**Shire Hampshire International Business Park Chineham Basingstoke Hampshire RG24 8EP**

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**©2015 Shire** A guide to ADHD and its treatment for SENCOs and teachers

Top tips in dealing with oppositional defiant disorder

School diary

Top tips for homework

Top tips for friendship and peer relations

Provided and funded by

A GUIDE FOR SENCOS AND TEACHERS

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**How this booklet can help**

**One of your students has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).**

Much has been written about ADHD from the medical, behavioural and educational perspectives and you may have already received training on this subject. The aim of this booklet is to help anyone in the school involved with teaching to help manage a student with ADHD in a positive way.

I have recently updated this booklet to make sure it is in line with the current thinking and practices. Of course, the healthcare and educational team managing a child will know what’s best in their individual circumstances, but we hope the information which follows will help in that process.

**Fintan O’Regan** Educational Consultant

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Please note the information presented in the booklet is intended as a support to professional advice and care, it is not a substitute to medical advice and treatment.

**About ADHD**

**What is ADHD?**

**The 3 presentations of ADHD:** It is widely accepted that Attention Deficit Hyperactivity Disorder or ADHD is a behavioural

1. ADHD (Inattentive presentation) is a term condition that can be formally diagnosed.

used to describe children who mainly have ADHD is a term which is used to describe children

problems with concentration and attention who typically have the following problems:

span but who are not usually impulsive or

• Overactive behaviour (Hyperactivity)

overactive.

• Impulsive behaviour

2. ADHD (Hyperactive/impulsive presentation)

• Difficulty in paying attention and distractibility

describes children who predominantly (Inattention).

have problems with overactive and impulsive behaviour. Children typically have a short attention span and so can find it hard to concentrate and learn

3. ADHD (Combined presentation) as the especially in group situations. This obviously

name suggests combines symptoms from impacts on their education and many of these

the ADHD Hyperactive/impulsive and children underachieve at school.

ADHD Inattentive presentations and is the most severe form of the condition. It is important to recognise that not all children with ADHD have all the symptoms. There are three presentations of ADHD according to the American Psychiatric Association’s diagnostic scheme (DSM V) classification.1

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**How do we know it is ADHD?**

There are some pointers which lead medical and educational professionals to suspect a child has ADHD2:

**Inattention**

• Difficulty following instructions or completing tasks

• Short attention span and difficulty ‘sticking to’ an activity

• Difficulty organising tasks and activities

• Easily distracted and forgetful

• Often doesn’t listen when spoken to

**Hyperactivity**

• Fidgets, is restless and can’t sit still in class

• Can’t stop talking, noisy

• Runs about when it is inappropriate

**Impulsiveness**

• Interrupts others

• Blurts out answers without waiting for the question to be finished

• Difficulty in waiting or taking turns

**Is it definitely ADHD?**

Unfortunately, there is not one definitive clinical test for ADHD so diagnosis can be difficult. Many children have problems with self-control from time to time and it is difficult to know when this is ‘ordinary’ behaviour or when it could be as a result of ADHD.

There may be other causes of disruptive behaviour such as dyslexia, language or hearing difficulties, conduct disorder which need to be considered although these problems may affect children with ADHD also. For these reasons, a diagnosis of ADHD should only be made by a Child and Adolescent Psychiatrist, Paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD and other mental health conditions.

It is likely that as the child’s teacher, you may

**Are there any other problems?**

**What problems can ADHD cause?** be asked to provide information to enable

ADHD affects children and adolescents in different

The impact of ADHD goes beyond ‘inappropriate the diagnosis to be made or progress to be

ways and can often exist with other conditions.

behaviour’ and problems at school. ADHD is a monitored.

behavioural condition which presents difficulties ***“I drift off for a few minutes... when I*** The diagnosis of ADHD can be confirmed upon

***come back round, everyone is two pages*** meeting specific criteria (DSM V) and also the

***ahead of me.”*** ADHD symptoms must have been present

Lucy, 11 before the age of 12 years, for the duration of at least 6 months, occurring in more than one

Children with ADHD often have other problems. place (for example both at home and school),

Conditions which can co-exist or overlap with not appropriate to the child’s developmental

ADHD: age and must be seriously disruptive to child’s

• Oppositional Defiant Disorder (the child is often defiant, oppositional, argumentative, angry, losing temper etc)

• Conduct Disorder (there are problems such as persistent and repetitive lying, stealing, truancy, bullying, vandalism, setting fire etc)

• Learning Disorders

• Developmental Co-ordination Disorder (co-ordination difficulties)

• Autism Spectrum Disorder/Asperger’s syndrome (social and communication

difficulties)

• Anxiety

• Depression

• Tic Disorders (Tics are involuntary movement of muscles)

• Tourette’s Syndrome (the person has tics, involuntary and uncontrollable movements and sounds)

• Sleep Problems

for the child and those around them. A diagnosis of ADHD will often lead to children being labelled as ‘difficult, demanding and defiant’ and stigmatised to a greater or lesser extent. Children with ADHD stand out from their peers and can struggle to ‘fit in’ at all stages of development and the impact of the condition and diagnosis can extend to their families and carers.

performance.1

**Children with severe ADHD can:**

• Have low self-esteem

• Develop emotional and social problems

• Underachieve at school.

**The diagnosis requires2:**

• Clinical and psychosocial assessment

• Developmental and psychiatric history, and

• Observer reports.

