

Educational Psychology Service

**Attention
Deficit
Hyperactivity
Disorder
(ADHD)
Teachers'
Pack**



David Jenkins
Chartered Educational Psychologist

Room 119
Town Hall
Weston-super-Mare
BS23 2EN
Tel: 01934 634854



INTRODUCTION

Foreword	3
Purpose	4
Do you teach a child who displays a high level of the following behaviours?	4
ADHD – A Definition	5
Five Key Elements in Defining and Diagnosing ADHD	5
Prevalence	6
Origins	6
Causes	7
A contentious issue?	8
Different Perceptions	8
Health – Education	8
MPAC	9
The School System	10
Structure	10
Behavioural systems	10
Peer/staff relations	12
Teaching and Learning	14
Differentiation	14
Flexibility	16
Positive reinforcement	17
The ideal teacher for a child with ADHD	18
Problem (and Solution) Pages	19
References	21
Useful Websites	22
Appendices	23
Learning Environment	
Literacy/Numeracy Hours	

INTRODUCTION

Foreword

Attention Deficit Hyperactivity Disorder, more commonly known in its abbreviated form of ADHD, or ADD (ADHD without the hyperactivity) is not a new phenomenon, but one which continues to present as a challenge to teachers today. This resource pack has been produced in response to this and to recent National Institute for Clinical Excellence (NICE) guidance. It includes relevant background information and promotes the use of behavioural and psychological interventions as alternatives to, or to be used alongside, medical treatment.

Children with ADHD essentially experience significant and persistent difficulties in inattention, hyperactivity and impulsivity, which are present and evident across all contexts; home, school and community.

INTRODUCTION

Purpose

The purpose of this pack is twofold:

- ◆ Readers will have increased their understanding of ADHD in general and within the context of North Somerset
- ◆ Readers will have practical strategies for better meeting the needs of children and young people with ADHD

In meeting the above objectives, the pack is divided into two sections: Information and Practice.

Do you teach a child who displays a high level of the following behaviours?

- ◆ Easily distracted
- ◆ Difficulty settling to activities
- ◆ Restless
- ◆ Fidgety
- ◆ Noisy
- ◆ Continually 'on the go'
- ◆ Frequently interrupts, talks out of turn

The child *may* have ADHD.

ADHD – A Definition

“ADHD is used to describe people who exhibit long-term difficulties that include inattention, hyperactivity and impulsivity”

Hampshire County Council EPS, 1996

Five Key Elements in Defining and Diagnosing ADHD

- ◆ Chronic and pervasive problems with inattention, hyperactivity and impulsivity, often affecting sleep patterns
- ◆ Onset of symptoms before age 7
- ◆ Symptoms present across settings (eg. home, school)
- ◆ Clear evidence of interference with developmentally appropriate social or academic functioning
- ◆ Symptoms not accounted for by another condition, eg oppositional defiance disorder, autistic spectrum disorder, attachment disorder

Prevalence

ADHD is believed to occur in 3-5% of the school-age population. It would, therefore, not be unusual for you to find a child in your class with ADHD. Boys are diagnosed with ADHD much more often than girls. In the general population, the ratio of ADHD males to females is 4-1.



Origins

ADHD can be traced back as far as the mid 1800s, when Dr Heinrich Hoffman, Physician and Poet, was unable to find any suitable reading materials for his 3-year-old son in 1845. A book of poems about children and their characteristics evolved, which was entitled "The Story of Fidgety Philip". It was nearly half a century later before Sir George Still published a series of lectures to the Royal College of Physicians in England on children with ADHD in 1902. Since then, several thousand scientific papers on ADHD have been published.

