Therapy

(e.g. <https://qrqo.page.link/5w3x2>)

- ❖ Families learn to solve problems together
- ❖ Multiple Family Group Therapy – helps in reducing psychological distress on parents of children with ADHD

#### 4. Service providers available in the community (from St. James' Settlement website): <https://qrqo.page.link/vk7Yr>

#### 5. Counseling for parents

- ❖ Recommended for parents with young children: understanding problems associated with symptoms and ways to improve
- ❖ Sessions can include parents or the whole family. Progress review help optimise strategies to improve family dynamic, trust, and in conflict resolution
- ❖ Align expectations, nurture empathy and understanding

#### 6. Behavioural Parent Training

- ❖ Training parents to set an environment that fosters good behaviour in children with ADHD
  - Set house rules, routines, and a structured environment to help train organisation skills
  - Give clear instructions; set achievable and small goals; use visual reminders; give breaks between tasks
  - Reward good behaviour and punish inappropriate behaviour; reduce distractions
- ❖ Remind parents to model and explain acceptable behaviours
- ❖ Remind parents to spend quality time and build good parent-child relationships that can also serve as a positive reinforcement (e.g. play games together)



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## Parents during Covid-19

Online schooling and social distancing may affect management of children with ADHD. The following suggestions help empower parents in relationship management during COVID-19:

### 1. Continue medication - Cessation or reduction in medication may affect the treatment process

- ❖ Social workers can follow up with parents on their children's medication adherence and willingness to stick to the medication regimen, get updated about treatment effects, and offer reminders on following the treatment regimen

### 2. Establish regular daily routine - Routines can manage expectations and aid in planning a healthy lifestyle

- ❖ Social workers can help plan with parents and include activities that the child enjoys so that they tend to develop a focus for such activities

### 3. Develop positive behaviour - Facilitate behaviour therapy at home

- ❖ Social workers can educate parents on ways to reward good behaviour with praise and point systems, ignoring mildly bad behaviours, and setting appropriate punishments for bad behaviour

### 4. Listening to the child's concerns

- ❖ Social workers can teach parents to communicate with the child with a calm voice while using appropriate language to demonstrate reassurance and problem-solving skills in restrictive situations due to COVID-19

### 5. Entertaining the child – Identify timepoints when the child becomes bored, gauge their attention before then

- ❖ Social workers can learn about the child's likes and dislikes, develop activities that interest the child for parents to explore at home, and teach parents to set up activity stations for the child go through

- ❖ Social worker can provide feedback and observations of sessions with the child or family, clear up any misunderstanding or miscommunication between parents and child

## Teachers

### Provide staff development on supporting students with ADHD; include teachers in behavioural therapy

- Enforce rules and reward systems in the classroom
- Special seating arrangements in the classroom where students with ADHD sit near the teacher; accommodate task requirements and utilize tools such as visual reminders
- Identify and support students with needs and communicate positively with parents

### Making Socially Accepting Inclusive Classrooms (MOSAIC)

- Create a welcoming and inclusive environment for children with ADHD to help them build relationships with other students
- Structured and well-designed group activities in class to facilitate inclusion and help the child develop appropriate social skills with peers. Teachers should lead activities and dissipate potential conflicts.

## Strategies in building positive behaviour and reducing negative behaviour

### Building positive behaviour

#### 1. Explanation and modelling

- Identify and teach positive behaviour by explaining in detail or modelling the behaviour

#### 2. Overcorrection

- Return to the original situation and practise the positive behaviour repetitively

#### 3. Reinforcement

### Reducing negative behaviour

#### 1. Verbal reprimand

- Immediate and brief in a firm tone issuing a direct instruction/ reminder of positive behaviour
- Avoid lecturing

#### 2. Punishment

Always try positive strategies first!

	Example 1	Example 2
Reinforce (↑) positive behaviour	Play a <b>game</b> at the end of class as reward for being attentive and efficient in class	<b>Reduce workload</b> in penmanship with neat and accurate handwriting
Punish (↓) negative behaviour	Write <b>apology</b> letter for being impolite to another peer	<b>Take away stickers</b> for leaving the seat in class

### Attention! ▲

**Reinforcements** are not necessarily tangible gifts (e.g. stickers and snacks); they can be intangible rewards (e.g. game and being praised in public)

**Punishments** for students with ADHD best not involve taking away their breaks. Students with ADHD can focus better following active movements

**Praising** good behaviour > **Punishing** bad behaviour!

# Social Workers' Personal sharing

Students with ADHD tend to be more active and like to express themselves more, we try to make arrangements in class management for an inclusive and integrated classroom. For example, we include students with ADHD as class helpers and assign duties to them. When other students see their contributions to the class, they can have better impression of their peers, this way, students with ADHD can build more confidence while having more motivation to behave well in class. In addition, our school provides some groups for concentration improvement and social and emotional trainings. We hope that the skills used in training groups can help students cope with various situations in their daily lives.



