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Other tips that teachers might find helpful

Not all children with ADHD respond to straightforward strategies as previously mentioned. This chapter contains some suggestions for more complex cases. For example, if a child is receiving recurrent detentions, try and look at what is causing these and whether appropriate accommodations might prevent them. For example if it is an issue to do with homework then very frequently this is because the child's medication has worn off, because he or she has not written the homework down, or because he or she is disorganised and cannot get the homework back to school. Appropriate accommodations can minimise the occurrence of this. Most children with ADHD do not learn from detentions. Some even use detentions as a means of avoiding specific task or demands.

- Try to ignore minimal negative behaviours and try distracting the child onto something else as a means of re-engaging his or her focus. For example, he or she could be asked to move to a different place in the class, the activity could be broken up with some exercise, or allowed a brief time out. Non-verbal feedback, cards or prompts can also be helpful.
- Unstructured times, particularly breaktimes and lunchtimes can cause difficulties in part because the child with ADHD has to organise his or her behaviour and negotiate subtle social interactions. Preparing a child for these changes, giving him or her a particular role or rewarding activity, or using the time as an alternative for doing homework can sometimes help. Using a lunch buddy could be trialled. Using behaviour report cards that link what happens at school with the home is also very useful. This can be helpful both for the playground situation and for the academic side of things.
- What may appear to be attention-seeking behaviour is often impulsiveness in children with ADHD. These children are often 'in your face', they cannot wait, they want things now, they interrupt your conversations, blurt out the answers, and often appear to go on and on and on until they get your attention. These types of difficulties can be quite exhausting. Try and reward appropriate behaviour only with your attention, try and minimise the time between the achievement or problem occurring and the praise or punishment that ensues. The longer the delay, the more likely the child with ADHD will forget or not see the relevance of the praise or punishment to the original situation.
- Children with ADHD find it particularly difficult to plan ahead, and also to cope with new or changed situations. Having a class timetable that is written down, and as much as possible trying to foreshadow any changes that might occur is important. Many children with ADHD will need time to adjust and to assimilate new information about a change from what has been until now a routine. If they are also anxious it is sometimes best not to tell them till the change is just about to happen. Speaking to parents can often give guidance on how best such situations might be handled.

- Whilst everyone has good and bad days, children with ADHD tend to have very good days and very bad days. There is usually no obvious reason for this, not usually related to things that have been going on in their lives, their diet or any other reason, and this makes teaching these children and finding a level on which to standardise things quite difficult. The inconsistency is an inherent part of many children's ADHD and it is helpful to recognise and to take this into consideration in developing teaching strategies.
- Many children with ADHD are less flexible and adaptable and tend to get more readily frustrated than their peers. This means that they are more likely to have prolonged tantrums and sudden outbursts, and to be physically or verbally aggressive, often in response to apparently minor difficulties. Such problems frequently impact on the child's interaction with parents, teachers, siblings and peers. If such problems are persistent, it is a good idea to analyse the context in which they occur and the time of day, and to then look at trying to put in place appropriate strategies and accommodations. If they still persist then it may be worthwhile looking at more effective management of the child's ADHD overall.
- Quite frequently subtle changes of approach and strategy or a voice tone can reduce the stress of a situation and promote a more positive relationship with the child with ADHD. It is often quite surprising how often the combination of warmth, patience and humour, together with consistency and firmness, will go a long way to counteracting the rejection and criticism that these children so often experience.
- Nurturing and supportive self-esteem is critical to effective management of ADHD. Sometimes there have been many years of criticism, punishment and blame and the child has been repeatedly told he or she is a failure, eventually coming to believe this. Handling the child and particularly very carefully punishing the child where appropriate is essential to avoid exacerbation of problematic self-esteem. Rephrasing commands or communications in a positive way can make all the difference. Encouraging positive self-esteem is vital in children with ADHD. Many children with the condition have become increasingly demoralised and demotivated and the struggle they have had with the schoolwork and social interaction over the years has usually meant that their self-esteem, motivation and usually social skills have become quite problematic. Careful listening, sharing and caring can help make the child feel valued and have a sense of loyalty and responsibility to the larger group encouraged. Try and get the child to contribute and feel connected to the group, and find something they are good at. Encourage their 'islets of competence', and find something relevant even though it may appear rather trivial, that the child is good at and can do on a regular basis to contribute. Remember to praise him or her for commitment and efforts to become a valued member of the group. Try and recognise the child's innate potential, and use this as a way of nurturing self-esteem, putting less emphasis on the things that go wrong. Try and play to the child's strengths and use this to enable him or her to accomplish smaller tasks. Try and encourage independence and adopt an empathetic supportive approach to his or her views. Support him or her in activities that are both within and outside the school and praise and acknowledge even apparently minor achievements.
- If the child's rate of learning remains persistently low despite his or her ADHD being effectively managed, consider whether the child may have other associated difficulties. For example, about a third of children with ADHD have