Causes

Research into the causes of ADHD is inconclusive. It is, however, regarded as a condition with a neurological basis. Brain cells communicate via neurotransmitters. For a person with ADHD, messages are not being sent quickly enough from neuron to neuron. This can be called a 'filtering problem.' It has been suggested that people with ADHD have an altered biochemistry of the frontal lobes, which govern our attention, emotional responses and activity levels. In a person with ADHD, areas in the frontal lobes appear to be slightly smaller and contain less glucose (energy for the brain). Evidence indicates that, as a result, there is possibly less electrical energy and blood flow. This may explain a breakdown in the ability to self-regulate those areas of behaviour determined by the frontal lobes.

Causal factors of ADHD have also been attributed to prenatal / perinatal difficulties and genetics, with there being strong evidence of a hereditary link. One in two children with ADHD has a parent who has it, while in one in three cases the diagnosed child will have a sibling with ADHD. While home environment and diet are often regarded as contributory factors to ADHD-type behaviour, there is little evidence to suggest that either is at the root cause of the disorder. It is therefore important to acknowledge that ADHD does exist and cannot simply be viewed as the result of environmental influences.

ADHD is essentially a life-long condition, though some of its symptoms tend to be less overt in adulthood, which is likely due to an adult's generally greater capacity to make cognitive adjustments and develop coping skills, thus minimising both the frequency and extremity of associated behaviours. The adult with ADHD is also in a position to exercise more choice/control over work and recreation, ensuring the need for activity is met on a more regular basis.

A contentious issue?

The 1981 Education Act saw a shift from merely categorising and labelling children. Both the 1981 and 1993 Education Acts framed children's difficulties in terms of Special Educational Needs. These needs began to be considered as difficulties to be overcome, rather than disorders to be diagnosed. Given the behavioural problems associated with the disorder, there is still a tendency for teachers today to take a less sympathetic view where ADHD is concerned. Some remain dubious as to its actual existence, while others can be all too ready to support it as a within-child diagnosis, thus diminishing their ability and thereby responsibility to have a positive effect on the child. Either way, the child concerned often becomes 'the problem', with precious little that can be done from a teaching perspective to improve the situation. Yet children with ADHD can and do learn skills to cope with the difficulties they experience.

Different Perceptions

"Miss, what does ADHD mean?"

- "It means you have Attention Deficit Hyperactivity Disorder"
- + "It means you are active, dynamic, highly-energised and determined!"

Health – Education

In North Somerset, several years ago there was found to be a need to bring Health and Education more closely together in the assessment of children with complex needs who may have ADHD. As a result, a new multi-professional assessment clinic was formed.

MPAC

The Multi-Professional Assessment Clinic (MPAC) is a team made up of a Psychiatrist, Clinical Psychologist, Assistant Clinical Psychologist, Specialist Nurse Therapist and Educational Psychologist. Children with complex needs, particularly in areas of inattention, hyperactivity and impulsivity, can be referred to the team by health professionals and Educational Psychologists, who have carried out some initial investigations into the possibility of ADHD. Each new referral is then discussed by the team at a fortnightly meeting. If accepted, an MPAC assessment takes place which includes one or more of the following:

- ◆ parental interview
- ◆ home + school questionnaires
- ◆ individual assessment
- ◆ school observation + consultation

Once completed, the findings of the assessment are brought back to the team for further discussion, analysis and interpretation. This forms the basis of a feedback meeting, which is then arranged with parents and sometimes attended by the child. Finally, a report on the assessment, including recommendations for home and school, is written and sent out to relevant parties.



The School System

- ◆ Structure
- ◆ Behavioural systems
- ◆ Peer / staff relations

Structure

For children with ADHD, structure is one of the most challenging words they will encounter, as it smacks of routine and boredom. Yet, the truth is, like all children, they need and will respond well to it, provided the right systems are in place. The trick is how to sell it to them.

Structure can only be achieved through consistent application of systems. A regular, unchanging timetable of lessons from Monday to Friday is ideal. Alternatives, such as six-day or two-week timetables, are more difficult for children with ADHD to manage, though can work as long as the system is not altered once they are used to it. The worst scenario is where there are the most variables; different lessons on different days in different rooms with different teachers. Children with ADHD benefit greatly from familiarity and the more structured and regular the timetable, the better.

