

Unit 2: DEVELOPMENTAL DISABILITIES & ATTENTION DEFICIT/HYPERACTIVITY DISORDER

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Developmental Disabilities

DEFINITION

a. Developmental Disabilities

- Developmental Disabilities (DD) encompass a range of conditions leading to delays in physical, cognitive, communicative, social, and emotional development, impacting individuals across various age groups. The effects can vary from mild to severe, persisting throughout life and influencing daily functioning.

ETIOLOGY

a. Developmental Disabilities

- Genetic Factors – Research indicates a substantial genetic influence, with certain conditions exhibiting clear genetic patterns (e.g., Down syndrome linked to an extra copy of chromosome 21).
- Environmental Factors – Certain environmental factors during pregnancy or early childhood, such as maternal infections, substance use, exposure to toxins, and malnutrition, may increase the risk of DD.
- Other Factors – Differences in brain development affecting information processing and behavioral regulation, coupled with social determinants of health such as poverty, limited access to healthcare, and discrimination, collectively contribute to the development of DD.

PREVALENCE & INCIDENCE

<i>Locally</i>	<i>Internationally</i>
<ul style="list-style-type: none"> PhilHealth estimates that there are 1.6M cases of developmental disability estimated among children below 19 years of age (PhilHealth, 2018). Yet there is little information on the prevalence of disabilities among Filipino children. In a low-middle income country like the Philippines, where developmental disabilities are often neglected, incidence and referral rates are expected to be poor. Data on incidence and referrals are lacking due to research scarcity and absence of a centralized data network (Valenzuela et al., 2022). 	<ul style="list-style-type: none"> A study that examined the prevalence and trends of developmental disabilities of US children and adolescents found that the prevalence of any developmental disabilities in 26,422 individuals aged 3-17 YO was 16.65% (Li et al., 2023) The prevalence of developmental disabilities in the US increased from 7.4% in 2019 to 8.6% in 2021 for children ages 3-17, according to a National Health Interview Survey from the Centers for Disease Control and Prevention (Arundel, 2023).

SIGNS, SYMPTOMS, PATHOMECHANICS (A. Developmental Disabilities)

<p>Manifestations that the Physician/Allied Health Professional Perceive</p>	<ul style="list-style-type: none"> Intellectual deficits <ul style="list-style-type: none"> Challenges in reasoning Difficulties in problem-solving Adaptive functioning challenges <ul style="list-style-type: none"> Impairments in daily living activities Social deficits <ul style="list-style-type: none"> Struggles in social domain Behavioral manifestations <ul style="list-style-type: none"> Repetitive behaviors Restricted interests
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	<ul style="list-style-type: none"> ○ Difficulty adapting to routine changes ● Delays in motor skills ● Sensory sensitivities ● Communication difficulties
Manifestations that the Parents/Significant Others Perceive	<ul style="list-style-type: none"> ● Intellectual and cognitive challenges ● Speech and language delays ● Motor skill impairments ● Socio-emotional difficulties
Manifestations that the Patient Experiences	<ul style="list-style-type: none"> ● Academic struggles <ul style="list-style-type: none"> - focusing on tasks, poor organizational skills, and following instructions ● Behavioral issues <ul style="list-style-type: none"> - difficulties with rules, impulsive disruptive actions, and maintaining positive peer relationships.
Structural & Anatomical Changes	<ul style="list-style-type: none"> ● Observable alterations in brain structure may coexist with malformations in various body parts. <ul style="list-style-type: none"> - certain conditions entail nuanced modifications at the molecular or cellular level, influencing the functioning of the nervous system and other organ systems. ● The prefrontal cortex matures more slowly and is slightly smaller in size ● Reduced volumes in the cerebellum, hippocampus, and amygdala.

POSSIBLE SPEECH-LANGUAGE PROBLEMS ASSOCIATED WITH THE CONDITION

1. What are the possible SLP areas (e.g., language, cognition, etc.) affected?
 - a. People with developmental disabilities may experience a range of speech-language problems, depending on the nature and severity of their condition. Possible problems may include:
 - Articulation disorders

- Language delays
- Expressive language deficits
- Receptive language deficits
- Pragmatic language issues
- Etc.