coexisting specific learning difficulties or problems with developmental coordination disorder. Such children need support in all areas. The child's physician may need to review the situation with regard to whether or not the child's medical management is appropriate and has been carefully fine-tuned; they may also wish to consider whether hearing or vision might need rechecking, and/or whether or not there may be some other medical condition that is impacting on the problems. It is always important to consider whether or not the child's core ADHD symptoms are satisfactorily controlled and to ascertain that the child is concentrating well and is not being excessively hyperactive or impulsive. Containing these symptoms is essential to effective management. Frequently a minor change of attitude or of supportive strategy can make all the difference to a child.

- The appropriate use of behaviour management techniques very much depends on the age of the child and whether there is associated inherent oppositionality. Agreeing on basic classroom rules so that you can fall back on these rather than taking each argument in its own right can be very important. Ignoring minor behavioural infringements but only concentrating on the more serious ones is essential as is praising the positive behaviours and choosing one's battles wisely. Giving commands carefully without too many, obtaining eye contact to make them take notice, and stating the consequences clearly is important. Token reward systems can be helpful, contracts are sometimes helpful, and foreshadowing a specific problem/situation and trying to either avoid or anticipate what is likely to happen can also be very useful.
- Reprimands and punishments should be done with care and sensitivity as many children with ADHD are hypersensitive and tend to misinterpret comments. Use careful reprimands with a measured tone of voice and attitude suited to the behaviour. Make it clear that it is not the child you are criticising, rather the behaviour. Don't see the child as a failure but look forward to doing things more positively next time and suggest how the situation might happen differently in the future.
- In those oppositional children, particularly those who are not keen to communicate, who had frequent outbursts of temper and rages, public outbursts are counter-productive to both you and the pupil. Therefore try and give him or her the option of not losing face, develop non-verbal strategies and focus on what has gone wrong, rather than the pupil him or herself. You may have to say the same message in a calm non-confrontational tone, over and over again, using the 'broken record technique' and if possible use distracting strategies; try and avoid using the somewhat accusatory term 'you', particularly as such children are usually very sensitive to criticism or comment and easily misinterpret or overreact.
- Bullying is a common problem for children with ADHD. They often bully others, partly because of their aggression and also their impulsiveness, as well as the fact that they want to be able to be seen as part of the group, because of their social skills difficulties. However, they may also be easily led and sometimes set up by other children to do the bullying. The others often run for cover and the ADHD child can take the whole blame. A child who has been bullied may often have low self-esteem and other associated difficulties.
- Pupils with ADHD are much more likely to be suspended or excluded from school. Compulsory assessment for conditions such as ADHD should be done in any such situation, as is currently the case in the United States. The

simplistic assumption that disruptive behaviour leading to exclusion, is solely the result of family dysfunction or socioeconomic difficulties and is usually not appropriate. Persistent problems with planning, organisation and time management, irrespective of whether or not a child is taking medication, are frequent problems in the school setting. Difficulties with prioritising, making decisions, thinking and planning ahead, and having a concept of time passing are common difficulties. They may cause a great deal of difficulty in a school setting, and most children with such executive function-type difficulties benefit from accommodations. They are the sort of difficulties that many teachers consider are very much within a child's own volition; however, unfortunately in this group of children that appears not to be the case. Having a poor concept of time, with the associated difficulties in planning to the future, setting priorities and carrying through a long-term project to completion are particularly challenging for pupils with ADHD. This particularly applies to getting homework to and from school, getting it written down and organised, and strategies such as a home-school diary, e-mailing the homework back to the teacher, and enlisting support of parents can all be helpful.