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**How many children are affected?**

ADHD is estimated to affect about 2-5% (around 1 in 20) children at school.4 The ‘core behaviours’ are usually present before the child is 12 years of age and can persist throughout their school life.2 ADHD is more common in boys than girls (4:1).2 In some cases the condition can seem to affect the genders in different ways. Though both can have attentional problems, boys are often reported as exhibiting overactive features and as a result can be perceived as more difficult to manage. Though girls with ADHD can exhibit Hyperative and Impulsive symptoms there will be a number with Inattentive symptoms which will be harder to detect in busy classrooms. As a result their needs are often overlooked.

***“We all want to help him reach his potential.”*** Phillipa, mother of Simon

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In adolescence and adulthood, those diagnosed with ADHD in childhood are often associated with continuing emotional and social problems, including substance misuse, unemployment, and involvement in crime.

***“I do things I don’t mean to do... and it makes me stick out.”*** Jacob, 9

**What causes ADHD?**

ADHD is a well recognised behavioural disorder that could result from a number of risk factors. It is often inherited and genetic factors are important in the causation of majority of children with ADHD.1,3 It tends to run in families and there is an increased frequency of ADHD in relatives of children with ADHD.1

Other risk factors include low birth weight, smoking, taking heroin or drinking alcohol during pregnancy, brain injury and lack of oxygen at birth, as well as some diseases such as epilepsy.2

**Working with children who have ADHD Frequently asked questions**

**How does a child with ADHD feel?**

**This is how they feel:**

Having ADHD is no fun for those who have it.

• Adults are always annoyed because Children who have ADHD explain that they get

you’ve forgotten something or done lots of different thoughts at the same time. It’s

something silly. They spend ages confusing and they are always in trouble with

telling you off and making you feel someone. They feel unpopular and know that

stupid sometimes they are difficult to like.

• It’s hard making and keeping friends.

**It’s an alien universe**

At school other kids wind you up because you are different

***“I get picked on every day. I just get treated weird, like an alien.”***

• You seem to get the blame for everything. It’s miserable and unfair

Jack,13

• If you had some type of physical disability that people could see, they’d From the child’s point of view nobody seems to

understand, but as they can’t see that understand them.

your brain isn’t receiving a perfect signal, you don’t get any sympathy at all!

Examples of the experiences of children are also noted in the NICE guidelines on diagnosis, management and treatment of ADHD.2

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**Look Picture this:**

Of course, it can be frustrating when a child

As a teacher you are an expert at dealing with a

**on the bright side** seems to be constantly fidgeting, jumping up from

range of children and different types of learners

It’s not always easy or possible to review issues ADHD is like a TV set that isn’t receiving

their seat, interrupting and disrupting the whole

and will have plenty of experience of managing

that irritate us in a positive way but it may be a perfect signal. For the child it’s as if the

class. It’s natural for you to feel that one child is in

challenging behaviour. You will probably find that

helpful to attempt to do so, for example: channel keeps changing. Imagine you are

danger of holding all the others back.

watching the news on BBC1. Suddenly, somebody picks up the remote control and flicks over to ITV. A second later the programme changes to Channel 4 and then back to BBC1. Then it switches to BBC2. If you were asked about the news on BBC1

Fairness is not giving every child the same rather it is giving every child what they need. Children with ADHD will usually require a greater level of need than their peers. The key will be finding the correct balance.

the methods you already use with challenging children will benefit some children with ADHD, but

• Regard the child who is easily distracted

you may want to consider additional solutions to

as having high levels of awareness and

manage specific cases.

observation

• Think of the restless child as being energetic **One approach that may help teachers**

and lively

The behaviour of a child with ADHD can be

• When the child with ADHD goes off at a

you might find it hard to remember.

**Adding to the frustration**

frustrating and annoying; but the key issue to

tangent, see it as a sign of individualism

accept is that the child is not doing it on purpose.

and independence For a child with ADHD the world is a

• The child’s short attention span may mean

ADHD is a genuine medical condition which

• If the child forgets things, consider that constant stream of changing images and

that they are distractible and distracting to

requires specific support depending on severity

they’ve been absorbed in their own messages. It’s difficult to focus on one thing

others

of the symptoms. Understanding and acceptance

thoughts at a time because something new is always coming along. It’s all rather bewildering and it’s hard to keep pace.

• Their work is often sloppy and not completed

• Their homework is lost, late or ignored

of the ADHD condition together with the desire to

• If the child starts interrupting, regard it as

• The child with ADHD may often rock on his/

adapt teaching and learning strategies can enable

enthusiasm to contribute many children with ADHD to learn effectively.

• When work is sloppy, look for signs of effort

her chair

Since children with ADHD are so often in trouble,

despite difficulties

• The child with ADHD may often lose books

they are unable to deal with criticism and can

• Look on a child’s apparent selfishness as

and materials

become defiant and hostile. This can damage

single-mindedness in pursuit of goals

• The child with ADHD may often shows a

their whole attitude to school and to learning, and

• Try to reward good behaviour and ignore the

recklessness and impulsiveness that is

they may give up on education. It’s very important

behaviour that you don’t want.

‘scary’

to show that education has not given up on them.

• Socially, the child with ADHD may make inappropriate comments which causes conflict and offence with classmates **How do teachers feel?**

***“ I’m spending most of the class time every single day with one child; it’s just not fair on the others.”***

Mr O’Leary, Teacher

One technique that can help to look at the issues of ADHD as not so much as “a problem but as an A child with ADHD presents every teacher

opportunity” is called ‘reframing’. Here the key with a challenge; but ADHD can also present

principles are to look for the positives wherever an opportunity to find ways of teaching and

• As the child with ADHD is often perceived as

possible. managing the child successfully.

strange or quirky he/she is often a victim of teasing and bullying.