Behavioural systems

Alongside school structure, behavioural systems are necessary, which reflect positive and negative performance. Tokens, stickers, star charts and certificates are just a few examples of these. Children with ADHD must have immediate consequences to their behaviour. They are unlikely to be motivated by long-term targets which are available to all, such as earning a good end-of-term report. Immediate, consistent, tangible rewards such as those mentioned are vital for any behavioural system to work. The typical

PRACTICE

child with ADHD lives in the present, finding it hard to look at the future and having no real relationship with the past. Once the moment is past, it is literally history; one reason why children with ADHD find it so difficult to accept responsibility for their actions.

Motivators can be hard to find for some children, yet most will work towards something. Involving them in decision-making about what rewards they would like to receive is one way of trying to ensure this happens. Activity-based rewards will also differ according to age, ranging from extra computer or playtime for the younger child to off-site privileges for older children. Wherever possible, parents should be encouraged to take responsibility for out-of-school reward activities, as not only does this enable them to feel part of the process, but also creates the opportunity to share a positive experience with their child.

Negative reinforces should only be used as part of a clear, staged process, or intervention ladder, following tactical, planned ignoring. The first stage might be a simple, non-verbal response, such as a stare, with moving the child away from the group and 'time out' coming further up the ladder, and each intervention only being implemented after the previous stage has failed.

Rules are also an important component of any behavioural system. Again they serve to provide structure and predictability, which a child with ADHD needs. School rules should be simple and no more than about five in total, differentiated into no more than three individual rules for the child with ADHD, which could be laminated on card and made easily portable, thereby serving as a visual and tangible reminder.

Peer/staff relations

Schools have a significant role to play in developing children's social skills. For many, a core enjoyment factor of attending school is seeing their friends. Major problems are therefore likely to arise if they have difficulty making and sustaining friendships with other children.

A number of issues make inclusion into friendship groups difficult for children with ADHD. Their inability to read the signals and cues of successful communication, cues that most of us take for granted, is a key factor, not to mention their lack of control, or regulation, over their spontaneous and impulsive behaviours. Initially a child with ADHD can be attractive to a group due to the unusual and amusing behaviour often displayed. Yet the 'class clown' routine has a limited lifespan, other children quickly losing patience with the constant interruptions to group activity and conversation. This can lead to children with ADHD feeling isolated. Social experience is often no better outside of school. Many children with ADHD may have been excluded from social gatherings with other children from the age of two and sibling relationships are often also poor.

While breaktimes and lunchtimes can provide very enjoyable experiences for children with ADHD due to the opportunity for a high level of physical activity, they are also potential trouble spots as far as social interaction is concerned. Structure, once again, is central here.

Children with ADHD can be supported in their relations with other children in a variety of ways:

- ◆ an older child 'buddy' to act as a positive role model
- ◆ providing opportunities for them to help/play with younger children, if that is where they fit in

PRACTICE

- ◆ explicit teaching of key social skills
- ◆ making a range of activities available during break times and lunchtimes, backed up by effective staff supervision and support
- ◆ encouraging participation in extra-curricular activities with a social element

It is vital that a child with ADHD is able to identify and have a positive relationship with at least one member of staff. The identified person should essentially act as an advocate or mentor and have a key role both in assessing and addressing the child's academic and social needs. Co-ordinating, monitoring and ensuring a consistent approach with all those who come into contact with the child is of paramount importance here.



Teaching and Learning

- ◆ Differentiation
- ◆ Flexibility
- ◆ Positive reinforcement

Differentiation

Traditional teaching methods present many challenges for children with ADHD. This is largely due to their sedentary, chalk-and talk nature, failing to meet the child's need for activity and hands-on (kinaesthetic) learning style. Though some subjects inevitably lend themselves more towards these elements than others, the following techniques for differentiation adapted from Fintan O'Regan's booklet, *Including Learners with ADHD*, should enable children with ADHD to access the curriculum more successfully.

