







A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

When you talk to the majority of people, ADHD (Attention Deficit Hyperactivity Disorder) goes hand in hand with bad behaviour. It's the stereotype that many people spend lots of time trying to dispel. I can only assume that by buying this book, you have a mutual interest in finding out the reasons behind behaviour. By starting with exploring ADHD, I hope that it will enable you not only to feel empowered, but also to share these strengths with others.

The actual causes of ADHD are unknown, but current research suggests a complex interaction between environmental factors and genetic/risk predisposition. ADHD itself is a complex neurobiological condition that affects approximately 5 per cent of the population and significantly interferes with everyday life (Cooper, 2006). It is caused by an imbalance of some of the neurotransmitters in the brain. It is present from early on in childhood and is pervasive as it occurs in more than one setting – e.g., school and home. Diagnosis in childhood will usually be made after information from both settings and isn't usually made until after the age of 5. It often continues into adolescence and adulthood.

When ADHD comes up in discussion, it is often a controversial subject. Some even dismiss it as a condition that doesn't actually exist, but, regardless of people's thoughts and feelings, it is present in our schools, so we need to have practical ideas of supporting a child with ADHD as well as allowing them to reach their individual potential. The findings in research (Paloyelis et al., 2007) show that in people with ADHD there are differences within the development of the brain. The ability to control shifts from one activity to another, while the executive function and alertness differ from others. There is often a reduction in blood flow to the front of the brain. This area of the brain controls a variety of functions – e.g., emotions, memory, reactions to rewards and consequences, impulsivity and attention. Due to problems with neurotransmitters, messages are unable to complete their journey, causing children to present in a variety of ways – e.g., lacking in attention, argumentative, inappropriate behaviour, difficulty with schoolwork, difficulties with reading comprehension, poor memory, difficulties with retrieving information from memory, poor organisation. This list isn't definitive and research continues.

One of the most positive things you can do in your classroom is to be aware of the strengths that ADHD can exaggerate. In my experience, a child with ADHD can demonstrate the following positive strengths: charm, perseverance, resilience, tenacity, out-of-the box thinking, creativity, innovative thinking, a great sense of humour, musicality, being adventurous, intelligence, problem solving, risk taking, curiosity and a unique personality.

I would say that the most powerful strategy to implement in a classroom is to constantly support the difficulties a child with ADHD will face. This will be done by providing routines, repetition and boundaries. This will only be truly supportive of the child if all team members in your classroom are also consistent with this approach. Ideally, the whole school team will be able to provide this too.

To further support this, be explicit with the rules of the classroom and have them displayed in your classroom: words, pictures or both. Children with ADHD struggle to organise their time. You can support this depending on the setting. In primary, you can talk them through the structure of the day in the morning and reinforce this with a timetable. You can schedule points in the day for them to tidy up and organise themselves. At the end of the day, recap on the structure of the day so that they are clear. In secondary, you can buddy them up with somebody to talk through their timetable to ensure they are where they need to be during the school day. Check in with them in the morning to ensure that they have the right equipment. Deadlines will be a particular area of difficulty, so regular reminders and support in blocking out time will be vital.



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The lack of structure that breaktimes and lunchtimes bring will be one of the main difficulties that you will face. Implementing routines, repetitions and boundaries will be the very basic support children will need. Some strategies that may provide support in a primary school include:

- having a key adult for children to speak to/to monitor their play;
- having a playtime diary to talk through their experiences;
- splitting lunchtimes by giving activities, such as attending computer club before free play;
- having a play buddy.

For the impulsivity, you need to be creative in providing opportunities for children throughout the school day to have a release. From my time in schools, physical exercise seems the most underused form of support and release. There are requirements in school such as sitting in our seats. We take for granted that children can do this, but for a child with ADHD, this can be harder than the learning. Allow children to have a break from the intensity of a long lesson by letting them give out resources, send a message to another teacher, run around the field – anything to satisfy that impulse and allow a child to remain calm for the remainder of the task. It can be the difference between a child struggling to even complete a task and creating a masterpiece.

CASE STUDY – *Secondary – Imran – Year 9*

Imran arrived at the school following an exclusion from his previous school. During the exclusion he received a diagnosis for ADHD. He was reintegrated into mainstream secondary school. As a school, they implemented the following strategies straight away:

- a communication method to help link home and school;
- regularly identifying any problem behaviour and becoming solution-focused in pursuit of supporting it (see photocopyable resource). Use the resource to identify the problem behaviour and the steps to support it as well as looking at rewards and consequences for this;
- a mentor to support organisational skills;
- responsibilities.

