

Guide to ADHD

For Church members



Disclaimer

This guide is intended for educational and informational purposes only, aimed at informing church ministers about specific neurodiversity conditions. It is not meant to provide medical advice. For medical concerns or advice, please consult a healthcare professional.

Public Draft

I consider this document to still be in public draft form. If you have an feedback to the guide, please contact me at glen@staidans.org.au.

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Introduction

This guide provides an in-depth understanding of ADHD (Attention Deficit Hyperactivity Disorder), aiming to educate church ministers and church members about the condition in a respectful and inclusive manner. It covers language preferences, debunks common myths, and highlights the unique strengths and challenges faced by individuals with ADHD. The article also examines the impact on individuals and families, addresses barriers to church participation, and explores the evolution of ADHD-related terminology. The overall focus is on fostering understanding and inclusivity within church communities.

Understanding Autism Language Preferences

Language preferences among those with ADHD can vary, reflecting how they perceive their own experiences. Many individuals prefer using identity-first language, saying "I am ADHD" instead of "I have ADHD." This phrasing emphasises that ADHD is an integral part of their identity, not a condition they possess or a separate aspect of their life. By adopting this language, we acknowledge and respect their perspective, promoting a more inclusive and understanding environment within our community. This approach helps foster a sense of belonging and acceptance for those who see their neurodiversity as a core part of who they are.

Explanations

Simplified

ADHD is a condition where people have trouble staying focused, act impulsively, and can be very active. It's related to how certain parts of the brain work and involves chemicals in the brain not being balanced. Doctors diagnose ADHD by looking at how these behaviours affect everyday life. Treatments often include special activities to improve

behaviour, learning more about ADHD, and sometimes medicine to help with focus and calmness.

Easy Read

ADHD is when someone finds it hard to focus, acts without thinking, and is very active. It's about how their brain works and uses certain chemicals. To find out if someone has ADHD, doctors look at how these behaviours affect their daily life. They might use special activities, learning about ADHD, and sometimes medicine to help with these behaviours.

Technical

ADHD, or Attention-Deficit/Hyperactivity Disorder, is a neurodevelopmental disorder characterised by persistent patterns of inattention, impulsivity, and hyperactivity. Neurologically, it involves frontal lobe dysfunction, affecting executive functions such as impulse control, organisational skills, and attention regulation. ADHD is often linked to imbalances in neurotransmitters, particularly dopamine and norepinephrine. Diagnosis typically involves clinical assessment, considering symptoms' impact on daily functioning. Treatment strategies include behavioural interventions, psychoeducation, and medication management, particularly with stimulants that help regulate neurotransmitter activity.

Dispelling Misconceptions

Understanding these misconceptions is vital for empathetic support within the church community.

Beyond Childhood: ADHD is not just a childhood disorder. It is not something one can "grow out of". It is a lifelong disorder that has a significant impact on a person's life, especially if undiagnosed and unmanaged.

More Than Hyperactivity: ADHD impacts various cognitive processes, not just causing hyperactivity or inattention. Many people with ADHD are not hyperactive.

Not a Discipline Issue or Bad Behaviour: It's not caused by poor parenting, excessive screen time, or lack of discipline. Nor is it simply 'bad behaviour'; ADHD behaviours are manifestations of neurological differences that affect self-control and focus.

Its basis is not behavioural; it is Neurological: ADHD is a neurological condition influenced by genetic and biological factors. Chemical and structural differences in an ADHD brain are at the root of ADHD behaviours.

Varied Symptoms: Symptoms can vary widely among individuals, and not everyone with ADHD is overtly hyperactive.

Joys and Talents

It's not all bad!

The diverse talents and qualities of individuals with ADHD can greatly contribute to the vibrancy and effectiveness of church life, showcasing the strength of embracing neurodiversity.

Creativity and Innovation: Individuals with ADHD often possess a unique creativity, allowing them to contribute innovative ideas and perspectives to church projects and events. Their unconventional thinking can inspire new ministry, worship, and community outreach approaches, enriching the church's cultural and spiritual tapestry.