2. What are the characteristics of these affected SLP areas?

The range of speech-language issues in children with developmental disabilities vary based on their specific condition. Common characteristics include

- Articulation disorders – pronunciation difficulties and errors in forming sounds.
- Language delays – slower development of skills and challenges in vocabulary and grammar acquisition.
- Language disorders– limited verbal expression and difficulty constructing complex sentences as well as struggles in understanding spoken language and processing auditory information.
- Pragmatic/ Social communication disorders– challenges in using language for social purposes.
- Fluency – stuttering or disruptions in speech flow.
- Voice disorders – abnormal pitch, volume, or quality.

TYPES, COURSE, & PROGNOSIS

5 Most Common Types of Developmental Disabilities (DD)	<ul style="list-style-type: none"> a. Autism Spectrum Disorder (ASD): <ul style="list-style-type: none"> • Challenges in social communication and interaction, coupled with repetitive behaviors. • Varies in severity, potentially linked to neurodivergence. b. Cerebral Palsy: <ul style="list-style-type: none"> • Involves movement and coordination difficulties resulting from brain damage before, during, or after birth. • Characterized by muscle weakness, spasticity, and challenges in balance and coordination. c. Down Syndrome: <ul style="list-style-type: none"> • Genetic condition arising from an extra chromosome 21, leading to cognitive delays and distinct physical features. • Cognitive delays affect communication, social interaction, and daily living skills.
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	<p>d. Fetal Alcohol Spectrum Disorders (FASD):</p> <ul style="list-style-type: none"> • Exposure to alcohol during pregnancy causes cognitive, behavioral issues, and physical abnormalities. • Mother's alcohol consumption during pregnancy is a significant risk factor. <p>e. Intellectual Disabilities:</p> <ul style="list-style-type: none"> • Involves significant limitations in intellectual functioning and adaptive behavior, impacting learning, communication, and daily activities. • Typically onset during childhood.
Course	<p>Developmental Disabilities Prognosis:</p> <ul style="list-style-type: none"> • Progression typically doesn't worsen: Individuals may face new challenges due to increased responsibilities as support systems change.
Outcome if Left Treated and/or Untreated	<ul style="list-style-type: none"> • Positive outcomes with treatment <ul style="list-style-type: none"> - Developmental Disabilities are addressed through therapies, medications, and educational support. - Targeted interventions lead to improved academic and occupational functioning. - Enhanced social and communication skills contribute to elevated emotional well-being. - Increased independence is observed as a result of timely intervention. • Negative outcomes if left untreated <ul style="list-style-type: none"> - Persistent challenges across various life domains, including academic and occupational difficulties. - Social and communication struggles leading to emotional distress. - Reduced independence for individuals with untreated conditions. - Heightened risk of co-occurring issues such as mental health disorders and behavioral problems. - Long-term consequences extending into adulthood, impacting relationships and

	<p>employment.</p> <ul style="list-style-type: none"> • Importance of early intervention <ul style="list-style-type: none"> - Timely intervention, especially early on, is crucial for developing coping mechanisms. - Achieving lasting positive results is contingent on early identification and intervention. - Averting negative outcomes associated with untreated developmental disabilities is a primary goal.
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HEALTHCARE RESOURCES AVAILABLE FOR DEVELOPMENTAL DISABILITIES

<i>Medical/Surgical</i>
<ul style="list-style-type: none"> • This encompasses essential medical care, including regular check-ups to monitor overall health, with access to specialized professionals like neurologists and cardiologists. • Additionally, psychological interventions are vital for enhancing social skills and addressing emotional well-being. • Rehabilitation services, including occupational therapy to improve daily living skills, physical therapy for gross motor skills, and speech therapy for communication challenges, are also essential components of their healthcare plan.

SLP THERAPY & EVALUATION

<i>UNDER SLP THERAPY</i>
<ul style="list-style-type: none"> • When dealing with developmental disabilities, an exhaustive evaluation incorporating all aspects of the Big Nine is conducted, considering the broad impact on various domains. • developmental disabilities assessments may involve standardized tools like CELF-5 and PLS-5. • An SLP may assess speech, language, and social aspects by observing the patient's interactions, listening to their communication, evaluating organizational skills, attention to detail, and more.