Specific strategies to help with difficulties in inattention include:

- ◆ getting the child to repeat back instructions
- ◆ ensuring resources are readily available and in sufficient quantities
- ◆ varying pace, tasks and activities used in lessons, the optimum ones being those which are short, snappy and highly kinaesthetic in nature to meet the child's need for activity (see following section)
- ◆ using prompt sheets and step-by-step instructions
- ◆ immediate rewarding of task completion, wherever possible
- ◆ reducing extraneous background noise
- ◆ ensuring instructions are delivered clearly and concisely
- ◆ teaching strategies to improve listening skills
- ◆ encouraging the child to take notes

PRACTICE

- ◆ allowing pictorial / diagrammatic representation of thoughts and ideas
- ◆ using visual cues
- ◆ allowing listening to calming, eg. classical, music on headphones while engaging with sedentary tasks
- ◆ providing learning breaks, controlled by a timer, during less favoured activities
- ◆ enhanced access to ICT, such as watching relevant television programmes / films and word-processing longer pieces of written work
- ◆ positioning in the classroom, where distractions are minimised, to aid focus and task completion; the child may benefit from having a special area, eg. 'learning booth'



Specific strategies to help with difficulties in hyperactivity include:

- ◆ a 'stress ball' or other suitable, specified object for permissible fiddling; such resources often aid concentration and prevent the child from disrupting the lesson while seeking out a desirable object to fulfil this genuine need
- ◆ emphasising the difference between in-class and out-of-class (eg. breaktime) mode
- ◆ allowing a calming-down period for the child before entering the classroom
- ◆ promoting a calm class atmosphere
- ◆ setting whole-class body-movement / stretching exercises at key points during lessons
- ◆ access to 'time-out' facility, encouraging the child to take responsibility for moderating arousal levels and realise when this resource is needed

PRACTICE

- ◆ wherever possible, incorporating structured opportunities for movement / activity to release excess energy; this could be as simple as the child being given an active 'job' or having a work-related discussion with a partner while walking around the room

Specific strategies to help with difficulties in impulsivity include:

- ◆ raising the child's awareness of potential danger, such as when using equipment, eg. scissors, Bunsen burners
- ◆ paired working and / or support from a positive role model
- ◆ behaviour management programme
- ◆ setting targets which are timed (use of timer)

Flexibility

As already discussed, the child with ADHD needs rules and routines despite appearing to resist them. Expectation of total compliance, however, will cause conflict. The long-term relationship building between teacher and child in cases of children with ADHD calls for a tight structure with a high degree of flexibility. Rules are important as a framework for teaching and reminding us how to behave, but our ability to behave appropriately is influenced by many internal and external factors affecting our physical and emotional well-being and consequently we all 'misbehave' or 'break the rules' on occasion. Really getting to know the child with ADHD will help you to recognise when to enforce the rules and when not and, while children value consistency, they will respect you for being 'a human being' and making allowances where there is clearly a need. A non-confrontational approach, where you are seen to value and listen to the child, and give up some of your time, will help ease the heightened arousal attributable to poor behaviour and loss of control, thus creating a more positive relationship and saving you both time and energy in the longer term.

