



ADHD

Schools Information

What is ADHD?

ADHD is not a new condition; in fact it was first described 100 years ago, and affects between 2-5% of all children. ADHD is a developmental disorder, often hereditary, and is thought to be caused by an underfunctioning of the frontal lobe and an imbalance in the neurotransmitter chemicals, dopamine and noradrenaline. This leads to the characteristic behavioural problems such as impulsivity and lack of attention.

ADHD is more common in boys than in girls, and the boys tend to show more hyperactive and disruptive behaviour, but many girls with ADHD remain unrecognised as they tend to be less disruptive than boys. These girls may appear to be 'in a world of their own' in the classroom. It is suggested that on average in the UK there will be one or two children with ADHD in every classroom.

ADHD is a long-term condition which can affect the child's learning and behaviour during their school years, as well as their behaviour at home and during play. Each child has their own unique set of signs and symptoms. But with the right support children with ADHD can live happy and fulfilling lives. Children with ADHD can be intelligent and creative. The problems of ADHD may ease with time, and although the condition can last into adulthood, coming to terms with ADHD can make it easier to deal with.

Children with ADHD may have a parent or close relative with the same disorder. A parent with ADHD may find it hard to manage their ADHD child consistently and calmly. Poor parenting does not cause ADHD, but can make the behaviour worse. Difficult children make their parents' discipline inadequate.



Key Features

Inattention

- Has trouble getting started and often does not follow instructions through
- Has difficulty organising tasks and needs reminders to stay on task
- Has difficulty following sequenced directions and often does not appear to listen when being spoken to directly
- Misunderstands directions, and often does not have required equipment for the task
- Is easily distracted from tasks, and often fails to complete them
- May avoid tasks which require sustained mental effort
- Quickly loses interest, and appears unmotivated

Hyperactivity

- Squirms in seat, fidgets with hands, feet, and clothing
- May leave seat in classroom and wander around the room
- Appears constantly on the go
- Finds it hard to regulate 'volume control', particularly when playing
- Often talks excessively

Impulsivity

- Often butts in or interrupts
- Has difficulty waiting for his turn
- May blurt out answers in class
- Acts without thinking

Classroom Strategies

Each child with ADHD is a challenge in the classroom. Teachers are experts at dealing with all types of children, with a wide range of learning styles and behaviours. Many of the strategies already in place may help the child with ADHD, but some additional suggestions may help for specific children. It is important to remember that although the child with ADHD can often be frustrating and irritating they are not doing it on purpose. Although the child does not have a visible illness they do have a genuine medical condition, and adaptations will need to be made to help them learn effectively.

Their whole attitude to school and learning may have become damaged because of all the criticism they have received so far. A key means of dealing with this is to 'reframe' the approach to a child with ADHD by looking for the positives wherever possible. For example, if the work done is untidy and messy, look for signs of effort; if the child keeps interrupting, look at it as if they are interested and enthusiastic. Some teachers may find this a difficult way to view the situation, but it does help to maintain positive relationships, and raise self-esteem.

Once a child has been diagnosed with ADHD there is now a good opportunity to work together with the parents to improve the child's learning and behaviour. Try and assure the parents that you have a broad understanding of ADHD, and inform all the school staff of the difficulties the child encounters, so that a consistent approach is maintained by all. Arrange to meet the parents regularly to discuss progress, and how everyone is coping.

Improving the child's skills

- Develop a sequence of events so the child can learn to become organised
- Start with a simple overview of what you want them to achieve
- Create a framework of simple steps so they know what is meant to happen next
- Improve memory by encouraging visualisation
- Repeat directions individually
- Use reminders and lists, or memory prompts and checklists on their desks
- If attention is wandering use special cue phrases such as "wait for it...", "the next bit's interesting..." "here we go..."
- To help the child think first before acting impulsively help them to respond in three stages:
 1. To stop and listen
 2. To look and think
 3. To decide and do
- Consider using reward systems, and remember to praise whatever positives you can find
- Consider using a stress ball to help with fidgeting and fiddling

Classroom Approaches

Effective strategies include:

- Position in the classroom
- Structure, with clear rules, routines, directions and expectations
- Use cues, prompting and repetition of instruction
- Consistency of limit-setting, use of practical feedback
- Motivation; provide frequent positive feedback and consequences
- Interesting lessons that capture imagination and curiosity
- Check work before the child moves on

Routines:

- Have routines for tasks
- Make a checklist for routines
- Ask the child to tick off as they complete each part

Getting the message across:

- Address the child by name
- Make sure you have eye contact with the child, and look them straight in the eye
- Speak clearly

- Tell the child the end objective
- Give instructions in a simple step-by-step way, pausing between each step, and giving the child a chance to do each activity

Relax:

- Allow for regular movement breaks – to stretch, walk, take a message

Repetition:

- Repeat the instruction several times

Classroom set-up

- Seat the child away from distractions, such as windows, door, bookcase, models etc
- Sit the child at the front, or close to the teacher
- Use peers who are good workers as role models for the child to sit near