THE HEALTHCARE TEAM FOR DEVELOPMENTAL DISABILITIES

Pediatrician or Family Medicine Physician	<ul style="list-style-type: none">• Initiates assessment and diagnosis, manages overall healthcare, and can prescribe medications or recommend interventions.
Developmental Pediatrician	<ul style="list-style-type: none">• Specializes in assessing and managing developmental and behavioral concerns, offering expertise in understanding and addressing developmental challenges.
Child Psychologist or Psychiatrist	<ul style="list-style-type: none">• Assesses and treats emotional and behavioral aspects associated with ADHD, provides counseling, and may recommend or manage medication.
Nutritionist/Dietitian	<ul style="list-style-type: none">• Assists in managing nutritional concerns and dietary needs that may impact the overall health and well-being of individuals with developmental disorders.
Occupational Therapist (OT)	<ul style="list-style-type: none">• Assists individuals in developing or regaining skills for daily activities, focusing on fine motor skills, sensory processing, and promoting independence.
Physical Therapist (PT)	<ul style="list-style-type: none">• Focuses on motor skills and physical development, helping individuals improve gross motor coordination and mobility challenges.
Speech-Language Pathologist (SLP)	<ul style="list-style-type: none">• Works with individuals experiencing difficulties in communication and language development, providing interventions to enhance communication skills.
Behavioral Therapist or Applied Behavior Analyst (ABA)	<ul style="list-style-type: none">• Utilizes behavioral interventions to address challenging behaviors associated with ADHD and promotes skill development in various areas.

Genetic Counselor	<ul style="list-style-type: none"> • Offers guidance on genetic aspects, helps families understand the genetic implications, and provides information on the hereditary nature of certain conditions.
Neurologist	<ul style="list-style-type: none"> • May be involved in assessing and managing neurological aspects associated with developmental disorders, providing expertise on brain function and structure.
Orthopedic Specialist	<ul style="list-style-type: none"> • Addresses orthopedic issues or physical challenges that may be present, ensuring optimal musculoskeletal health.

MEDICAL PRECAUTIONS FOR DEVELOPMENTAL DISABILITIES

Comprehensive Assessment	<ul style="list-style-type: none"> • Conduct a thorough assessment to understand the client's specific needs, abilities, and potential triggers for challenging behavior.
Establish Boundaries	<ul style="list-style-type: none"> • Clearly define and communicate boundaries and expectations for acceptable behavior during therapy sessions.
Identify Triggers	<ul style="list-style-type: none"> • Be aware of potential triggers for challenging behavior, such as sensory overload, frustration, or transitions, and have strategies in place to manage them.
Safe Environment	<ul style="list-style-type: none"> • Create a safe and sensory-friendly therapy environment that minimizes potential hazards and distractions.
Standard Precautions	<ul style="list-style-type: none"> • Follow standard precautions, including hand hygiene, equipment sterilization, and isolation precautions, particularly in the post-COVID-19 pandemic, to protect both the clinician and client from potential harm or infection.

<i>Preventive Measures</i>	
Before Therapy Sessions	<ul style="list-style-type: none"> • Comprehensive assessment of client's specific needs • Ensure therapy environment is safe and sensory-friendly, minimizing hazards and distractions
During Therapy Sessions	<ul style="list-style-type: none"> • Establish clear boundaries and acceptable behavior during sessions • Be aware of potential triggers for challenging behaviors • Maintain a consistent routine and structure, but remain flexible to modify activities based on client's responses
After Therapy Session	<ul style="list-style-type: none"> • Open communication with caregivers to discuss progress, challenges, and any adjustments needed • Encourage caregivers to reinforce therapy goals and practice at home