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**ADHD** Though some teachers will find it difficult to

**as an explanation not an** see the situation in this way, this more “half

**excuse** full” approach may help to maintain a positive

The emphasis should be firmly placed on relationship with the child who has ADHD.

recognising where problems exist and finding ways to solve them. The approach should be solution focussed and on missed opportunities for effective learning and behaviour.

**How can we get better behaviour?**

It has been said that children with ADHD do not have a problem with knowing what to do but rather a problem in doing what they know. As a result they need lots of praise and encouragement. You will find that once they feel you understand their difficulties they’ll be more likely to work with you rather than against you.

**How can we get the message over**

***“Not everyone likes me at school but at least my teacher is nice to me.”*** Daniel, 15

**loud and clear?**

You will often need to address children with ADHD in the clearest possible way. Here are some options: **How should we approach ADHD?**

• Always address the child by name A diagnosis of ADHD can be an opportunity for teachers, students and parents to start again and build a better relationship. As with all good relationships, the keys are to understand the

When people understand that ADHD is not an

• Also use when, then, and either, or i.e. excuse but an explanation of why the child

“Nathan when you have put the book away behaves in a different way, this provides an

then you can have a drink, when you have opportunity to develop new methods for improved

put the chair under the table then you can learning and behaviour. This co-operative effort

go” **Set the right tone:**

between all teachers, parents and all concerned

• Then give your instructions in a simple with the welfare of the child will be of great

step-by-step way, pausing between each As teachers know, the most influential

benefit, when old attitudes of ‘them and ‘us’

step and perhaps giving them the chance behaviour in the class is their own. The way

become ‘we’.

to do each activity. a teacher reacts to any child can strongly affect the way other classmates behave towards them. Although you may be very

**How can we build bridges with the child and the parents?**

So you might say, as in example below: “Nathan, I want you to do these questions

frustrated at times, it is best to try to show

Having ADHD is not about “shame or blame”

(PAUSE). First, I want you to get out your exercise

patience and tolerance. There’s a greater

but means that there is a medical reason for the

book. (PAUSE) Next, I want you to turn to page

chance that the whole class will follow your

child’s performance and behaviour. No one is at

36 (PAUSE). Now I want you find the section

example, making the child with ADHD feel

fault, neither the child nor the parents. As a result:

questions 5 lines down from the top of the page

less isolated.

• Try to assure both the parents and the child that you have an understanding of the

(PAUSE). Then I want you to do questions 1, 2, 3. Thank you.”

issues of ADHD

**Tell them when they’re good**

• Inform all colleagues, support staff and

Praise improves concentration skills in children lunch assistants of the child’s difficulties

with ADHD. When they do something well, tell so that everyone can prepare and adopt

them how pleased you are that they’ve done a consistent approach. This is an

it. Praise in specific terms rather than generally opportunity to have a fresh start and for everyone to be proactive rather than reactive

• Try talking regularly with the parents and the

• Keep all instructions short and simple i.e.

i.e. that was a really interesting story with an

“Pick up your books please”

exciting ending as opposed to well done. If they

• Try to make eye contact wherever possible

have behaved well during a lesson, say so but be precise about what they did when and where. The needs of others and to recognise the problems

child, to let them feel you are concerned

• Speak clearly and concisely, and maintain an

value to their self-esteem will be immense. that they face.

about how they are feeling and coping.

even tone

• Don’t ask why, say what i.e. what should you be doing now

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**How do we set up a reward scheme?**

Rewards change behaviour, and children with ADHD respond very well to incentives tied to short-term targets.

• Agree certain achievable targets such as sitting still for 10 minutes

• Negotiate rewards with the child and vary them regularly to keep up the interest

• Make sure the rewards are age appropriate.

Try to catch them being good and take every chance to help the child recognise their achievement. Reward schemes could be used by any member of staff who works with the child. However, remember it’s not just the reward that matters, it is often who gives the reward.

***“Today was a great day. I got three stickers and one was from Ms Frome.”*** Samina, 8

**How can we build on success?**

**What about discipline?**

Usually there is something that children with

Children with ADHD often feel that they are being ADHD will do well. They may be good at painting,

picked on. singing, swimming or computer games. Make your student feel he/she has a real talent. Create a feeling of success and it will boost confidence. Nothing succeeds like success!

• With discipline be specific. As mentioned previously it’s best to tell them what they should be doing rather than what they shouldn’t; for example, instead of saying

***“I love playing football and I really hope I can get on the team one day.”*** Ed, 12

**You could say:**

“James, please open your maths book on page 24 and start doing the sums under the title ‘Fractions’.”

“Liam, can you stop talking and bothering Sadie?” say “Liam, please listen to me and finish the writing in your book”

**How do we deal with outbursts?**

Children and adolescents with ADHD can have explosive outbursts. When things go wrong they

**Types of reward schemes:**

may feel very frustrated and take it out on those

• When you impose sanctions, it’s helpful to

around them. When the rage subsides they feel

• Stickers and/or points

**How can we deal with challenging**

remind the child that poor behaviour will have

even more frustrated with themselves. However **behaviour?**

a consequence. Remember it is never the

difficult it might be, you know that the most

• A certificate of merit or

Although you need some degree of flexibility in

severity, but the certainty, if you say it you

important behaviour to control during this time acknowledgement from the head

dealing with children with ADHD you will often

must follow through

will be your own. Be calm, try not to show any teacher at assembly

still need to address challenging behaviour.