Imran was able, with these added supports, to thrive successfully in his secondary school.

In my experience, it can be common for children with ADHD to have a parent who has ADHD, so you may need to bear that in mind and think about ways in which you can help the family find wider support. It is important to note that there may be family members or siblings in the household without ADHD who would benefit from some work around emotions, but your individual school and situation will dictate how far you can help.

ATTACHMENT

Dr Maggie Atkinson, who was the previous children's commissioner (@matkinson956), believes that 'every teacher in every school' should be aware of attachment theory and tailor their practice accordingly.

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It is important to make your classroom 'attachment-friendly' to ensure that you provide a safe and secure environment for all children to thrive. When you think of attachment, you think of John Bowlby, who conducted research into infant attachments in the 1940s (see www.simplypsychology.org/bowlby.html). Integrally, he found that although infants would go to anybody for food, they would only go to their mother when they were upset or frightened. If they could not get this, then it would create a trauma as they attempted to develop a range of strategies for survival. He found that the way the children view the world is based on the care they receive and this influences their later interactions. He termed this as the 'internal working model'. With a child who had an insecure attachment, they might feel bad, worthless, unwanted, incapable of being loved. They are more likely to feel that any caregivers are hurtful and untrustworthy, and that the world is dangerous. If a child has experienced insecure attachments in their life, where they have not been able to rely on an adult to respond to their needs, they may not have been able to learn how to manage their emotions, develop confidence and engage in positive relationships. This may present itself in challenging behaviours in the classroom.

In order to have an 'attachment-friendly' classroom, there are some strategies that can be implemented in both a primary and secondary setting:

- Positive language – a similar technique that you can use with a child displaying challenging behaviour. Ensure that all staff use positive language in your school – e.g., 'I can see that you are upset, Maria. Put down the chair so that we can talk about it.'
- Key adult/mentor – this is particularly appropriate at unstructured times to provide support for children during times that they may not feel emotionally ready for – e.g., friendship issues at lunchtimes. This provides options of support and advice for challenging situations.
- A familiarity around Theraplay principles – a small group intervention conducted by specialists. It can be perceived as controversial, as it involves putting children into situations that they may have missed in early life.
- Safe space – have a safe space in your primary classroom or a safe space in your secondary school for a child to go to where he or she can debrief after an unsettled period. Have the option for something to eat/drink. When a child is struggling and self-regulates, it often leaves them dehydrated.
- Constantly revisit with your members of staff to have an unconditional positive regard for children. It is imperative that children have a sense that they are liked and will be liked.

Must follow on Twitter:

@AUK_Schools – Attachment and Schools – UK

Primary – Case Study – Fred – Year 1 (aged 5)

Fred is a boy in Year 1 who was adopted at the age of 3. The reason for the adoption was due to neglect within his birth family. This had a variety of effects on Fred, some of which were unseen. His adoptive parents were seeing difficult behaviours displayed at home, with issues around control, and were seeking support from the school as well as the virtual head team.

Theraplay was introduced as an intervention for Fred in school, to try to provide those building blocks that may have been missed in early childhood. Theraplay was developed in the 1960s in America and is a form of focused therapy designed to enhance attachments between parents

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and children; activities are playful, fun and developmentally enhancing and are designed to be practised with a therapist as well as at home. They include:

- lullabies;
- patty-cake (also known as pat-a-cake).

Must follow on Twitter:

@ADHDSolutionsUK – keep reading current research around ADHD and working with agencies like @ADHDSolutionsUK who will be able to support you on a case-by-case basis.

REFERENCES

- Cooper, P. (2006) 'Assessing the social and educational value of AD/HD', in M. Hunter-Carsh, Y. Tiknaz, P. Cooper and R. Sage (eds) *The Handbook of Social, Emotional and Behavioural Difficulties*. London: Continuum, pp. 248–63.
- Paloyelis, Y., Mehta, M., Kuntsi, J. and Asherson, P. (2007) Functional magnetic deficit hyperactivity disorder (ADHD): a systematic literature review. Available online at: www.ncbi.nlm.nih.gov/pmc/articles/PMC3763932

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Problem Behaviour

Strategy

Strategy

Strategy

Rewards

Consequences