SUPPORT SYSTEMS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

PHILIPPINES	
Philippine Health Insurance Corporation (PhilHealth)	<p>PhilHealth launched a Z Benefit Package for children with developmental disabilities to ensure financial risk protection for all Filipinos including persons with disabilities. Among the services in this benefit package are the assessment and planning by a Medical Specialist and by allied health professionals such as Occupational, Physical, and Speech Therapists using applicable standardized tests including rehabilitation therapy. The benefit package amounts range from P 3,626.00 to P 5,276.00. The implementation of the benefit package by contracted HCIs shall be monitored according to existing performance assessment systems</p>

Department of Health (DOH)	<p>The Department of Health (DOH) in the Philippines indirectly supports individuals with developmental disabilities through various initiatives:</p> <ul style="list-style-type: none"> a. Health Programs: The DOH implements diverse health programs and services that cater to the needs of individuals with developmental disabilities. b. Policy Development: It plays a role in formulating policies related to health, influencing the availability and accessibility of services for those with developmental disabilities. c. Collaboration: The DOH collaborates with agencies like the National Council on Disability Affairs (NCDA) and the Department of Social Welfare and Development (DSWD) to address the specific needs of individuals with developmental disabilities. d. Advocacy: The DOH advocates for inclusive health services, promoting awareness, training, and inclusive practices within the healthcare sector. e. Public Health Campaigns: Conducting campaigns to reduce stigma, raise awareness, and foster inclusive attitudes toward individuals with developmental disabilities. f. Rehabilitation Services: Involvement in supporting rehabilitation services, including physical therapy, occupational therapy, and speech therapy.
INTERNATIONAL	
World Health Organization (WHO)	<p>The World Health Organization (WHO) supports individuals with developmental disabilities globally through:</p> <ul style="list-style-type: none"> a. Global Health Policies: Developing policies that emphasize inclusivity and equal access to healthcare for individuals with developmental disabilities. b. Disability and Rehabilitation Programs: Engaging in programs to enhance the quality of life for individuals with developmental disabilities, providing guidelines for rehabilitation services and assistive technologies. c. Research and Data Collection: Supporting research initiatives and collecting global data on developmental disabilities to inform evidence-based policies and programs. d. Assistive Technologies: Promoting the development and accessibility of assistive technologies to enhance independence and participation.

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Attention Deficit/Hyperactivity Disorder

DEFINITION

a. Attention Deficit/Hyperactivity Disorder

- Attention Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity, which can manifest as task distraction, lack of focus, disorganization, excessive motor activity or restlessness, and impromptu actions without foresight, ultimately disrupting functioning in various settings such as home, school, work, and relationships.

ETIOLOGY

a. Genetic Factors

- Studies suggest a genetic predisposition, as the disorder is more prevalent in children with a family history of ADHD.

b. Environmental Factors

- Although less clear, exposure to lead or other toxins during pregnancy or early childhood is implicated in some studies as a potential risk factor for ADHD.

c. Other Factors:

- ADHD is associated with differences in brain development, impacting information processing and behavioral regulation.
- Social determinants of health, including poverty, limited access to healthcare, and discrimination, can also contribute to the development of ADHD.

PREVALENCE & INCIDENCE

<i>Locally</i>	<i>Internationally</i>
<ul style="list-style-type: none">• Recent data suggests a 7.7% prevalence of ADHD among Filipino children, with the actual figure potentially higher due to under-diagnosis (Redillas,	<ul style="list-style-type: none">• From 2018 to 2021, the prevalence of ADHD ranged from 11.95% to 13.64% in individuals aged 12 to 17 years (Li et al., 2023). According to a national survey from

n.d.). Current data primarily comes from tertiary hospitals, such as St. Luke's Medical Center, which found **7 ADHD cases per 1000 patients**, constituting 11% of outpatient department developmental pediatric consults in a study from May 2013 to May 2015 (Racho et al., n.d.).

2016-2019 by the Centers for Disease Control and Prevention (2022), an estimated **9.8%** of children in the US **aged 3–17 years**, equivalent to **6 million children**, have been diagnosed with ADHD.