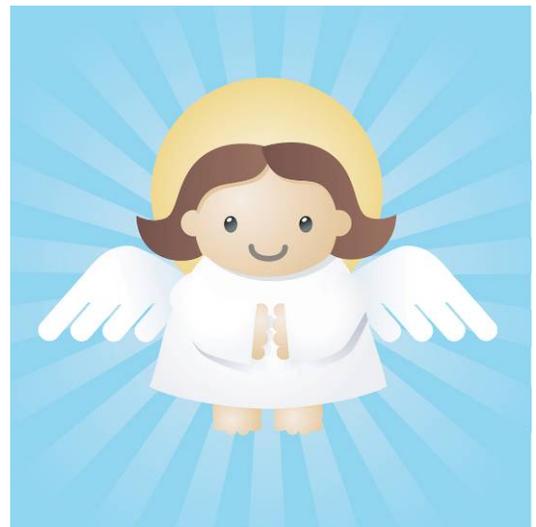
Positive reinforcement

As previously mentioned, motivational rewards exist for each and every child, however difficult finding one may be. Don't be afraid to ask the child, involve parents and offer a menu from which a variety of rewards can be selected in order to retain interest. There are, however, often times when the child with ADHD will readily tap into those positive reinforcers already offered by the school (some examples of which are listed below) perhaps not wanting to be singled out as different. Care should be taken in determining whether each is likely to be best received either privately or publicly.

- ◆ verbal praise
- ◆ stickers
- ◆ star charts
- ◆ merit or points system
- ◆ goal cards
- ◆ additional privileges (golden/choice of activity time, tokens for out-of-school activities)
- ◆ monthly honours award
- ◆ yearly award
- ◆ prize day

The ideal teacher for a child with ADHD

- ◆ is knowledgeable about ADHD and accepts that it exists
- ◆ enforces rules, flexibly, while remaining calm and positive
- ◆ modifies teaching style and resources to match child's learning style
- ◆ builds in as much activity as possible within school day
- ◆ is pragmatic about homework completion
- ◆ provides opportunities for child to experience success in areas of ability
- ◆ mixes high- and low-interest tasks appropriate to child's learning style
- ◆ knows when to ease off when child's frustration level begins to peak
- ◆ speaks clearly in brief, understandable language
- ◆ runs a predictable and organised classroom
- ◆ has control of the classroom without being controlling
- ◆ provides immediate and consistent feedback relating to child's behaviour
- ◆ develops a private signal system with child to notify of any off-task/inappropriate behaviour
- ◆ maintains close enough proximity to child without being intrusive
- ◆ ignores minor disruptions, knowing when and when not to intervene so as to avoid behaviour escalation



Problem (and Solution) Pages

Problem Solutions

Waiting

- ◆ Limit amount of waiting time and avoid unnecessary waiting
- ◆ Appoint good role-model as 'study buddy'
- ◆ Use ICT for extension activities

Problem Solutions

Short-term memory

- ◆ Use (visual) memory aids
- ◆ Use daily work schedules checked by staff after each lesson
- ◆ Teach mnemonics for instructions
- ◆ Use timers for timed tasks

Problem Solutions

Sitting and concentrating

- ◆ Let the child scribble, draw or fiddle with a given object (eg. stress ball) while you are speaking
- ◆ Let the child underline with marker pens
- ◆ Allow the child to stand up behind the desk if preferred
- ◆ Give short, clear instructions

Problem Solutions

Impulsivity (verbal or physical)

- ◆ Encourage the child to write down thoughts/ideas and put them in a box on the desk for later teacher attention
- ◆ Encourage a stop, wait and count to ten approach



PRACTICE

Problem
Solutions

Classroom becoming stressful

- ◆ Be specific with your demands
- ◆ When responding verbally, avoid an angry or sarcastic tone
- ◆ Let the child go to a designated work area with headphones/another classroom

Problem
Solutions

Self-monitoring

- ◆ Reinforce positive behaviour wherever possible
- ◆ Let the child know to signal you when access to quiet corner/standing outside is needed

Problem
Solutions

Reward system

- ◆ Involve the child in decision-making about rewards and consequences

Problem
Solutions

Distractions

- ◆ Provide access to an independent area/ICT
- ◆ Allow headphones (the right music can have a calming and focussing effect)

Problem
Solutions

Refusal to accept responsibility

- ◆ Do not force the situation
- ◆ Do not argue or try to explain
- ◆ Use time-out for venting frustrations
- ◆ Talk things through later, with counselling help if required