• Sometimes dig for empathy for example if

emotion and show the student that you are in

• Additional computer time

However annoying they have been, it is important

the child has knocked a pot of paint over

charge of the situation.

• A choice of activity

• Free time

to make sure the child feels that it is his/her poor

a classmate, you could say: “I’m so upset/

behaviour that you do not appreciate and not the

disappointed that this paint has gone all over

child personally, as children with ADHD may be

Emma and caused such a mess on the floor.”

hypersensitive in these situations.

**Remind children in specific terms Rules and responsibilities**

Children with ADHD may simply not be doing Many children with ADHD do not actually

what you’ve asked because they have forgotten understand what is expected of them in terms of

the specific task. Instead of telling them in broad behaviour. So it may be helpful to sit down with

terms to get on with their work, remind them of the child to explain the issues specifically. Draw

the actual task, specifically. up a list of specific rules and responsibilities to address particular problems. Be crystal clear on what is and what is not acceptable.

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**Time out or take a break**

There will be occasions when the student is so unruly and awkward that they need to have time away from the other students.

The idea of taking time out or taking a break is to have a stimuli-free place, perhaps a quiet corner in the classroom, where the student goes for a short period of time. This should not exceed a time span which is more in minutes than the age of the child; for example, if the child is 5 years old 5 minutes should suffice. This place could be called the ‘thinking space or the time away corner. This technique can also be used with older students to create some head space.

Allow no conversation or involvement while the student is there.

When the time is up, move on with the lesson and do not refer to the recent issue. The slate is clean. It’s important that you welcome the student back into the class with warmth and carry on as usual. You could also suggest the student goes to the thinking space if they feel they need to. Also visual and counting approaches can be useful for time out processes as described in the ‘1, 2, 3 Magic’ programme, details which are included in the appendices.

**How can we improve their skills?**

**How do we develop structure?**

A fun way of doing this is to ask the child to

With a differentiated approach to teaching and

Children and adolescents with ADHD feel safe

describe the sequence of events involved in

learning you can help the student with ADHD

and secure if they know what to expect. With

various everyday activities; for example, you could

who may be having difficulty with basic academic

regular routines and rituals, they become more

ask them to explain step by step, how to clean

skills. The important thing is to help them

familiar with what they need to do. The more you

their teeth, run a bath or play a computer game.

organise their thoughts and to be aware of what is

can keep to routines and rituals, the better.

You could also ask them to describe things in 30

expected of them.

seconds – like a day at school, their home or their

Any change simply creates distraction, uncertainty

favourite video.

**In order to do this the two key terms are:**

and confusion.

**How do we get them organised? How do we help them sort out their**

Developing a sequence of events is important so

• Structure

**thoughts?**

they can learn how to get organised. They need to

• Flexibility.

A major problem facing students with ADHD is

understand that things are meant to happen in a

that they have problems expressing their thoughts

certain order. Always begin with a simple overview

verbally and on paper.

of what you want them to achieve. Then create a framework with simple steps so that the student

They may also do things in the wrong order.

knows what is meant to happen next. For some

Getting students with ADHD to learn how to

students it helps them to say out loud what they

develop a sequence of events in the right order

are about to do next.

will bring about real improvements in their academic performance.

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Tasks Mon Tues Weds Thurs

Fri Sat Sun

**How can we support their memory weaknesses?**

• Encourage your student to connect information or concepts being presented; for example, they’re more likely to remember that someone who had 6 wives and was a famous English King and is called Henry is a Horrid Henry as in the book series when they think of them

• Mnemonics can also be useful as in Richard Of York Gave Battle In Vain or ROYGBIV for the order of the colours in the spectrum

• Repeat directions individually

• Use visual maps

• Colour code their homework diary

• Flash cards.

**Make reminders and lists:**

**Where should you seat them?**

Children with ADHD tend to get over-stimulated

Post-it notes®, student diaries and taping

when working in group situations. As a result the

instructions to their book bags can all serve

following may help:

as memory prompts. With adolescents it’s

• Pair them with less distractible students who a good idea to plan things with them in

are likely to follow the teacher’s instructions advance. You can also help them draw up a checklist of things to do. As they grow older, lists can make their lives much easier.

• Seat them near the front of the classroom away from doors, windows and other distractions or in another area of the room which may be more suitable

**Are there useful classroom strategies?**

There are a number of strategies that you can do in the classroom to help improve the performance of children with ADHD. Obviously, how much you can do, will be restricted by the resources at your disposal, the size and nature of the classroom,

• It is often better to have them either sit at a single desk or at most a paired desk within the main classroom

• There should also be another area or workstation set up facing the wall and away from the main classroom area where they can learn on occasions.

**How can we keep them focused?**

As students with ADHD get bored easily, it is important to try and keep your educational content stimulating and varied. In addition, in terms of teaching presentations change your tone of voice and your pace.

the demands of the curriculum and the rest of the class, and the age of your students.

**Giving previews**

Students with ADHD often tend to respond better It is always worth trying to give students with

to concrete learning experiences. They often have ADHD a preview of what is going to happen in

high levels of creativity and welcome the chance tasks, projects and lessons.

to learn independently.

This will prepare them in advance of what will be

Encourage them to tell you if they do not expected of them and prevent them from a feeling

understand what they are meant to be doing. The of uncertainty and insecurity.

key is to reinforce the instructions as many times as possible and to remain positive at all times.

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**Are there typical classroom problems?**

There are a number of typical problems facing the teachers of students with ADHD. Here are some techniques for dealing with them.