SIGNS, SYMPTOMS, PATHOMECHANICS

Manifestations that the Physician/Allied Health Professional Perceive	<ul style="list-style-type: none"> ● Observed Symptoms <ul style="list-style-type: none"> ○ Inattention ○ Hyperactivity ○ Academic underachievement ○ Behavioral problems ● Diagnosing ADHD <ul style="list-style-type: none"> ○ They use a comprehensive approach involving <u>clinical interviews</u>, <u>behavioral observations</u>, <u>standardized assessments</u>, and considering factors like age of onset, duration of symptoms, and degree of functional impairment caused by the symptoms.
Manifestations that the Parents/Significant Others Perceive	<ul style="list-style-type: none"> ● Noticeable signs <ul style="list-style-type: none"> ○ Inattention ○ Hyperactivity ○ Impulsivity
Manifestations that the Patient Experiences	<ul style="list-style-type: none"> ● Inattention <ul style="list-style-type: none"> ○ Challenges in sustaining attention, frequent mistakes, forgetfulness.

	<ul style="list-style-type: none"> • Hyperactivity <ul style="list-style-type: none"> ◦ Excessive fidgeting, inability to stay seated, constant need to move. • Impulsivity <ul style="list-style-type: none"> ◦ Hasty decision-making, trouble waiting, interrupting others. • Academic struggles <ul style="list-style-type: none"> ◦ Focusing on tasks, poor organizational skills, following instructions. • Behavioral issues <ul style="list-style-type: none"> ◦ Difficulties with rules, impulsive disruptive actions, maintaining positive peer relationships.
Structural & Anatomical Changes	<ul style="list-style-type: none"> • Prefrontal cortex <ul style="list-style-type: none"> ◦ Slower maturation and slightly smaller size. • Reduced volumes in the <u>cerebellum</u>, <u>hippocampus</u>, and <u>amygdala</u> • Alterations in the size and activity of the frontal lobes <ul style="list-style-type: none"> ◦ Particularly the <u>prefrontal cortex</u>: governing impulse control and attention. • Basal ganglia abnormalities <ul style="list-style-type: none"> ◦ Impacting motor control, contributing to hyperactivity and impulsivity. • Dysregulation in the dopamine system <ul style="list-style-type: none"> ◦ Affecting attention and reward processing. • Variations in the corpus callosum

POSSIBLE SPEECH-LANGUAGE PROBLEMS ASSOCIATED WITH THE CONDITION

Language	<ul style="list-style-type: none"> - Higher risk for developing significant language delays.
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	<ul style="list-style-type: none"> - Expressive language challenges: Difficulties with focus, getting distracted, word finding. - Pragmatic language difficulties in using language appropriately in social contexts. - Receptive language challenges leading to difficulties in listening comprehension, losing track of conversations, missing details.
Speech	<ul style="list-style-type: none"> - Individuals with ADHD face an elevated risk of developing articulation problems and differences in speech quality and fluency. - Common characteristics include use of filler words, repetition of sounds/words, vocal stimming, erratic speech, grammatical errors, frequent urges to interrupt, and difficulty taking turns. - Speech patterns may involve rapid pace, stuttering, word repetition, mumbling, increased volume, higher pitch variability, and more frequent pausing.
Cognition	<ul style="list-style-type: none"> - Primary cognitive deficit involves disruptions in executive functions like inhibition, working memory, and planning. - These executive function deficits can affect language learning and processing.