Classroom rules

- Use the displayed rules regularly when you want to praise behaviour
- Use a traffic light or 'volume' system for acceptable noise level in class
- Use positive rules, not starting with "Don't..."
- Display the days events so that the child knows what will be happening
- Be consistent with your expectations and the consequences for breaking rules
- It may help to draw up a list of specific rules with the child so that they clearly know what is and isn't acceptable

Transition times:

- Limit the time between lessons
- Practise rules for these times
- Give the children a time warning before the end of the lesson



- Have a calm down time after breaks or activities
- Use activities to occupy children while they are waiting for others to finish

Cut down and 'chunk' work:

- Limit the amount of work given at any one time so that it does not appear overwhelming
- Cover up portions that are not required
- Allow sufficient time to complete tasks

Use technology:

- Allow the child to use computers to present work
- Consider the use of tape recorders
- Use flow charts and mind maps
- Allow notes to be photocopied and annotated
- Use apparatus rather than pencil & paper where possible
- Use games, coins, etc for teaching
- Colour code their homework diary

Structure:

- Involve the child in session planning where possible; it may give them motivation to attend and participate
- Constraints on the child's behaviour may be necessary to allow learning to take place
- Initial activities should be short, simple and achievable, so that the child learns to attend to the task, and has achieved success.
- Teach in small steps, gradually increasing duration and complexity so that the child learns what is expected and moves towards a normal environment
- Engage the child in parallel play by sitting beside them, demonstrating without interfering.
- Be certain the child can foresee an end to the task

Using discipline:

- When telling the child off try and be specific about what you want them to do rather than what they shouldn't do
- Remind the child that bad behaviour has consequences
- Tell them how their behaviour has made you feel
- Remind the child about the specific task they should be doing rather than telling them to 'get on with their work'
- When dealing with outbursts of anger make use of 'Time Out'. Establish a special place – a chair, or corner where the child goes to cool off for a set period of time. It also allows you time to cool off. Use a timer for the period of time, which should be 1 minute for every year of life. During "Time Out" don't pay attention to the child or talk to them. When the time is up don't discuss the problem – they have "served their time" and now start again with a clean slate. You may decide to name this 'Thinking Time'.
- If the child has refused to go to "Time Out", warn of withdrawing a privilege such as computer time, and if necessary carry out this sanction.

Medication

Children with ADHD may not display all of the characteristics described earlier but will have their own unique blend of symptoms, which can also vary at different times. Many will act first and think later due to their lack of self-control. There isn't a simple test to diagnose ADHD and considerable care will have been given to diagnosing each child, looking at how his difficulties affect all aspects of his life. Children with ADHD often have associated co-morbid conditions such as specific learning difficulties, anxiety problems, conduct or oppositional behaviour problems, and occasionally symptoms similar to autistic spectrum disorders. Inevitably ADHD causes confusion for the child who constantly gets things wrong and seems to be continually in trouble. Life at home can be under considerable stress, and at school the child may be under-performing, finding it hard to make and keep friends, and can become the object of teasing. These children often have low self-esteem and a lack of confidence.

Children will usually benefit from the strategies described but some may need medication as well.

Whilst medication is not a cure it can help the child concentrate more in class, and behave better. Some children with ADHD respond well to methods which help to change their behaviour while others respond well to medication, but medication should be used as part of the overall range of psychological, behavioural and educational therapies.

The most commonly used medicine is methylphenidate or the specialist may prescribe a drug called atomoxetine. Initially the child will have to take a dose of medication at school, usually at lunchtime. It is important that the dose is not missed and your school will probably want to set up an Individual Health Care Plan together with the child's parents, and with support from your School Nurse. The dosage will be adjusted as necessary by the specialist. If the medicine helps to improve the child's behaviour they may continue taking it for several years. Occasionally the child may have a break from the medication to see if they can cope without it. It will be quickly become clear whether or not they can.

It is important to monitor the effects of the medication; looking at not only their behaviour but also whether the child is experiencing any side effects. It helps greatly if the school is able to note anything different that you notice about the child. As part of the monitoring the specialist will ask the school to complete questionnaires about these effects. Common side effects include nervousness, difficulty sleeping, and loss of appetite, headache, drowsiness, tics, dizziness or blurred vision. It may help to inform the lunchtime staff about the potential loss of appetite, so that they can help with the monitoring.



Further Information

Books:

Attention Deficit Hyperactivity Disorder – Recognition, Reality and Resolution

Dr G D Kewley

LAC Press

Understanding ADHD – A Parent's Guide to Attention Deficit Hyperactivity Disorder in Children

Dr Christopher Green and Dr Kit Chee

Vermilion, London

Support Groups:

For a full list of books, videos, and tapes send a large SAE to:

ADDISS

PO Box 340

Edgeware

Middlesex

HA8 9HL

Or contact them on: 020 8952 2800 or www.addiss.co.uk

ADDERS UK also has useful ADHD information on its website:

www.adders.org

It has chatrooms for adults and children, and the addresses of many local support groups.

NHS Direct: Attention deficit hyperactivity disorder –

www.nhsdirect.nhs.uk

OAASIS: ADHD information sheet – www.oaasis.co.uk