**How do we deal with inattention?**

• To encourage attention, provide students with a brief outline of the lesson at the beginning

• During the lesson, try to include a variety of activities

• Break everything into short chunks

• In some cases it can help to have non-vocal music playing either in the background or through a headset device

• Reduce expectations of written work and use alternative ways of recording information

• Review design of worksheets and tests

• Present only one or two activities per page

• Avoid unnecessary pictures or visual stimuli

**How do we deal with impulsiveness?**

**How do we deal with calling out in**

• Give prompts

Children and adolescents with ADHD act first and

**class?**

• Provide alternative environments for tests

think afterwards. As a result they will need help

Calling out and making inappropriate comments

and exams

in processing their thoughts in order to hesitate

are common signs of impulsiveness. You may

• If attention seems to be waning, use special

before responding.

cue phrases to stimulate interest. Such cues could include “Right, here we go”; “Wait for it”; “Now for the interesting bit”; “The next

You can help students with ADHD by practising these processes with them. Take everyday situations stage by stage.

It may help to get the student to verbalise everything they need to do.

need to remind the whole class that doing this is unacceptable. If the student with ADHD continues **This means learning to do things**

to call out, don’t address the student personally. **in 3 stages:**

Instead address the problem in general terms.

clip is amazing”; “We’re nearly there now” and many more of your tried and trusted attention-grabbers.

You might say: “It makes things very difficult

1. To stop and listen

when people call out and interrupt me when I am talking”. If you are running a reward scheme,

2. To look and think

establish a private signal in advance with the child

**Walking round the classroom**

so that they know that this sort of behaviour will

3. To decide and do.

not win points. The signal could be something like

• Instead of trying to get children with

visually tapping the reward card or some other

excessive motor activity to remain still, find

pre-agreed sign.

them opportunities for regular seat breaks

• If something needs to be written on the whiteboard, ask them to do it

• Give them a job or task that allows them to be active in a controlled way during the lesson.

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**How do we deal with their poor organisation?**

Students with ADHD typically have problems organising themselves and they really need help with study skills as a result:

• For daily routines, stick a timetable to their desk

• When they are working on projects, draw up a checklist to ensure every point is covered

• To avoid confusion, don’t give them more than one assignment at a time

• Overall, concentrate not on teaching them what to learn but how to learn.

**What is the best way to deal with their difficulty settling?**

It takes time for students with ADHD to settle in different places. It can be difficult for children with ADHD to wind down, especially after break time. Going from the relative calm of the classroom to the playground and back again can be quite difficult for students with ADHD to manage.

After a break, they may need to settle down for a

**How do we deal with their difficulties**

**How is ADHD treated?** few minutes before focusing on specific tasks.

**with peers during and outside the**

Management of children and young people with In some cases it is a good idea to ask them to

**classroom?**

ADHD may involve the following: come back 2 minutes before the end of break to

Students with ADHD are easy to distract and help settle them before the next class. Changes to

often overreact to teasing and bullying. Try to help

• Parent training / education programme daily routines are also unsettling. If there is going

them not to respond to teasing and make sure

– a structured training programme with to be a change, explain what’s going to happen in

that other students are aware that they may be

behavioural strategies to improve advance.

more sensitive to this type of behaviour than other

parenting skills in order to manage children in the class.

your child’s challenging behaviour. **How do we deal with their fiddling and fidgeting?**

• Educational interventions and support at Rituals for learning and praising children with

school It’s hard to stop students with ADHD fiddling and

ADHD frequently in class may help raise their fidgeting and so therefore be proactive and not

general levels of self-esteem and make them reactive to this. As a result it is a good idea to give

less vulnerable. If possible set them up with a them something for their hands to fiddle with.

‘buddy’ or peer mentor, ideally from an older class, who can help to support them especially during more unstructured times such as breaks and lunchtimes. Try to involve them proactively in games and activities with close supervision and support from conflict.

• Psychological treatment to help your child cope with his/her feelings and behaviour

• Social skills training – teaching people to be more socially aware in their relationships

Things like squeezable balls, tangle toys or small

with other people

building blocks are some of a number of good

• Medication is also available to treat ADHD.

options.

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**What** NICE (National Institute for Health and Clinical

**kinds of medication are**

**Why is monitoring important?**

**What is the length of treatment?** Excellence) is the independent organisation

**available to treat ADHD?**

It is important that a child/adolescent’s progress

If treatment improves your student’s behaviour, it responsible for providing national guidance on the

There are two types of medications - stimulant

is monitored when they start treatment for their

may be continued for several years as long as it promotion of good health and the prevention and

and non-stimulant - that are recommended as

ADHD. The child/adolescent’s HCP (Healthcare

is effective, but this can vary as every student is treatment of ill health and have produced national

options for the treatment of ADHD.

Professional) will want to monitor not only

different. It is recommended for the child’s doctor guidelines which recommend medication to be

their behaviour and learning and whether their

to review at least annually the clinical need, used in severe ADHD or moderate ADHD where

The dose of medication will be tailored to the

treatment is working, but also whether they are

benefits and side effects of medication, views behavioural or other approaches have not proved

child’s or adolescent’s needs and may change as

experiencing any side effects, if they are taking

of the child/adolescent, parent and teacher and effective.2

they get older, depending on their response and

medication. The child’s parents may give you a

the need for other behavioural and psychological any side effects.

monitoring booklet and ask you to complete it at

therapies.2 Medication may be a valuable addition to help

school. It’s very straightforward. children concentrate, learn and behave more

**Why is taking the medication**

**Health and Safety** effectively. Most children with ADHD respond well

**important?** to medication but it should only be used as part of a wide range of psychological, educational and behavioural therapies. A child and adolescent psychiatrist or paediatrician can assess if medication is appropriate.