**Ms. Lui**

Primary School Social Worker

ADHD students often do certain impulsive actions that are misunderstood as naughty and deliberate behaviours. I regard these actions as uncontrollable or emotional behaviours. After calming and comforting the students, we will discuss the problem with them, and oftentimes find that the students themselves are aware of their own improprieties.



**Ms. Ng**

Primary School Social Worker

When children progress to first grade of elementary school, social workers will receive their preschool report. If the report includes ADHD-related symptoms, we will discuss with the subject and homeroom teachers to coordinate arrangements on classroom seating or teacher guidance. Additionally, through the school's primary one early identification programme, we will pay attention to the overall situation of the students and understand the impact on learning. After communications and agreement with the parents, parents will be invited to complete a rating scale with the teacher. After classroom observations by an educational psychologist (EP), the parents will be invited to the school for a meeting. The EP may refer students to assessment services where necessary.

For me, every student with ADHD is very unique. There was once a student who was labelled as a difficult child in school. In fact, the student understood that he/she did something wrong, he/she felt a great sense of powerlessness, he/she felt incapable of controlling certain actions despite good intentions, which caused many misunderstandings. Students' confidence will drop drastically every time they get misunderstood or scolded. Depending on the situation, we can acknowledge students' effort and improvement. School is certainly not the only place for students to shine, they have potential to perform well in different areas.



**Ms. Li**

Primary School Social Worker



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### ADHD Foundation (HK)

<http://www.adhd.hk/web/subpage.php?mid=16>

### Australian ADHD Professionals Association:

<https://aadpa.com.au/parenting-children-with-adhd-during-the-covid-19-crisis/>

### Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD)

<https://chadd.org/about-adhd/coexisting-conditions/>

<https://chadd.org/for-educators/overview/>

<https://chadd.org/for-parents/treatment-overview/>

### Chow Tai Fook Charity Foundation – Psychiatric Medical Subsidy Project

<http://ctffunding.nlpra.org.hk/----1.html>

### Cleveland Clinic

<https://my.clevelandclinic.org/health/treatments/11766-attention-deficit-hyperactivity-disorder-adhd-stimulant-therapy>

### Department of Health Child Assessment Service

<https://www.dhcas.gov.hk/tc/adhd.html>

[https://www.dhcas.gov.hk/file/conditions/ADHD\\_Eng\\_18072018.pdf](https://www.dhcas.gov.hk/file/conditions/ADHD_Eng_18072018.pdf)

### Hong Kong Association For AD/HD

<https://www.adhd.org.hk/child-adhd-cure.aspx>

### Hospital Authority:

[https://www3.ha.org.hk/cph/imh/mhi/article\\_02\\_01\\_01\\_chi.asp#3](https://www3.ha.org.hk/cph/imh/mhi/article_02_01_01_chi.asp#3)

<https://www3.ha.org.hk/haconvention/hac2014/proceedings/downloads/CS3.5.pdf>

### National Institute for Health and Care Excellence Guideline

<https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#managing-adhd>

### “Child with Attention Deficit/ Hyperactivity Disorder (ADHD)” Presentation from Head of Child and Adolescent Psychiatry in Queen Mary Hospital (Dr. Chan Kwok Ling)

<https://www.edb.gov.hk/attachment/tc/edu-system/special/support/wsa/secondary/24b.pdf>

### Tung Wah Group of Hospitals:

[https://www.tungwahcompass.org/about-us/?gclid=EAIaIQobChMlr-zs1r6Y7wIVTz5gCh2x3w2iEAAYAiAAEgKc-fD\\_BwE](https://www.tungwahcompass.org/about-us/?gclid=EAIaIQobChMlr-zs1r6Y7wIVTz5gCh2x3w2iEAAYAiAAEgKc-fD_BwE)

### Variety Butterfly Program

<https://www.variety.org.hk/how-we-help>

### Yan Oi Tong Mrs Shi Lop Tak Youth & Children Medical Foundation – ADHD Funding Scheme:

[https://yotwww-uat.yot.org.hk/?r=site/page&id=30&\\_lang=en](https://yotwww-uat.yot.org.hk/?r=site/page&id=30&_lang=en)

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