- Homework is a particular difficulty for children with ADHD. As mentioned, problems in planning, organisation and time management, together with other difficulties such as problems with writing, learning or memory, can all make this increasingly problematic. In addition, if medication is being used, it usually wears off towards the end of the school day. It is generally helpful to try and avoid giving homework at the end of the class when the pupil with ADHD has lost focus and is preparing to move on. Having a regular daily routine to get the homework back to school and having ongoing liaison with parents is important. Short-term memory problems, over and above concentration difficulties, can be a particular problem in children with ADHD. Very frequently the short-term memory problems persist even if the concentration is effectively managed. These children tend to benefit from having a general outline of the new information given to them initially to guide their attention and progress, to have instructions or new information repeated or given from a different angle, from having established eye contact with the pupil prior to giving instructions and to ensure that he or she is listening carefully, as well as breaking down a task or information into small steps or chunks, and considering altering the rate of presentation of new material where appropriate.
- The weak focus of a child with ADHD means that benefit is usually seen by frequently changing tasks on which he has to concentrate, by having frequent short breaks, by asking the child a question or getting him to do something every now and again to make sure he is focusing and to avoid lengthy tasks, particularly those he is seen as tedious or monotonous. If these have to be done, disperse them with either frequent breaks or more engaging tasks. When children with ADHD have associated specific learning difficulties they may need additional educational support via being on the special needs support register. For example, they may need additional reading time if their reading is weak. The term 'dyslexia' is used less these days, but it relates to a language-based learning difficulty specifically related to reading. It is probably helpful to think of specific weaknesses in reading, maths, spelling, writing, etc. rather than using the label of dyslexia too globally. Children with dyslexia are helped

by being taught phonological awareness, sound discrimination/identification, syllables and rhyme, and hearing sounds within words. They benefit from a range of different accommodations to suit their learning style. For example, visual learners benefit by using plenty of visual materials, overhead projectors, video and interactive whiteboards. Auditory learners find discussions, questions and answers, word pictures and auditory memory games helpful. Kinaesthetic learners like to gather information in lots of different ways, and to further do things in a hands-on and experimental way. Students who struggle with written work may eventually benefit from doing touch-typing using a computer, using a tape recorder or dictaphone or scribe or possibly using voice recognition software.

- Frequently a child's name has gone before him or her because of the things that have gone wrong prior to the effective management of his or her ADHD. This means that he or she may be blamed for things inappropriately, and scapegoated by teachers who assume he or she has done something wrong, even though this may not be the case. Frequently child-teacher relationships have completely broken down. A child needs to know that someone is on their side who believes in them and who is not a soft touch, but rather will support the child, will say no when no is meant, and who will discipline consistently and nurture their self-esteem within defined boundaries. Try and avoid taking away things as punishment that the child does well. A child with ADHD would generally not see the connection in any case but taking away the things in which the child excels is likely to further exacerbate the child's problematic self-esteem. There is a fine line between providing appropriate accommodations for the child and promoting self-reliance, as compared to doing things excessively for the child.
- Persistent social skills difficulties may be caused by impulsiveness, by dogmatism or rigid thinking and by poor listening skills or lack of focus. Sometimes having associated features of Asperger's Syndrome exacerbates the situation and also their high energy levels may make it difficult for their peers to keep up with them. In children with uncomplicated ADHD, in most occasions when the ADHD is effectively medically managed, social skills improve. If not, reconsideration of whether or not the child might have Asperger's Syndrome coexisting with the ADHD may be worthwhile. Other strategies such as using social skills groups and one-to-one social skills support with review of things that have gone right and may have gone wrong can be helpful. Using a study buddy for activities and projects may be helpful, and enlisting the support of peers in the classroom, especially those with good social awareness, may also be helpful.
- Always aim to play to the child's strengths as much as possible. Identify the positive attributes of the pupils with ADHD. Possibly use the analogy of a mountain range where there are peaks and valleys: the peaks representing their skills and the valleys representing the areas of ADHD in which they have difficulty. Aim to try and strengthen the peaks and minimise the depths of the valleys with effective management. The tendency to think unconventionally and to have obvious enthusiasm together with high energy levels in many pupils with ADHD can make them extremely interesting and intriguing in the school setting. Channelling and encouraging these attributes correctly can make all the difference to the way in which a child with ADHD develops and how effective he or she may become in society. Aim to focus on the positives

rather than the negatives and consider how the negatives may be viewed as strengths. A distractible child, for example, may be perceived as one who is curious and questioning. Impulsiveness may make children more energetic or decisive. Many such children thrive on tasks that require high energy levels, dogmatic behaviour, being busy and having lots of stamina. Such children may respond well to having responsibility in groups or with specific tasks.