To ensure that your student receives the full benefit of their medication, it is important that it is taken as prescribed. Some medications are taken before school and their effects last for the whole school day. Other medications last for a shorter

The HCP will need to see this, so that treatment

Some children may have to take medication can be adjusted if necessary.

at school – this could mean a supply is kept at school. ADHD medications (stimulant) are Any medication that is recommended by your

controlled drugs so they must be kept in a locked student’s HCP has the potential to cause side

container and, like all medications, they must be effects. These can be different in each child. It

kept out of reach and sight of children.\*2,5

Dietary fatty acids supplement is not recommended for the treatment of ADHD.

amount of time and will have to be taken during the school day.

is important that your student’s HCP is aware of any changes that occur, once they start taking their medication. So please try to keep a record of

\* For more information about keeping drugs at school please

Medication is not recommended for pre-school children, instead, Behavioural Parent Training is recommended for parents of children with symptoms of ADHD or Hyperkinetic Disorder.2

It is important to address any issues around taking medication at school to ensure that they do not miss a dose for any reason. The student’s doctor or parents will explain the dosing regimen and be grateful for your cooperation in ensuring

anything you notice at school.

read Managing Medicines in Schools (Primary Professional Development) by Joe Harvey.

your student takes the medication.

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**Getting more information**

More information on ADHD is available from a variety of sources. You may find the following useful:

**Books for teachers and SENCOs**

**Successfully Managing ADHD: A Guide for SENCOs and Teachers** (David Fulton/Nasen) by Fintan O’Regan published by Routledge, 2014

**Attention Deficit/Hyperactivity Disorder – A Practical Guide for Teachers** by Paul Cooper and Katherine Ideus published by David Fulton Publishers 2nd Edition, 2002

**How to Teach and Manage Children with ADHD** by Fintan O’Regan published by LDA Learning, 2002

**Challenging Behaviours** by Fintan O’Regan published by Teachers Pocketbooks, 2006

**Troubleshooting Challenging Behaviours** by Fintan O’Regan published by Continuum International, 2006

**The Small Change 2 BIG DIFFERENCE series Hyperactive, Inattentive and Disorganised** by Fintan O’Regan published by Special Direct, 2008

**The Defiant Child: A Parent’s Guide to Oppositional Defiant Disorder** by Douglas Riley published by Taylor Trade Publishing, 2007

**Books for children**

**Support groups and other useful**

**My Doctor Says I Have ADHD - A Child’s**

**resources**

**Journey** by Dr C R Yemula published by Health Insights 4U Ltd. UK; 2008

ADDISS www.addiss.co.uk 0208 952 2800 **Learning to Slow Down and Pay Attention: A Book for Kids About ADHD** by Kathleen G. Nadeau, Ellen B. Dixon published by Magination Press (American

ADHD Foundation www.adhdfoundation.org.uk 0157 237 2661

Psychological Association); (3rd Revised Edition) 2004

Young Minds www.youngminds.org.uk **Putting on the Brakes: Understanding and**

0808 802 5544 **Taking Control of Your ADD/ADHD** by Patricia O. Quinn, Judith M. Stern published by Magination Press (American Psychological Association); (3rd Edition) 2012

Contact a family www.cafamily.org.uk 0808 808 3555

**Attention Girls! A Guide to Learn All About AD/HD**

**Professional Organisations** by Patricia O. Quinn, MD published by Magination Press (American Psychological Association); 2009

**References** 1. Diagnostic and Statistical Manual of Mental Disorders,

published by American Psychiatric Press; (5h Edition) 2013. 2. Attention Deficit Hyperactivity Disorder: Diagnosis and

management of ADHD in children, young people and adults, NICE guidelines, September 2008. 3. ADHD: The Facts, Mark Selikowitz, published by Oxford

University Press, 2009. 4. Management of attention deficit and hyperkinetic disorders in

children and young people. A national clinical guideline. Scottish Intercollegiate Guidelines Network No 112 October 2009. 5. Managing Medicines in Schools (Primary Professional

Development), Joe Harvey, published by Folen Publishers; 1998.

UKAP the UK ADHD Partnership www.ukadhd.com

**Books for parents/carers**

NASEN www.nasen.org.uk

**Understanding ADHD**

01827 311 5000 by Christopher Green and Kit Chee published by Vermilion; (2nd Revised Edition) 1997

**1-2-3 Magic: Effective Discipline for Children 2-12** by Thomas Phelan published by Child Management Inc. (U.S.); (5th Revised Edition) 2014

**Understanding ADHD in girls at Primary School: A Guide for Parents.** by C R Yemula & L Doddamani published by Health Insights 4U Ltd. UK; 2013

28 29

Top tips in dealing with oppositional defiant disorder

Oppositional Defiant Disorder is term given to describe when a child/adolescent displays a certain pattern of behaviours that includes losing their temper frequently, defying adults, being easily annoyed and deliberately annoying others.

The key elements displayed by children with ODD include the following characteristics:

# Argues with Adults # Refuses and Defies # Angry and Defensive # Spiteful and Vindictive

Children with ODD are often very challenging individuals however some key tips are as follows:

1. Have clear expectations of academic and

behaviour targets and agreed rewards and consequences

2. Make sure they are clear that they are

responsible for their actions no matter “that she started it”, “I’m tired” etc...