TYPES, COURSE, & PROGNOSIS

Types	<p>a. Inattentive Type:</p> <ul style="list-style-type: none"> ○ Careless mistakes due to difficulty sustaining attention ○ Challenges in following detailed instructions and organizing tasks ○ Weak working memory ○ Easily distracted by external stimuli ○ Tends to lose things ○ More frequently diagnosed in adults and females (formerly known as ADD)
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	<p>b. Hyperactive-Impulsive Type:</p> <ul style="list-style-type: none"> ○ Constant need for movement ○ Fidgeting, squirming, difficulty staying seated ○ Children may appear as if "driven by a motor" and engage in excessive running ○ Non-stop talking, interrupting others, struggles with self-control ○ More commonly diagnosed in children and males <p>c. Combined Type:</p> <ul style="list-style-type: none"> ○ Involves symptoms from both the inattentive and hyperactive-impulsive types.
Course	<p>ADHD usually begins with signs of excessive activity in toddlers, a phase challenging to distinguish from typical behaviors before age 4. Identification becomes more apparent during elementary school when inattention becomes a notable and impairing feature. Though ADHD tends to remain relatively stable through early adolescence, some individuals may experience a worsening course leading to the development of antisocial behaviors.</p> <p>As late adolescence arrives, signs of hyperactivity diminish, often shifting to inner restlessness or fidgetiness. Transitioning into adulthood sees a reduction in overt motoric hyperactivity, yet challenges persist with restlessness, inattention, poor planning, and impulsivity. A substantial number of individuals with ADHD continue to experience impairment into adulthood.</p> <p>Factors such as temperament, environmental influences like low birth weight and smoking during pregnancy, as well as genetic and physiological elements, contribute to the risk and prognosis of ADHD. While certain symptoms may improve over time, the overall course of ADHD remains complex and multifaceted, demanding individualized interventions and ongoing support.</p>
Outcome if Left Treated and/or Untreated	<p>Addressing ADHD through therapies, medications, educational support, and early intervention fosters improved academic and occupational functioning, enhanced social and communication skills, increased emotional well-being and independence, and the development of lasting coping mechanisms, ultimately</p>

	enabling individuals to reach their full potential, whereas leaving ADHD untreated can perpetuate persistent challenges across various life domains, heighten the risk of co-occurring mental health and behavioral issues, and lead to long-term negative consequences impacting relationships, employment, and overall quality of life.
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HEALTHCARE RESOURCES AVAILABLE FOR ADHD

Medical/Surgical

A comprehensive healthcare strategy tailored to the distinctive requirements of individuals with developmental disabilities and ADHD can be advantageous. This encompasses essential medical care, including regular check-ups to monitor overall health, with access to specialized professionals like neurologists and cardiologists. Additionally, psychological interventions are vital for enhancing social skills and addressing emotional well-being. Rehabilitation services, including occupational therapy to improve daily living skills, physical therapy for gross motor skills, and speech therapy for communication challenges, are also essential components of their healthcare plan.

SLP THERAPY & EVALUATION

SLP Therapy

Assessment tools, such as language evaluations and observations of daily activities, are utilized to gather comprehensive information. Both developmental disabilities and ADHD assessments may involve standardized tools like CELF-5 and PLS-5. An SLP (Speech-Language Pathologist) may assess speech, language, and social aspects by observing the patient's interactions, listening to their communication, evaluating organizational skills, attention to detail, and more. Recognizing the unique needs of each patient, an SLP can address speech, language, and social challenges, providing tailored support to enhance planning and organizational skills for task completion.

THE HEALTHCARE TEAM

Pediatricians Or Family Medicine Physician	<ul style="list-style-type: none">• Often the initial point of contact, responsible for assessing and diagnosing ADHD. Provides ongoing medical care, monitors overall health, and may prescribe medications if necessary.
Developmental Pediatricians	<ul style="list-style-type: none">• Specializes in the assessment and management of developmental and behavioral concerns, providing expertise in understanding and addressing developmental challenges.
Child Psychiatrist or Psychologist	<ul style="list-style-type: none">• Conducts comprehensive assessments to diagnose ADHD and provides psychoeducation. Offers counseling, psychotherapy, and may prescribe and manage medication for more complex cases.
Occupational Therapists	<ul style="list-style-type: none">• Works on improving fine motor skills, organizational abilities, and daily living activities, enhancing overall functional abilities.
Behavioral Therapists	<ul style="list-style-type: none">• Provides behavior modification strategies to address specific challenges related to ADHD, such as impulsivity, hyperactivity, and executive functioning deficits.
Neuropsychologist	<ul style="list-style-type: none">• Conducts assessments to understand cognitive strengths and weaknesses. Provides valuable insights into how ADHD impacts various cognitive functions, helping tailor interventions.
Clinical Psychologist or Licensed Counselor	<ul style="list-style-type: none">• Offers counseling and behavioral interventions to address emotional and behavioral aspects associated with ADHD. Provides coping strategies and support for individuals

	and families.
Nutritionists/Dietitian	<ul style="list-style-type: none"> Provides guidance on nutrition and dietary factors that may impact ADHD symptoms.
Speech-Language Pathologists	<ul style="list-style-type: none"> Addresses language and communication challenges that may coexist with ADHD, improving communication skills and social interactions.
Neurologist	<ul style="list-style-type: none"> May be consulted for cases with concerns about neurological aspects, especially if there are coexisting conditions or atypical symptoms.
Nurse Practitioner	<ul style="list-style-type: none"> Collaborates with the primary care provider or psychiatrist in managing medication if pharmacological treatment is considered. Monitors medication effectiveness and side effects.