High Energy and Enthusiasm: The natural energy and enthusiasm of people with ADHD can be a driving force in church activities. They often

infuse vitality into events, youth programs, and volunteer initiatives, bringing a dynamic and uplifting presence to the church community.

Spontaneity and Flexibility: Their spontaneous nature makes them adaptable to changing circumstances, an invaluable trait in the ever-evolving context of church activities. This flexibility allows them to respond effectively to unexpected situations, making them resourceful contributors to various church functions.

Compassion and Empathy: Many individuals with ADHD have a deep sense of empathy, making them excellent at providing emotional support and understanding in pastoral care roles. Their ability to connect and empathise with others' struggles can provide comfort and solace within the church community.

Unique Problem-Solving Skills: Their distinct approach to problem-solving can lead to innovative solutions for the church. Whether organising events or addressing community needs, their ability to think differently is valuable in navigating challenges and finding effective solutions.

Impact on Individuals

Understanding these varied impacts is crucial for the church to provide appropriate support and create an inclusive environment for individuals with ADHD.

Attention Challenges: Individuals with ADHD may find it difficult to maintain focus, particularly in environments with many distractions, affecting their ability to follow sermons or participate in group activities.

Impulsivity: This aspect can manifest in making hasty decisions or speaking out of turn, potentially leading to misunderstandings in social interactions within the church community.

Hyperactivity: More than restlessness, hyperactivity can make traditional worship settings challenging, as sitting still for extended periods may be difficult.

Emotional Regulation: Persons with ADHD might experience heightened emotions or rapid mood shifts, which others can misconstrue as overreacting or being overly sensitive.

Social Relationships: Navigating social situations can be complex due to potential difficulties in reading social cues or understanding implicit norms, affecting community interactions.

Organisational Difficulties: ADHD can impact an individual's ability to organise tasks and manage time, which might be misconstrued as carelessness or lack of commitment.

Task Completion: Completing tasks might be challenging, not due to laziness, but because of the difficulty in sustaining attention or managing multiple steps.

Memory Issues: Short-term (working memory) memory challenges may lead to forgetting commitments or instructions, which can be mistakenly seen as negligence.

Masking and ADHD

Masking is a common behaviour among individuals with ADHD who adapt their natural tendencies to conform to societal expectations. Often, they suppress traits like impulsivity, restlessness, and hyperactivity to blend into environments that may not be supportive of neurodiverse behaviours. This can lead to significant emotional and

mental fatigue, as consistently hiding one's authentic self is draining and can exacerbate feelings of anxiety or depression. Recognising and reducing the need for masking in environments like church can create a more supportive space, allowing individuals with ADHD to express themselves freely and reduce the mental strain associated with constant self-monitoring.

Impact on Family Life

ADHD can have a significant impact on family life.

Routine Challenges: Families may struggle to maintain consistent routines, as individuals with ADHD often find regular schedules difficult to adhere to.

Parental Stress: Parents might experience increased stress levels due to managing the unique needs and behaviours associated with ADHD.

Impact on Siblings: Siblings might feel overlooked or struggle to understand the attention given to a family member with ADHD.

Communication Dynamics: ADHD can affect family communication, leading to misunderstandings or conflicts due to impulsivity or emotional regulation challenges in the affected individual.

ADHD in a Church Setting

Worship Services: Individuals with ADHD often struggle with the traditional structure of worship services, which typically require prolonged periods of stillness and attentive listening. The challenge lies in maintaining concentration during lengthy sermons or liturgical readings, which can lead to feelings of restlessness or frustration. To address this, some churches have introduced shorter services or incorporated interactive elements, such as responsive readings or

multimedia presentations, to engage all congregants better. However, despite these adaptations, the conventional worship format may still pose significant challenges for those with ADHD, who may find it difficult to participate in and benefit from these religious practices fully.