- Monitoring progress is always essential and should be done in conjunction with the child's physician if the child is on medication. There are a number of school feedback forms available, all of which are aimed at having some gauge of change in the child's concentration, distractibility, procrastination and organisation as well as impulsiveness and overactivity. Most charts also monitor self-esteem, conversation skills, anxiety and academic progress. Good liaison and communication between all professionals caring for the child is essential.
- The child who has ADHD but who also is in the gifted and talented category may appear to be of average or lower abilities without his or her true strengths and weaknesses being fully recognised. In the wrong type of schooling environment, a gifted child can sometimes present with symptoms suggestive of ADHD, and such consideration is always important for the physician in the differential diagnosis. Such children may have a significant scatter of abilities and there is some evidence that educational psychology tests, in a child with ADHD, can underestimate a child's true ability because of the concentrational and short-term memory weaknesses. Such children often have a 'spiky profile' with very significant cognitive strengths but often having real problems with social skills, concentration, organisation, short-term memory or self-esteem. Gifted children with ADHD tend to often become demoralised and have lower self-esteem at an earlier age than the more average child with ADHD. Their chronic boredom can be a real challenge to teachers as average things just do not interest them. It could often be a mistake to place a gifted and talented child with ADHD in a lower set as this takes away the challenge and exacerbates the boredom and thus the demotivation and low self-esteem. Such children are often said to have dual disabilities: on the one hand they may need to be on the gifted and talented register and on the other on a special needs register.
- Some parents refuse to accept or they deny that their child may have a problem even if that is very obvious to the teacher. This places the teacher in an invidious situation particularly as some parents may blame the teacher for their child's problem. In such situations it is usually helpful for the teacher to try and explain carefully to the parents exactly what difficulties are being seen in the classroom, encourage them to become better informed about conditions such as ADHD and to try and dispel the myths and misinformation that have been so prevalent around these subjects. Sometimes the difficulties occur because the parents have had similar problems at school themselves, as conditions like ADHD are highly genetic. This means that such problems have become the norm for them. If parents still refuse to accept that the child may have difficulties, keeping a joint diary at home and school over the next month or two is sometimes helpful to assist with reassessment of the situation subsequently. It may be helpful to encourage the parents to visit the child's general practitioner, or involve the special needs teacher and/or school doctor.

- The extensive myth and misinformation surrounding the condition and the medications used to treat it have influenced not only parents but also many teachers. Some teachers therefore find that their colleagues may be sceptical and particularly in the senior school there may be some teachers who accept ADHD is a valid condition and some who are still inappropriately sceptical. This places the informed teachers in a difficult situation and may mean that the child receives different supports in different subjects. Given that the various reports including the NICE report (www.nice.org.uk) have validated that ADHD is an internationally recognised complex neurobiological disorder, it is increasingly inappropriate for teachers to have sceptical views of this common condition. Indeed ADHD affects up to 5% of the UK school population. Researchers believe that people with ADHD have a few structures within their brain that are smaller and that their neurotransmitters/the chemical messages in the brain/do not work properly. In dealing with teachers in this situation, it may be helpful to encourage colleagues to attend in-service training and to collect some informed reading material for them.
- The children with ADHD that coexists with the early onset of Oppositional Defiant Disorder act as 'teenagers before their time'. Such behaviour can be extremely worrying for teachers as well as for parents. It may be malicious but is often impulsive. Mornings can be particularly difficult and if it persists despite the child being on medication then it is worthwhile discussing this with the child's physician. Don't assume that the problems in behaviour are automatically due to inadequate parenting; a child with severe ADHD, particularly with associated Oppositional Defiant Disorder, causes very significant family dysfunction. Parents and also siblings may become extremely stressed. This can sometimes correct the erroneous impression of family difficulties being the cause of the child's behaviour and the assumption that the problems must be due to inadequate parenting. However, it is usually the reverse in that the child's innate difficult behaviour causes very significant family dysfunction. Be aware of the reality of suffering, living with ADHD, and remember that a child with ADHD will stand out as being different from his or her siblings and peers at all stages of his or her development. Such parents often dread going to the school in case there has been another disaster and to be further blamed for their child's difficulties. The transition from primary to secondary school is often a tipping point for things to go wrong in a child with ADHD. Frequently, particularly if the child is bright, he or she may have coped well at primary school, particularly where there was only one teacher and few changes and with fewer organisational demands.
- With the transition to senior school, the work becomes harder, there are many more demands on the child with ADHD and their inherent weaknesses with organisational and time management. Changing friendships and social issues may also become problematic. Using a coach or mentor, having a good form tutor, being able to sit down with the child and use a timetable and plan ahead, and good liaison between primary and secondary school are all important.
- In a similar way the transition to Sixth Form College after GCSEs is also a difficult time. This can be particularly problematic if the child is going from a structured school environment, to a much less structured Sixth Form College environment. At this stage it is particularly the lack of structure, together with sometimes mixing with the wrong company, being unsure as to long-term