3. Be consistent in your approach and handle

disruptions with a response that includes no emotion and not too much talking. Consider non aggressive body language and offer the child an escape hatch to calm down

4. Catch them doing it right. Praise to correction

of behaviour in a 4:1 ratio

5. Sometimes look for the draw. Very Defiant

Children are into power. Let them save face by providing them with 2 options where either one is ok with you

6. Know that your job is to set boundaries but

the child/adolescent’s job is to test them but that discipline means being prepared to make unpopular decisions

7. Use assertiveness as opposed to

aggressiveness but eliminate sarcasm and other forms of put downs

8. Don’t ask “Why?” ask “What?” “What should

you be doing now?” and use Either/Or and When/Then “Lewis either put the phone in your bag or on my desk” “Sheena when you have put the chair back under the table then you can go”

9. If it’s not working in class get to know them

better. “Everybody has a price” and “everybody listens to someone” find out what motivates them and who has influence with them

10. It’s not behaviour management it’s mood

management, their mood, your mood and the mood of the others. Analyse your own mood and don’t take it personally it is not about you it is about them.

TOP T!PS

School diary

School diary

School diary

School diary

School diary

School diary

30 36 31

**Monitoring your student’s behaviour at school**

**This monitoring booklet can help your student’s progress. The Health Care Professional (HCP) needs to know what effect the medication is having on your student’s behaviour and whether there are any side- effects.**

Please monitor your student’s progress once a week over the next few weeks, preferably on the same day every week. This booklet will play an important role in informing the HCP about their well being at their next check up. **This diary belongs to:**

**How to use this booklet**

Each monitoring chart covers a week and different aspects of your student’s behaviour. It also includes possible side-effects. If you have any concerns, please let their parents know as soon as possible.

Looking at your student over the week, please assess each statement on the chart and how well it relates to them during the last week. Then score the statements from 0 (Not at all) to 3 (All the time) by ticking the appropriate box for that statement. If you notice anything else, please write it down in the box at the bottom of the chart.

32 1 33

1

**Week 1 at school**

**Week 2 at school**

Date: ........................................................

Date: ........................................................

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

Schoolwork is improving 0 1 2 3

Schoolwork is improving 0 1 2 3

Works better in groups (than before) 0 1 2 3

Works better in groups (than before) 0 1 2 3

Noisy and excitable 3 2 1 0

Noisy and excitable 3 2 1 0

Has frequent fights with classmates 3 2 1 0

Has frequent fights with classmates 3 2 1 0

Easily distracted from tasks 3 2 1 0

Easily distracted from tasks 3 2 1 0

Difficult to contain during break times 3 2 1 0

Difficult to contain during break times 3 2 1 0

Disturbs children around them 3 2 1 0

Disturbs children around them 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to sit through a whole period 3 2 1 0

Unable to sit through a whole period 3 2 1 0

Total (add scores in each column)

+ + + + + +

Total (add scores in each column) + + + + + + Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s)

Please tick boxes below if any of the following are observed and advise the child’s parent(s) and/or carer(s)

Poor appetite

Flu symptoms

Poor appetite

Flu symptoms

Irritable

Drowsy

Irritable

Drowsy

Complains of stomach ache

Increasingly emotional

Complains of stomach ache

Increasingly emotional

Complains of headache

Stares a lot or daydreams

Complains of headache

Stares a lot or daydreams

Palpitations

Looks anxious

Palpitations

Looks anxious

Feeling/being sick

Seems unsteady

Feeling/being sick

Seems unsteady

Dry mouth/eyes

Displays twitches (tics)

Dry mouth/eyes

Displays twitches (tics)

Rash/joint pain

Increased aggression

Rash/joint pain

Increased aggression

34 1 If your student experiences any problems with their medicine, these should be reported as soon as possible to their parent(s)/carer(s).

If your student experiences any problems with their medicine, these should be reported as soon as possible to their parent(s)/carer(s).

35 1

**Week 3 at school**

**Week 4 at school**

Date: ........................................................

Date: ........................................................

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

Schoolwork is improving 0 1 2 3

Schoolwork is improving 0 1 2 3

Works better in groups (than before) 0 1 2 3

Works better in groups (than before) 0 1 2 3

Noisy and excitable 3 2 1 0

Noisy and excitable 3 2 1 0

Has frequent fights with classmates 3 2 1 0

Has frequent fights with classmates 3 2 1 0

Easily distracted from tasks 3 2 1 0

Easily distracted from tasks 3 2 1 0

Difficult to contain during break times 3 2 1 0

Difficult to contain during break times 3 2 1 0

Disturbs children around them 3 2 1 0

Disturbs children around them 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to sit through a whole period 3 2 1 0

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Flu symptoms

Poor appetite

Flu symptoms

Irritable

Drowsy

Irritable

Drowsy

Complains of stomach ache

Increasingly emotional

Complains of stomach ache

Increasingly emotional

Complains of headache

Stares a lot or daydreams

Complains of headache

Stares a lot or daydreams

Palpitations

Looks anxious

Palpitations

Looks anxious

Feeling/being sick

Seems unsteady

Feeling/being sick

Seems unsteady

Dry mouth/eyes

Displays twitches (tics)

Dry mouth/eyes

Displays twitches (tics)

Rash/joint pain

Increased aggression

Rash/joint pain

Increased aggression

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37 1

**Week 5 at school**

**Week 6 at school**

Date: ........................................................

Date: ........................................................

