ADHD: Information for Teachers and Parents

What is ADHD?

All children may experience attention difficulties at one time or another. This can be more noticeable if a child is under stress e.g. events in the family such as the birth of a sibling, divorce, death in the family (including pets). In addition, if parents/main caregivers are stressed, children may react by behaving “out of character”. A very small number of children will have persistent inattentiveness, hyperactivity and impulsiveness and may be given a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) – sometimes known as Hyperkinetic Disorder. These children will have difficulties that have lasted over a long period of time, normally from their pre-school years. They affect most areas of their life – home, school and friends.

What might you notice about a child with ADHD?

Compared with other children of their age children with ADHD are:

- Restless and overactive – they do not stay long with one activity or in one place;
- Likely to chatter and interrupt people;
- Easily distracted and find it difficult to finish things;
- Inattentive and cannot concentrate on tasks which need thinking through;
- Impulsive, suddenly doing things without thinking first;
- Unable to wait their turn in games, in conversation or in a queue.

All these behaviours are very noticeable and are part of a child’s pattern of behaviour at home, at school and in other settings. They are observable when a child is motivated and able to do the requested task.

What can the school do?

- Promote an educated understanding of all special needs, including ADHD, and encourage children to accept and support one another;
- Adopt the principle that no two children with ADHD have the same pattern of strengths and needs: there is no such thing as ‘an ADHD child’ only a ‘child with ADHD’;
- Discuss the child’s needs as a school issue, and adopt a whole-school approach to reinforcing agreed rules and providing positive encouragement;
- When necessary, help the child develop and sustain friendships. Consider a “buddy system” for class, break and lunch times.
- Provide appropriate training and support for all adults within school;
- Establish good links with medical services and other agencies involved. In particular, liaise with the prescribing doctor and the parents/carers on the effect of medication and any side effects they have noticed.
Are there any approaches we can discuss with parents?

In addition to many of the strategies listed above, the following strategies may be useful for intervention at home:

- Try to use a calm voice and be consistent with the child - use rewards rather than punishments;
- Avoid over stimulation especially close to bedtimes. Plan and establish clear, calming bedtime routines (bath, story, soothing music). Consider limiting access to television, computer games etc. close to bedtimes;
- Establish routines to help the child organise themselves. Checklists and visual timetables and photographs will help to support independence in organisation (e.g. a photo of a tidy room to show what the child what is wanted);
- Discuss ‘things that went well in school today’;
- Teach social skills to the child as children with ADHD may have failed to learn these incidentally. For example, discuss with them the feelings a person might have had in a particular social situation. Talk through social situations to develop social problem solving skills.

How can I empower the child in school?

- Teach the child to be self-aware e.g. to be able to inform an adult that they need exercise, a stretch break or ‘time out’;
- Have as few rules as possible, stated in a simple and positive format. Have the rules on display and make certain the child is aware of them;
- Actively involve the child in setting and monitoring their progress towards agreed targets;
- Ensure the child experiences successes every day and that they, and their peers, know why they have been successful. Records of success can be powerful in motivating children. Consider using check lists, star charts personal record diaries etc. Importantly, rewards need to be immediate, achievable and should be negotiated with the child;
- Praise should be public and ‘problem-solving’ private. Avoid resorting to sarcasm, anger or any behaviour which makes the child look or feel diminished in the eyes of their peers;
- When a child is not being attentive, if necessary, try to intervene without embarrassing the child or disrupting the lesson. A visual cue may assist in this;
- Negative consequences, in the form of verbal reminders, can sometimes be effective. They should be used sparingly, be clearly focused and highly specific. E.g. ‘please, stop talking and get back to reading page three of the history booklet’, rather than, ‘please get on with your work’;
- In planning for the child success, consider their learning style and their optimum attention span in each subject. (Remember that for the child without difficulties (academic or social), concentration span is estimated to be their chronological age plus one/two minutes).

Children with ADHD often have other problems. They may:

- Find it difficult to make friends and/or sustain friendships;
- Need support to manage their behaviour;
- Think they are “stupid” and “no good”;
- Find tasks which involve reading comprehension difficult;

The achievement of children with ADHD may be lower than that expected by their teachers.

**What can teachers do?**

Managing a child with ADHD can be stressful. Parents and teachers may feel frustrated, angry and embarrassed by a child’s behaviour and the child may often feel the same way. These feelings will in turn affect the child’s behaviour and self-esteem. The aim of any intervention – whether medical, educational or parental – is to teach children to learn effectively whilst empowering them. This is particularly important when medication is prescribed, as children can easily attribute their progress to the medication and their mistakes to their condition. It is important that children take responsibility for both their successes and their difficulties. Discussion with a parent/carer can highlight the child’s strengths and needs and lead to successful shared strategies.