motivation, being involved in drink or drugs and being easily led by peers that can all contribute to the difficulties. Good communication between school and college, insisting on a college which is as structured as possible, and using good role models are all helpful.

- Transition on to university is another difficult time. The even more significant lack of structure at many universities is a particular problem. However, in part to counteract this, universities generally tend to have good special needs provision and frequently coaches or mentors, laptops and other dictating equipment are available. As much as possible it is usually beneficial for youth with ADHD to go into a course which they like and which is as structured as possible, continuing recognition of the fact that in very many cases ADHD is a lifespan condition and that the problems are not outgrown just because the child leaves school. In particular, gifted youth with ADHD who are progressing to university frequently have major problems with organisation and this needs to be addressed with as much structure and 'scaffolding' as possible.
- Occasionally children use their ADHD as an excuse and/or parents have worked hard to gain support for their child and that support appears to be excessive. It is always important that ADHD is seen as an explanation and not an excuse. The best way of doing this is to involve the child in his or her overall management and to treat him or her in a mature way, explaining the condition and the strategies used to treat it as appropriately as possible. If a child seems to be using his or her ADHD as an excuse or as a way of opting out of things, this needs to be discussed with him or her and is often related to their loss of confidence, or the child's academic underachievement relative to ability being not fully recognised. Spending time discussing the reasons why the child is felt to have ADHD, and looking at strategies and ways forward are usually very beneficial in this setting.
- Remember to differentiate between ADHD and ADD. Although ADHD is the broad term to cover all categories of inattentiveness, hyperactivity and impulsiveness, in practice, in educational circles it is best to use the term ADHD for those children who are hyperactive, impulsive and inattentive, and to use ADD for those children who are daydreamers, 'away with the fairies', and who are inattentive rather than behaviourally difficult. Particularly if they are bright and are girls, the inattentiveness is sometimes not recognised and such children tend to fade away in class. They also often have problems with anxiety, depression, mood swings and low self-esteem.
- Useful websites include www.myadhd.com, www.helpforadhd.org, www.chadd.org, www.addiss.co.uk, www.adders.org and www.gifteddevelopment.com.
- The overall school ethos is critical to the management of a child with ADHD and often only slight changes of approach can make a huge difference to the child. Also the teacher's attitude in front of his peers is important.
- Remember that many children with ADHD present in different ways and some may be more behaviourally difficult, some may be more moody, some may have more of a learning problem or more social problems. This really depends on the extent of which the core features, of hyperactivity, impulsiveness or inattentiveness present in an individual child and to what extent the complications have occurred. Children with ADHD benefit from not being ridiculed, from positive things being found about them, from having a positive

role such as even being the 'goldfish monitor' or similar and from having good role models. The child's confidentiality should always be respected and if the child is on medication during the day, confidential and discrete arrangements should be made.

- Pupils with ADHD benefit from using well-designed worksheets, from not being overwhelmed by having too much information on any one page, and often by using computers as much as possible.