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

Schoolwork is improving 0 1 2 3

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Works better in groups (than before) 0 1 2 3

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Noisy and excitable 3 2 1 0

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Has frequent fights with classmates 3 2 1 0

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Easily distracted from tasks 3 2 1 0

Easily distracted from tasks 3 2 1 0

Difficult to contain during break times 3 2 1 0

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Disturbs children around them 3 2 1 0

Disturbs children around them 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to sit through a whole period 3 2 1 0

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Flu symptoms

Poor appetite

Flu symptoms

Irritable

Drowsy

Irritable

Drowsy

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Increasingly emotional

Complains of stomach ache

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Complains of headache

Stares a lot or daydreams

Complains of headache

Stares a lot or daydreams

Palpitations

Looks anxious

Palpitations

Looks anxious

Feeling/being sick

Seems unsteady

Feeling/being sick

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Dry mouth/eyes

Displays twitches (tics)

Dry mouth/eyes

Displays twitches (tics)

Rash/joint pain

Increased aggression

Rash/joint pain

Increased aggression

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39 1

**Week 7 at school**

**Week 8 at school**

Date: ........................................................

Date: ........................................................

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

**Behavioural assessment Never/seldom Occasionally Often/quite a bit Very often/frequent**

Schoolwork is improving 0 1 2 3

Schoolwork is improving 0 1 2 3

Works better in groups (than before) 0 1 2 3

Works better in groups (than before) 0 1 2 3

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Easily distracted from tasks 3 2 1 0

Easily distracted from tasks 3 2 1 0

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Difficult to contain during break times 3 2 1 0

Disturbs children around them 3 2 1 0

Disturbs children around them 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to pay attention in class 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to complete homework 3 2 1 0

Unable to sit through a whole period 3 2 1 0

Unable to sit through a whole period 3 2 1 0

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Flu symptoms

Poor appetite

Flu symptoms

Irritable

Drowsy

Irritable

Drowsy

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Increasingly emotional

Complains of stomach ache

Increasingly emotional

Complains of headache

Stares a lot or daydreams

Complains of headache

Stares a lot or daydreams

Palpitations

Looks anxious

Palpitations

Looks anxious

Feeling/being sick

Seems unsteady

Feeling/being sick

Seems unsteady

Dry mouth/eyes

Displays twitches (tics)

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Rash/joint pain

Increased aggression

Rash/joint pain

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41 1

Top Top tips for homework

tips for friendship and peer relations

There is a fairly established statistic that it takes

Students with ADHD often find it difficult to a student with ADHD three times as long to do

make and keep friendships. This is often more the same assignment in the home environment in

of a concern to teachers and parents than even comparison with the school setting.

academic issues.

With this in mind it is recommended that the

Social Skills can be difficult for students with following options should be considered for

ADHD who cannot always wait to take their turn, students with ADHD with regards to homework:

blurt out inappropriate comments and may be

1. Can homework be reduced or differentiated

overtly antagonistic and even aggressive.

to that which is essential

As a result the following ideas may help to

Is the homework really necessary and if so can

improve friendships and peer relations in schools:

the amount or style be adapted for the student

1. Structure unstructured time with ADHD. Perhaps more on word answers than essays or multiple choice answers for maths

Break time/lunch times can be tricky parts of day unless careful thought is given to the amount of free time and groups that students 2. Can bonus points be provided for doing more

with ADHD have access to. As a result it is a

In some cases it will be necessary to have extended assignments and in this case can

good idea to create options for inside activities and clubs

the school provide extra incentives for a

2. Assign a student with ADHD a study buddy student with ADHD to complete the task as

and/or peer mentor this arrangement can help to provide additional focus to task

This is a good idea to have both during class time and break time. Students with ADHD 3. Could there be ways of reducing writing

who have difficulties with study skills and requirements to that which is essential by

socialisation should be assigned another using information technology

student who could act as an “auxiliary

Writing tends to a difficult skill for many students with ADHD. As a result providing another option for getting thoughts on to paper

organiser” in the classroom and advocate in the playground. The peer mentor could be rotated on weekly basis

will be necessary. As a result encourage the use of technology to assist the homework process

3. Educate the other students about differences

in learning styles such as ADHD

Schools are inclusive environments. As a result all students should receive information regarding issues such as ASD and ADHD and how they affect people as part of PHSE classes. Circle Time is also an opportunity to discuss these issues

4. Have specific support and plans for situations

such as Field trips and Sports

Planning for these in advance will prevent situations occurring in terms of proactive supervision, groupings and activities

5. Plan groups carefully

Students with ADHD can often do well in 1-1 situations so often a group of 2 is the best arrangement. The other common issue is that students with ADHD often appear to socialise more effectively with older and younger students rather than their peers. This is something to consider during break and lunchtimes in terms of groups

6. Teach social skills

The issue of helping students recognise the need for impulse control and to listen more effectively does take time but this will pay long term dividends in the end in terms of helping to forge successful friendships.

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4. Can students stay at school to finish

homework or complete it during the day

Based on the above statistic it may be more productive to have the student complete homework tasks at school where there will be more structure and less distractions

5. Can parents be allowed to be a ‘parent

secretary’ for students with handwriting difficulties

In some cases technology will not be appropriate and so if writing is a problem then look to use the parent as a scribe to write down the thoughts of the student but obviously not to do the work for them.

Overall bear in mind that homework sometimes can be a “bridge too far” for some students with ADHD and so the main factors are to try to reduce the burden of homework away from the child and family as much as possible.

TOP T!PS

TOP T!PS

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