Social Interactions: Navigating social interactions in a church setting can be particularly challenging for individuals with ADHD. Their impulsivity may lead to interruptions during conversations, while difficulties interpreting social cues can result in misunderstandings or awkward interactions. This can sometimes lead to isolation or misunderstanding within the church community. To foster a more inclusive environment, some churches have initiated social skills workshops or small group discussions that provide a more structured and supportive setting for socialising. Despite these efforts, the inherent challenges of ADHD can still make social integration a complex and ongoing process.

Pastoral Care: The traditional approach to pastoral care, often characterised by reflective listening and verbal counselling, may not always be effective for individuals with ADHD. They may require a more active and varied approach to counselling, including shorter sessions, more direct communication, and incorporating visual aids or practical activities. Despite the best efforts of clergy, the unique needs of congregants with ADHD can sometimes be overlooked, leading to a mismatch between the support provided and the support needed. Recognising and adapting to these needs is crucial for effective pastoral care in this context.

Volunteering and Leadership Roles: ADHD can impact an individual's ability to take on volunteer roles or leadership positions within the church. Challenges with time management, organisation, and sustained focus can make it difficult to fulfil responsibilities that require detailed planning or long-term commitment. However, when roles are tailored to

their strengths, such as tasks involving creativity or short-term projects, individuals with ADHD can excel and make significant contributions. The key is to match their unique skills and energy with suitable opportunities, though finding and creating these roles can be a complex task for church leadership.

Children's and Youth Activities: For children and adolescents with ADHD, participating in structured activities like Sunday School or youth groups can be a challenge. Traditional teaching methods, which often rely on passive listening and seated activities, may not suit their learning style, leading to disengagement or disruptive behaviour. Incorporating hands-on activities, physical movement, and varied teaching methods can enhance their engagement. However, despite these adaptations, maintaining a consistent level of participation and behaviour in these settings can still be challenging both for the youth with ADHD and for the leaders running these programs.

The History of Naming ADHD

It is not uncommon for older generations to still use previously used names for ADHD, which reflects the evolving understanding of ADHD and related neurodevelopmental disorders over time.

- **Minimal Brain Dysfunction:** Used in the early to mid-20th century.
- **Hyperkinetic Impulse Disorder:** Emerged in the mid-20th century.
- **Hyperkinetic Reaction of Childhood:** Utilized mainly in the 1960s.
- **Attention Deficit Disorder (ADD):** Became popular in the 1980s.

- **Attention-Deficit/Hyperactivity Disorder (ADHD):** Used from the 1980s but redefined in 2013 with the publishing of the DSM-5.

The only term that should be used in ministry to refer to the condition is **Attention-Deficit/Hyperactivity Disorder (ADHD)**.

DSM stands for the Diagnostic and Statistical Manual of Mental Disorders. It's a handbook used by healthcare professionals, including in Australia, as the authoritative guide to diagnosing mental disorders.

Glossary of Terms

Neurodiverse describes individuals or groups of people whose brain functions differ from neurotypical development. Neurodiverse people include those with Autism, ADHD, and similar conditions, and this term is often used to identify those who experience the world differently because of these variations.

Neurospicy: A playful, informal term used within the neurodiverse community to describe someone with a neurodiverse brain.

Stimming: Repetitive movements or sounds that help neurodiverse individuals regulate sensory input or emotions.

Masking: The act of hiding or suppressing neurodiverse traits to fit social norms, often leading to exhaustion or anxiety.

Social Anxiety: Fear or discomfort in social situations, commonly experienced by neurodiverse individuals due to difficulties with social cues or interactions.

Executive Function: Cognitive processes such as planning, organising, and managing time, which can be challenging for some neurodiverse people.

Sensory Processing: How the brain interprets sensory input (sound, light, touch), which can be heightened or diminished in neurodiverse individuals.

Identity-First Language: A way of describing someone by their identity (e.g., "autistic person") rather than using terms like "person with autism."

Co-Occurring Conditions: Additional challenges such as anxiety, depression, or physical conditions that are often experienced alongside neurodiverse traits.