

## Attention Deficit Hyperactivity Disorder: Information for Teachers

Attention deficit hyperactivity disorder (ADHD) is one of the most commonly diagnosed disorders in childhood. Approximately 3-5 in every 100 Australian children are living with ADHD and exhibit inattention, impulsivity and/or hyperactivity. Although it is a condition which emerges in early childhood, it may continue into adolescence and adulthood. These problems can affect the way these children behave and learn in an academic environment. It is important for teachers to be able to distinguish between misbehaviour (eg. noncompliant and oppositional behaviour) and behaviour outside of the student's control (ie. due to their processing issues). Punishing children for behaviours outside of their control can result in long-term social, emotional and behavioural problems, and will not be able to change the behaviours in the desired ways. Understanding the core processing weaknesses and learning how to relate to the child in a different way can maximise self-esteem for the child and modify intrusive behaviours in a much more positive manner.



### *Symptoms of Inattention May Include:*

- Lack of attention to detail or makes careless errors in schoolwork and other activities.
- Has difficulty sustaining attention in play activities or tasks.
- Appears not to be listening when others are speaking to him or her.
- Has trouble completing tasks such as schoolwork or chores.
- Has difficulty organising tasks or activities.
- Avoids or dislikes tasks that require sustained mental effort.
- Loses items frequently (e.g. books, pencils, water bottles and jumpers).
- Easily distracted.
- Often forgetful.

### *Symptoms of Hyperactive Behaviour May Include:*

- Fidgets or squirms frequently.
- Leaves his or her seat in the classroom or in other situations where they are expected to remain seated.
- Climbs and runs excessively when it is not appropriate. In older children or adolescents, this may be limited to just feeling restless).
- Has difficulty playing or engaging in leisurely activities quietly.
- Talks excessively.
- Always seems to be on the go.

### *Symptoms of Impulsivity May Include:*

- Difficulty waiting for their turn in games or groups situations.
- Yells out the answer to questions before they have been completed.
- Often interrupts others.

## **Types of Attention Deficit Hyperactivity Disorder (ADHD):**

There are three different subtypes of ADHD:

- *Predominantly Inattentive Presentation.*  
This presentation is characterised by symptoms that are predominantly from the inattention category. However, the individual may also have some symptoms from the hyperactive-impulsive category.
- *Predominantly Hyperactive-Impulsive Presentation.*  
This presentation is characterised by symptoms that are predominantly from the hyperactive-impulsive category. However, the individual may also have some symptoms from the inattention category. This subtype is the most rare.
- *Combined Presentation.*  
This presentation is characterised by a significant number of symptoms from both the inattentive and hyperactive-impulsive categories.

## **How to maximise attention skills in the classroom:**

It will be important not to draw too much extra attention to the child and make them feel like they are being singled out as different. Try and frame any extra help in a positive light and make sure that the child doesn't feel like you are getting angry with them for behaviours that are outside of their control.

- It is important to reduce distractions in the environment that can tax or disrupt attention. Having the child's desk free of extra materials that may distract them will encourage direct visual attention.
- Placing the student where they can feel more "in the middle" of an activity may help increase their arousal and help with sustained focus
- Sometimes poor motivation plays a negative role in the child's engagement in the classroom. Maintaining good rapport can be invaluable in helping the child's motivation levels modulate their attention skills.
- Winning a child's approval through extra positive feedback or providing a special role they can play can result in a child who is more likely to be willing to please in the classroom and put in the extra effort even when harder for them.
- Ensure you establish eye contact with the student prior to giving essential instructions or new material so that the student is ready to listen carefully. Sometimes it may help to place your hand upon their shoulder, as touch is a good way of helping to focus attention.
- Try to give one instruction at a time. Writing down sequences of instructions or information for the student is also helpful.
- Assist the student in prioritising tasks so they can focus their attention on the most important task. This will assist especially if they have trouble with divided attention, or concentrating on multiple things at once.

## **How to minimise the intrusiveness of impulsivity and hyperactive behaviours:**

- Seat the student near to the class teacher to allow increased supervision and for the teacher to identify when the student needs a break.
- Allow the student breaks when they begin to get overwhelmed, fatigued, or frustrate by information overload. Short 1-2minute breaks when their attention starts to wane is advisable and works best if it is a physical or relaxing activity i.e. get a drink, run a short errand. This allows the student to take short exercise breaks and to stand up and stretch their muscles.



- Sensory tools such as ‘fidget toys’, play dough, ‘move & sit’ cushions and other items that allow for movement that is minimally distracting can be helpful.
- Having a clear set of instructions in regards to interruptions in the classroom and clear consequences is important. If a child has difficulties refraining from interrupting try and get them to write their comments on a piece of paper which they can show you in a break or after class. Reward them for using this paper and having ‘interruption free’ periods through praise or other meaningful rewards.



**How to enhance executive/planning skills:** Often children with planning weaknesses see planning as unnecessary and too effortful. However it is important that they understand its benefits, including better marks, and the saving of time in the long-run by not needing to redo parts.

- Children with difficulties knowing how to approach tasks may benefit from having a “cookbook” of steps for common problems. This “cookbook” should be used as a guide to help them select the correct strategy for problems until their approach becomes automatic.
- It is often helpful to provide examples of how students might plan differently to complete the same task. In this way, the student can see options for alternative methods and flexibility.
- Have the student verbalise a plan of approach at the outset for any given task, whether it is an everyday chore, routine, or academic activity. The plan can be broken down into a series of steps, arranged in sequential order, and written down as a bullet list and act as a guide to complete the task.
- Assist the student in prioritising so they can focus their attention on the most important task. This will assist especially if they have trouble with divided attention, or concentrating on multiple things at once.
- If a student has a poorly thought out written answer or approach to a task, have them redo the task using a more organised plan and then score both pieces so they can see the benefits of planning.



**Referring Your Students for Treatment** When it comes to ADHD, the earlier the intervention, the better the outcome is likely to be. There are many different options for referral and referral should be based upon the types of intervention the family feel most comfortable with: (1) If the family wish to medicate, referral to a paediatrician is appropriate, (2) If the family do not wish to medicate and would like to treat the underlying cognitive issues (eg. attention, planning/organisation, behavioural, social & emotional skills), referral to a psychologist for cognitive training/ therapy is appropriate. Note: Often even if a child is medicated the family will still need psychological intervention to address other skills not enhanced by medication such as planning and organisation.