**How can I organise the learning environment?**

- Look at the classroom environment and discuss with the child factors which may lead to distraction e.g. lighting, heating, draughts etc.;
- Consider different seating arrangements for different subjects e.g. a low stimulation area for completing set tasks in one subject and middle of the group supported by peers for another;
- Children with ADHD particularly benefit from routine and structure. Parents can support the school in this if they themselves understand the school routine and organisation;
- Should there be a change in routine, children with ADHD may require extra help in terms of explanation;
- Children with ADHD may perform best in pairs rather than in groups;
- Consider different forms of recording tasks e.g. audio tape, peer scribe, computer, digital photography etc.;
- Allow children with ADHD preferential access to computers – feedback from computer programmes is immediate and often accepted more willingly than from teachers;
- Try to minimise the amount of time a child with ADHD is kept waiting with nothing to do.
- Think of ways to encourage a ‘stop-think’ approach and plan ahead (seating, classroom layout, trips etc).

**How can I be most effective in teaching a pupil with ADHD?**

- Before delivering instructions, get the attention of the child by using a visual cue or calling their name as you would other children. Establish eye contact;
- Always make your instructions to the child very clear in terms of the task to do and the time scale in which to do it;
• If a child is not carrying out a given task, check if they have understood the task requirements or whether they need help in staging/breaking down the task;
• Use concrete props and visual reminders to help the child remain on task e.g. task card, individual white board with the steps of the task staged/broken down;
• Children with ADHD may not learn from their mistakes – they have a need to get it right. It is best to ‘walk’ them through the correct procedure rather than expecting them to focus their attention on what went wrong;
• The child with ADHD can be repetitive; getting very stuck on an idea. It may help to get them to write it down or draw it out so that they can ‘get rid’ of it;
• Remind children of strategies they used previously to help them achieve e.g. before, they reminded themselves regularly throughout the task of the initial instructions;
• Bear in mind that as a rough guide, children’s attention span = chronological age + 2 minutes. For children with ADHD, this is likely to be significantly reduced. Therefore, organise activities which include learning breaks and keep activities short, using visual cues whenever possible.

**Is there a role for medication?**

Not all children with a diagnosis of ADHD will need medication. It depends on the level of difficulty and the success of other strategies tried at home and school. Medication alone is not the answer. If prescribed, it must be part of a whole plan for the child which includes positive behavioural interventions both at school and at home. Decisions regarding diagnosis and about trying medication will be made jointly by the parent, the doctor and the child. Ideally, for school age children, such decisions should involve consultation with school. If a child is prescribed medication, it is very helpful if the doctor prescribing it can have feedback from staff about its effectiveness.

**What medication may be prescribed?**

Two types of drugs are prescribed – stimulants and antidepressants. The most common stimulant is methylphenidate, which is available in different forms including Ritalin and Equasym. These are given at least twice and up to four times a day. There are also ‘slow release’ forms such as Concerta XL, which is given once a day. A range of antidepressants is available. These are usually ‘second line treatments’ for children who show side effects to stimulants or who have contraindications for the use of methylphenidate.

**What are the possible side effects of such medication?**

The side effects of methylphenidate include suppression of appetite so the children can lose weight. Appetite is less affected if the child can eat before taking the lunchtime dose. Methylphenidate can make tics worse (or start them off) and sometimes the sleep pattern is worse when starting to take the medication. When given too much the child can appear drowsy or not ‘with it’ in the classroom. Stimulants can raise the blood pressure so this is usually monitored in the clinic.
Where can I get more information on ADHD?

More information on ADHD is available from a variety of sources such as those listed below. Teachers and parents will need to make their own judgements about the information and support available.

Books:

Attention Deficit/Hyperactivity Disorder: A Practical Guide for Teachers  
By Paul Cooper and Katherine Ideus  
Published by David Fulton; ISBN: 1853467316

Attention Deficit Hyperactivity Disorder – Recognition, Reality and Resolution  
By Dr G D Kewley  
Published by LAC Press; ISBN: 1853468150

Understanding ADHD: A Parent’s Guide to Attention Deficit Hyperactivity Disorder in Children  
By Dr Christopher Green and Dr Kit Chee  
Published by Vermillion; ISBN: 0091817005

Internet:

www.adders.org  
The website of a non-profit making organisation which seeks to promote awareness of ADHD and activities and events occurring locally and nationally. Some entries by children for children. Free downloads.

www.addiss.co.uk/  
The website of a registered charity which provides information, training and support for parents, sufferers and professionals. Includes details of their Resource Centre (London) which has a large range of books and videos covering all aspects of ADHD and related conditions, as well as a reference library where you can look up articles.