

STRATEGIES FOR SUPPORTING STUDENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) YEARS 1-6

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Rose Dixon gives some practical advice on how to support students with ADHD...

WHAT IS ADHD?

[Attention-deficit/hyperactivity disorder \(ADHD\)](#) is a neurodevelopmental disorder that affects around 9.4% of children under the age of 18. ADHD is one of the most commonly diagnosed conditions in children (Centers for Disease Control and Prevention, 2015). The diagnostic term *attention deficit/hyperactivity disorder* (ADHD) refers to individuals who display patterns of inattention, impulsivity, and overactive behaviour that interfere with daily functioning (American Psychiatric Association [APA], 2013). The *Diagnostic and Statistical Manual* (DSM) V (APA, 2013) criteria for diagnosing ADHD list three types of ADHD and the accompanying characteristics.

THREE TYPES

Inattentive ADHD

Formerly referred to as ADD, students with inattentive ADHD display symptoms of inattention, but do not possess symptoms of hyperactivity or impulsivity. This is the type of ADHD most commonly found in girls. As students with this type of ADHD don't exhibit the typical high energy and impulsive behaviours, they can often be under identified.

Hyperactive/Impulsive ADHD

This subset of ADHD displays symptoms of impulsivity or hyperactivity but does not display symptoms of inattention.

Combined

People with combined ADHD display symptoms of inattention, hyperactivity and impulsivity.

This is the most common subset of ADHD

The combined type of ADHD is characterised by symptoms of both inattention and hyperactivity/impulsivity. Students with combined type ADHD exhibit symptoms

of inattention such as struggling to concentrate on their work, difficulty following instructions, appearing distracted, forgetfulness, and misplacing items. They also exhibit hyperactive and impulsive symptoms such as being unable to sit still, restlessness, talkativeness, high energy levels, and interrupting others.

For all three types, these characteristics have to be present before twelve years of age and be manifested in school and out of school settings. They must also have adverse effects on academic performance, occupational success, or social-emotional development (APA, 2013). To add to the complexity of the diagnosis, children with ADHD are also likely to have co-existing emotional, behavioural, developmental, learning, or physical conditions (Wolraich & DuPaul, 2010).

Students who have ADHD face many challenges in school. The core symptoms make adapting to behavioural expectations and norms at school very difficult, often resulting in academic problems and peer exclusion (de Boer & Pijl, 2016; Mikami, 2010). Students with ADHD commonly have co-occurring problems such as anxiety, depression and learning disabilities. All predict further school impairment (Larson, Russ, Kahn, & Halfon, 2011; Taanila et al., 2014).

DIAGNOSIS OF ADHD

ADHD is more commonly diagnosed in boys than girls, usually in a ratio of four to one, but research into ADHD in adulthood suggests an almost equal balance between men and women (Barkley & Fischer, 2008). A lower diagnosis rate among females in childhood can result because girls with ADHD are more likely than boys to have the inattentive form of ADHD and are less likely to show obvious problems or challenging behaviours.

Whilst students with ADHD need to be diagnosed by a medical professional, teachers may notice some of the following behaviours usually related to the three different

types.

PREDOMINANTLY INATTENTIVE TYPE

The student may:

- Submit inappropriate work or inaccurate work
- Have difficulty attending to conversations, activities or tasks
- Be easily distracted
- Have difficulty following directions
- Frequently lose materials and/or have difficulty organising tasks and materials

PREDOMINANTLY HYPERACTIVE/IMPULSIVE TYPE

The student may:

- Appear to be in constant motion
- Frequently fidget and move in their seat
- Become restless during quiet activities
- Leave their seat when expected to remain seated
- Interrupt others and classroom activities
- Talk excessively and/or fail to follow classroom procedures

TREATMENT FOR ADHD

While there is no cure for ADHD, and it can persist into adulthood (Barkley & Fischer, 2008), evidence-based treatment can help a great deal with symptoms (Moore et al, 2018).

Treatment typically involves medications, behavioural and/or educational interventions. Given the often poor school outcomes of students, a growing number of studies have trialled school-based interventions for ADHD (van Krayenoord, Waterworth & Brady, 2014) including the daily report card (DRC), where the child is set, and awarded for achieving, specific behavioural targets; academic interventions which focus on antecedents of problems; organisational skills training; and social skills training. (Chronis, Jones, & Raggi, 2006; Evans, Owens, Wymbs, & Ray, 2018).

USEFUL CLASSROOM STRATEGIES TO SUPPORT STUDENTS FROM YEARS 1 – 6 WITH ADHD

Teachers can employ evidence-based strategies in three key areas which have demonstrated positive outcomes. These include classroom management, organisation training and social skills training.