MEDICAL PRECAUTIONS FOR ATTENTION/DEFICIT HYPERACTIVITY DISORDER

Comprehensive Assessment	<ul style="list-style-type: none"> Conduct a thorough assessment to understand the client's specific needs, abilities, and potential triggers for challenging behavior.
Establish Boundaries	<ul style="list-style-type: none"> Clearly define and communicate boundaries and expectations for acceptable behavior during therapy sessions.
Identify Triggers	<ul style="list-style-type: none"> Be aware of potential triggers for challenging behavior, such as sensory overload, frustration, or transitions, and have strategies in place to manage them.
Safe Environment	<ul style="list-style-type: none"> Create a safe and sensory-friendly therapy environment that minimizes potential hazards and distractions, especially for clients with ADHD who may have difficulty with impulse control and focus.

Standard Precautions	<ul style="list-style-type: none"> Follow standard precautions, including hand hygiene, equipment sterilization, and isolation precautions, particularly in the post-COVID-19 pandemic, to protect both the clinician and client from potential harm or infection.
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<i>Preventive Measures</i>	
Before Therapy Sessions	<ul style="list-style-type: none"> Comprehensive assessment of client's specific needs Ensure therapy environment minimizes potential distractions and promotes focus
During Therapy Sessions	<ul style="list-style-type: none"> Establish clear expectations and boundaries for behavior Use engaging and interactive activities to maintain attention Provide frequent breaks and opportunities for movement Reinforce positive behaviors and accomplishments
After Therapy Session	<ul style="list-style-type: none"> Open communication with caregivers about session progress and challenges Provide caregivers with strategies to support skills at home Encourage consistent routines and structure at home to reinforce therapy goals

SUPPORT SYSTEMS FOR PEOPLE WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER(ADHD)

PHILIPPINES

AD/HD Society of the Philippines	<p>It was established in 2000, is a non-profit organization dedicated to supporting individuals with Attention Deficit/Hyperactivity Disorder (ADHD). Initially formed as a parent-based group, the Society has since evolved into a diverse and balanced collective of medical practitioners, academicians, Special Education (SPED) professionals, parents, and adults with ADHD. They strive to be an accessible, compassionate, and responsive organization, promoting the well-being of persons with ADHD through various programs, projects, and activities. ADHD Society of the Philippines' notable achievements include raising ADHD awareness in the Philippines and emphasizing the significance of early identification and treatment.</p>
INTERNATIONAL	
Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)	<p>CHADD is a U.S.-based organization that also has an international presence. It offers support groups, educational resources, and advocacy for individuals with ADHD and their families. CHADD supports individuals with ADHD through a range of services:</p> <ul style="list-style-type: none"> • Information and Resources: Provides reliable information, articles, and educational materials about ADHD for individuals, families, educators, and healthcare professionals. • Educational Programs: Offers workshops and educational programs to enhance understanding of ADHD symptoms, treatment options, and daily management strategies. • Annual Conference: Organizes an annual conference bringing together experts, researchers, and those affected by ADHD for networking and learning. • Advocacy: Advocates for ADHD-related issues, promoting policies to ensure access to education, healthcare, and support services. • Parent to Parent Training: Empowers parents with knowledge and skills through a training program designed to support children with ADHD. • Online Communities: Hosts forums and online communities for individuals and families to connect, share experiences, and seek advice. • Publications: Produces magazines and newsletters to keep members informed about the latest research, treatment options, and ADHD management strategies. • Training for Professionals: Provides training and workshops for professionals, including educators and healthcare providers, working with individuals with ADHD.

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