REFERENCES

- ◆ Barkley RA (1997) *ADHD and the Nature of Self-Control*, Cleveland, OH: Therapeutic Resources Company
- ◆ Barkley RA (2001) *Taking Charge of ADHD*, New York: The Guilford Press
- ◆ Cooper P & Ideus K (1996) *ADHD: A Practical Guide for Teachers*, London: David Fulton
- ◆ Frank KT & Smith-Rex SJ (2001) *ADHD: 102 Practical Strategies for "Reducing the Deficit" (2nd Edition)*, Chapin, SC: YouthLight, Inc.
- ◆ Green C (1997) *Understanding ADHD*, Australia: Doubleday Press
- ◆ Munden A & Arcelus J (1999) *The AD/HD Handbook: A Guide for Parents and Professionals on Attention Deficit / Hyperactivity Disorder*, London: Jessica Kingsley Publishers Ltd.
- ◆ National Institute for Health and Clinical Excellence (2008) *Attention Deficit Hyperactivity Disorder: Diagnosis and Management of ADHD in Children, Young People and Adults*, London: NICE
- ◆ National Institute of Mental Health (2004) *A Look at Attention Deficit Hyperactivity Disorder (ADHD)*, Bethesda, MD: NIMH
- ◆ O'Regan FJ (2004) *How to Teach and Manage Children with ADHD*, Cambridge: LDA
- ◆ O'Regan FJ (2006) *Including Learners with ADHD*, High Wycombe: Janssen-Cilag Ltd.
- ◆ Wender PH (2000) *ADHD: Attention Deficit Hyperactivity Disorder in Children and Adults*. Oxford: University Press

USEFUL WEBSITES

ATTENTION DEFICIT DISORDER INFORMATION AND SUPPORT SERVICE (ADDISS)

www.addiss.co.uk

Advice, support, local self-help groups, conferences and literature

CHILDREN AND ADULTS WITH ATTENTION DEFICIT / HYPERACTIVITY DISORDER

www.chadd.org

Information on up-to-date research advances, medications and treatments for ADHD

LIVING WITH ADHD

www.livingwithadhd.co.uk

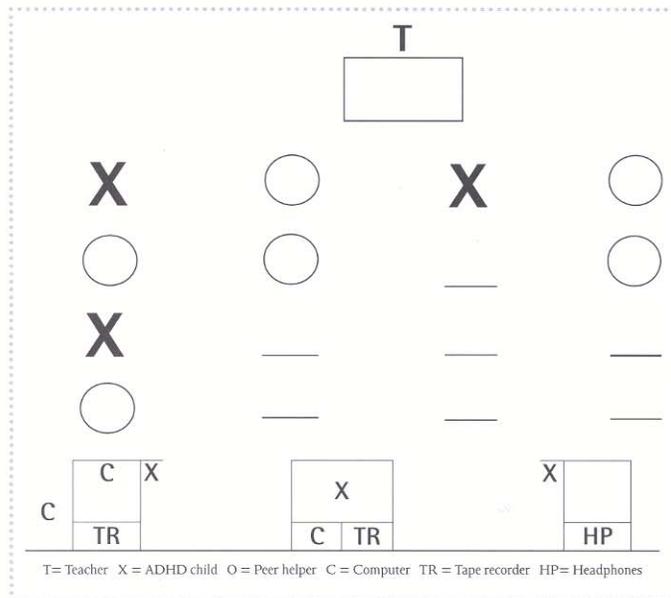
Comprehensive resource for anyone living with, or affected by, ADHD

APPENDICES

The ideal classroom

Recommendations for the learning environment

- Seat ADHD child near teacher's desk but include within the regular class seating.
- Place ADHD child up front with their back to the rest of the class to keep other children out of view.
- Surround ADHD child with good role models, preferably those seen as 'significant others'. Encourage peer tutoring and co-operative learning.
- Avoid distracting stimuli. Do not place the ADHD child near heaters, doors or windows, high traffic areas or air conditioners.
- ADHD children do not handle change well so avoid: transitions, changes in schedule, physical relocation, disruptions.
- Produce a 'stimuli-reduced area' and let all children have access to it.
- Encourage parents to set up routines for home study, including organisation of materials.