A) Evidence-based proactive strategies which im-

prove behaviour

The behavioural classroom management approach encourages a student's positive behaviours in the classroom, through a reward system or a daily report card, and discourages their negative behaviours. This teacher-led approach has been shown to influence student behaviour in a constructive manner, increasing academic engagement. Although tested mostly in primary schools, behavioural classroom management has been shown to work for students of all ages (Evan, Owens & Burford, 2014; Harrison, Burford, Evans & Owens, 2013)

Often students with ADHD can't wait for the end of the week reinforcement of good behaviour

Develop routines around homework and classroom activities. *You will need to teach and reteach these routines and positively reinforce the student when they follow them.*

Give praise and rewards when rules are followed.

Catch them being good

B) Organisational training

Organisational training teaches students time management, planning skills, and ways to keep school materials organized in order to optimize student learning and reduce distractions. This management strategy has been tested with children and adolescents (Kofler et al, 2011).

These strategies can include:

- Giving clear, effective directions or commands. Usually only give one command at a time and use a student's name in the command.
- Using Visuals – Place charts around with the Rules and Routines on them
- Allowing breaks – for children with ADHD, paying attention takes extra effort and can be very tiring.
- Allow time to move and exercise
- Transition Buddies
- Teacher cues for transition between activities, such as claps or music
- Color-coded folders
- Extra books – a set at home and a set at school
- Use of calendars

- Seating arrangements
 - Close to teacher
 - Separate desks
 - Away from distractions (e.g., electric pencil sharpener)
 - Away from windows, the door and other high traffic areas
- Avoiding bright display areas at the front of the room or in the group teaching area

Place displays on the back wall

- Assignments and Homework
 - Make assignments clear – check with the student to see if they understand what they need to do
 - Provide choices to show mastery (for example, let the student choose among written essay, oral report, online quiz, or hands-on project)
 - Make sure assignments are not long and repetitive. Shorter assignments that provide a little challenge without being too hard may work well
 - Be creative – creativity is a strength for students with ADHD
 - Use organisational tools, such as a homework folder, to limit the number of things the child has to track.
 - Ask another student, if possible, to be a homework partner

The great thing about these strategies is that they will benefit most of the other students in the classroom as well as the students with ADHD

C) Evidence based Social Skills Training

Social skills training allows children and adults to acquire the knowledge, attitudes, and skills they need to recognise and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions and handle challenging situations constructively. Many available programs provide instruction in and opportunities to practise, apply and be recognised for using social skills. This type of learning is fundamental not only to children's social and emotional

development but also to their health, ethical development, citizenship, motivation to achieve and academic learning (Evan, Owens & Bunford, 2014).

Students with ADHD are more likely to be rejected by peers and teachers

Research shows that large numbers of children with ADHD are contending with significant social, emotional and mental health barriers to their success in school and life (Kofler et al, 2018). In addition, some children with ADHD engage in challenging behaviours that teachers must address in order to provide high quality instruction. Schools can use a variety of strategies to help students improve their emotional well-being and connectedness with others. Providing children with well managed learning environments and instruction in social skills addresses many of these learning barriers. It does so by enhancing school attachment, reducing risky behaviours, promoting positive development, and positively influencing academic achievement. Well-implemented social skills training is associated with the following outcomes:

- Better academic performance
 - Achievement scores an average of 11 percentile points higher than students who did not receive social skills training
 - Improved attitudes and behaviours
 - Greater motivation to learn
 - Deeper commitment to school
 - Increased time devoted to schoolwork, and better classroom behaviour.
 - Happier/ fewer instances of mental health disorders (e.g. depression)
 - Less likely to be victims of bullying
 - Stronger relationships with teachers
- (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger 2011, Durlak, Domitrovich, Weissberg, & Gullotta, 2014).

CONCLUSION

The evidence-based strategies that have been discussed in this paper can usually be implemented in the Year 1-6 classroom. They address the core symptoms of ADHD such as the ability to pay attention, conflict with teachers and peers, challenges with executive function, inattention symptoms, poor organisation skills and self-esteem. However, school-based interventions should target the

outcomes identified as most important to the students and their families. Other studies have found that positive teacher-child relationships and good home-school relationships (Gwernan-Jones et al, 2015) and advocacy for the student may be the strongest intervention and have the greatest impact on student's outcomes.

Even if you find it difficult to implement the adjustments in the three areas outlined above, just maintaining good relationships with the students and their families can be a very strong starting point.

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Dr Roselyn Dixon has been a special education teacher in both mainstream and special education settings in primary and secondary schools. Rose has been in academia and involved with Inclusive Education for more than 25 years. She has published research in the fields of social skills and behavioural interventions for people with a range of disabilities including students with Oppositional Defiance Disorders and Autism.

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