Recommendations for giving instructions

- Maintain eye contact with ADHD child during verbal instruction.
- Make directions clear and concise. Be consistent with daily instructions.
- Simplify complex directions. Avoid multiple commands.
- Make sure the ADHD child comprehends before beginning the task.
- Repeat in a calm, positive manner.
- Help the ADHD child feel comfortable with seeking assistance.
- These children need more help for a longer period of time than the average child. Gradually reduce assistance.
- Ensure the child writes down daily assignments and both parents and teachers sign daily for homework tasks.

Recommendations for pupil assignments

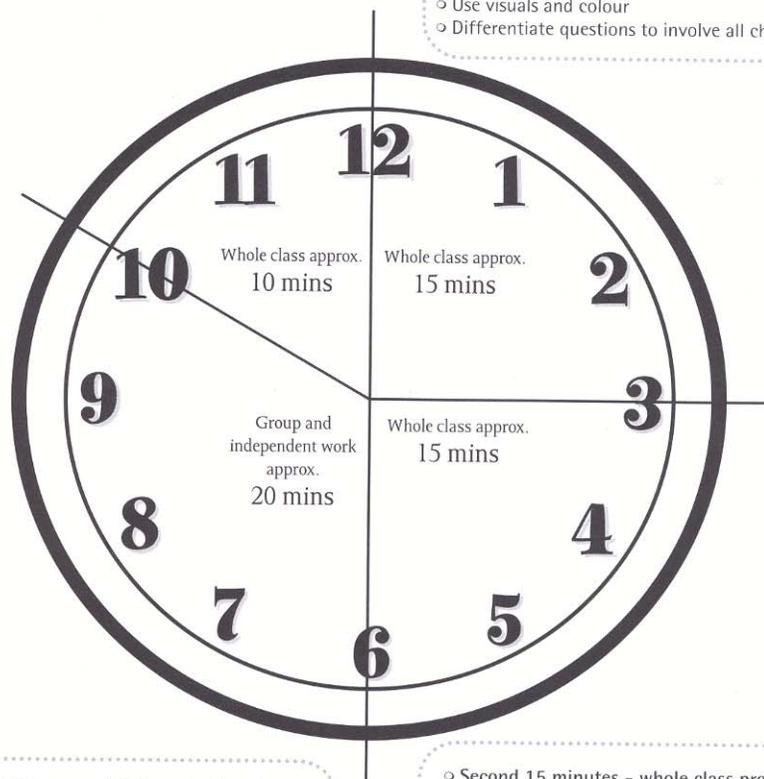
- Give one task at a time and monitor frequently.
- Modify assignments as necessary. Develop an individualised programme.
- Make sure you are testing knowledge, not attention span.
- Give extra time for certain tasks. The ADHD child may work more slowly.
- Remember the ADHD child easily gets frustrated.
- Remember that stress, pressure and fatigue may cause loss of control and poor behaviour.

APPENDICES

Literacy and Numeracy hours

- Final 10 minutes – plenary session – whole class
- Encourage participation and questions
- Review teaching points
- Praise for good work
- Supervise students to record homework

- First 15 minutes – whole class
- Seat the ADHD child close to the teacher away from distractions
- Outline the lesson before starting
- Establish eye contact when giving instructions
- Give clear and short instructions
- Use body language to call child's attention to praise and/or reassure
- Use visuals and colour
- Differentiate questions to involve all children



- 20 minutes–guided group and independent work
- Break down tasks and define the steps of the activity
- Define the time allowed/provide a timer
- Allow the use of headphones
- Assign peer helpers
- Prompt the child to start work and stay on task

- Second 15 minutes – whole class progression
- Design activities based on IEP targets
- Use multi-sensory approach, interactive teaching
- Integrate a variety of fun activities, games
- Use visuals, mnemonics, rhythm
- Reduce emphasis on competition
- Give responsibility to ADHD child to assist another peer
- Provide successful experience