



Elisabeth d'Ornano
Association
for Attention
Deficit-Hyperactivity Disorder



ADHD

A BRIEF GUIDE FOR
TEACHERS

WHAT DOES IT MEAN

Attention Deficit-Hyperactivity Disorder, ADHD.

WHO SUFFERS FROM IT

It affects children, teenagers and adults. We find around 1 or 2 children with ADHD in a class of 30 students. Among adults, 1 to 5 out of every 100 people working with us suffer from this disorder. It is more frequent in males.

HOW DOES IT SHOW

It is basically shown by some of the following characteristics: difficulty in keeping one's ATTENTION focused and CONCENTRATING (noticing little details), HYPERACTIVITY (excess unrest) and IMPULSIVENESS. These difficulties must have been clearly present since early childhood and in the different environments in which a person develops (at home, at school, out in the street). It may be accompanied secondarily by low tolerance to frustration, inconsistency in relations with others, alterations of conduct, and a sharp decline in self-esteem.

WHAT IS ITS CAUSE

It basically consists of a delay in the maturing of the brain for important functions such as the capacity to plan in an orderly or sequenced manner towards a specific goal, organising work, waiting for the outcome of something or learning from experience (executive functions).

It originates due to a combination of genetic or hereditary causes (many parents were also hyperactive but were never diagnosed as such) and environmental causes (highly stimulated environments, inconsistent education, excess contact with lead and tobacco, complications during pregnancy or at birth, etc.).



THE IMPORTANCE OF THE DIAGNOSIS

It is essential that a proper diagnosis be made because it can be mistaken for other conduct disorders—not all conduct disorders are ADHD. ADHD is a sub-group within conduct disorders, it has specific treatments and, if it is well handled, prognosis is favourable. It may also be confused with sight or hearing difficulties, as well as with other learning difficulties or other mental disorders such as depression and anxiety. That is why it is important that if teachers detect a child with problems, they should watch him carefully, inform the school psychologist or the psychopedagogue and speak to the family, so that they can arrange an interview with their paediatrician, who will decide whether the child is derived to a specialist in child and teenager psychology, or to the neuropaediatrician. Because of the difficulty in resorting to specific diagnosis tests that are applicable in all cases, what is essential is the child's clinical history and observing the child in different environments, guided by an experienced specialist, with whom both the family and the school must cooperate, providing information regularly and according to certain points of interest that will be indicated by the specialist.

TREATMENT

The most important thing in the treatment is preventing the typical unorganised pattern of conduct of these individuals from becoming dominant the rest of their life, hindering their relations with others or making it difficult to stay the course in their studies or jobs and depriving them of the necessary mental equilibrium to handle their anxiety and regulate their mood and conduct. This is why a coordinated and bidirectional intervention of the child's parents, teachers, orientators and doctors is required.

There are multiple ways of treating ADHD and for this purpose it is important to carefully follow the indications of the specialist (child psychiatrist or neuropaediatrician). The treatments with most scientific support are cognitive-behavioural treatments. Types of interpersonal and support interventions may also be applied depending on the consequences of the disorder for the child's life, his age and disposition. Occasionally they can be complemented with more intensive psychotherapies. Medication may be useful in some cases, although it should not replace adequate pedagogical and educational measures, which should be established in all cases.

HOW TEACHERS CAN HELP

1. **Detection**
2. **Structural modifications in the educational environment**
3. **Implementation of modifications in the educational style, adapting it to the specific difficulties of these children to improve their learning and performance**

The objective of the teacher's help will be to modify maladapted patterns of conduct, enhance learning, increase motivation, and improve the child's relations with others.

1. Detection

Teachers may suspect the presence of ADHD if they observe the following in the student:

- » Inability to resist distraction.
- » Need for continuous movement.
- » Repeated mistakes:
 - ~ Through omission or addition (removing or adding letters to words).
 - ~ Through substitution (of some words for others).
 - ~ Through low degree of verbal comprehension (oral or written).
 - ~ Through lack of motivation or rejection of activities that require mental effort.
 - ~ Through inconsistent replies (almost always right and every now and then making serious mistakes or generally performing very irregularly).
 - ~ Through disorganisation when carrying out tasks.
 - ~ Through impulsiveness and lack of reasoning (answering even before the end of the question).
 - ~ Performance below what could be expected in light of their apparent capacity.
 - ~ In general, irregular, reckless, disorganised execution.

~ Communication with parents: When communicating the presence of these features to a child's parents one must bear in mind that the assimilation of the information that their child has a problem is always progressive. It is hard for parents to accept this and assimilate it in just one meeting. It might help when speaking to them to make an effort of empathy and try to imagine ourselves in their place, to see how we would like to have that information conveyed to us.



A good approach would be to use an affable tone, looking at them sincerely and conveying the message that we are at their side and we are going to be involved in caring for their child. It is convenient to avoid expressions that might hint that it is 'their' problem, that they are alone in this or that they will have to get by with their own resources.

It could be convenient to offer to keep talking about it at some other time if they need to. In some way it must be conveyed to them that their child has a non-typical learning style and has certain difficulties in terms of assimilating information in the same way as most children. We can start out by stressing the child's virtues because these will be used as support to help him. It is recommendable to avoid using terms such as problem, disorder, diagnosis or disease, which are more appropriate of doctors (and they probably know better how to use them), stressing instead the non-typical features or aspects that we have detected. It is important to bear in mind what the parents are like (whether they are very competitive, anxious or strict, etc.) in order to adapt our speech to their characteristics. There is no need to feel frustrated if the first reaction is not positive. After the first meeting it is convenient to monitor them closely: ring them up to check whether they went to the appointment with the paediatrician or child psychiatrist and find out how things went, comment on the progress that we are detecting in their child, show an interest in them as individuals ... It usually helps out if parents are aware that the school representatives are involved in the special care of the child and that they know that at school we are also adopting some of the measures commented in this guide, making them participate in them.

2. Structural modifications in the educational environment

- ~ Repeat the **rules often and make sure the child understands them.**
- ~ Try to generate **schedules and 'routines'** to allow the child to feel at ease in well-known territory (consider the use of an agenda).

- ~ Try to convey the importance of having a **cut-off time for intellectual activities**.
- ~ **Divide tasks** into short time spans whenever they require a high level of attention or concentration.
- ~ **Use visual clues** to remind the child of the sequence of processes (colour labels).
- ~ Motivate the child by asking him to **collaborate with you** in the organisation of the class.



- ~ Look for an **organised and attentive companion** with whom the child can connect well and who can be a reference when he gets distracted.
- ~ Seat the child in one of the front rows in the classroom, without too many stimuli ahead and a not too extensive field of vision (we want to avoid over-stimulation), if possible, **near you**.

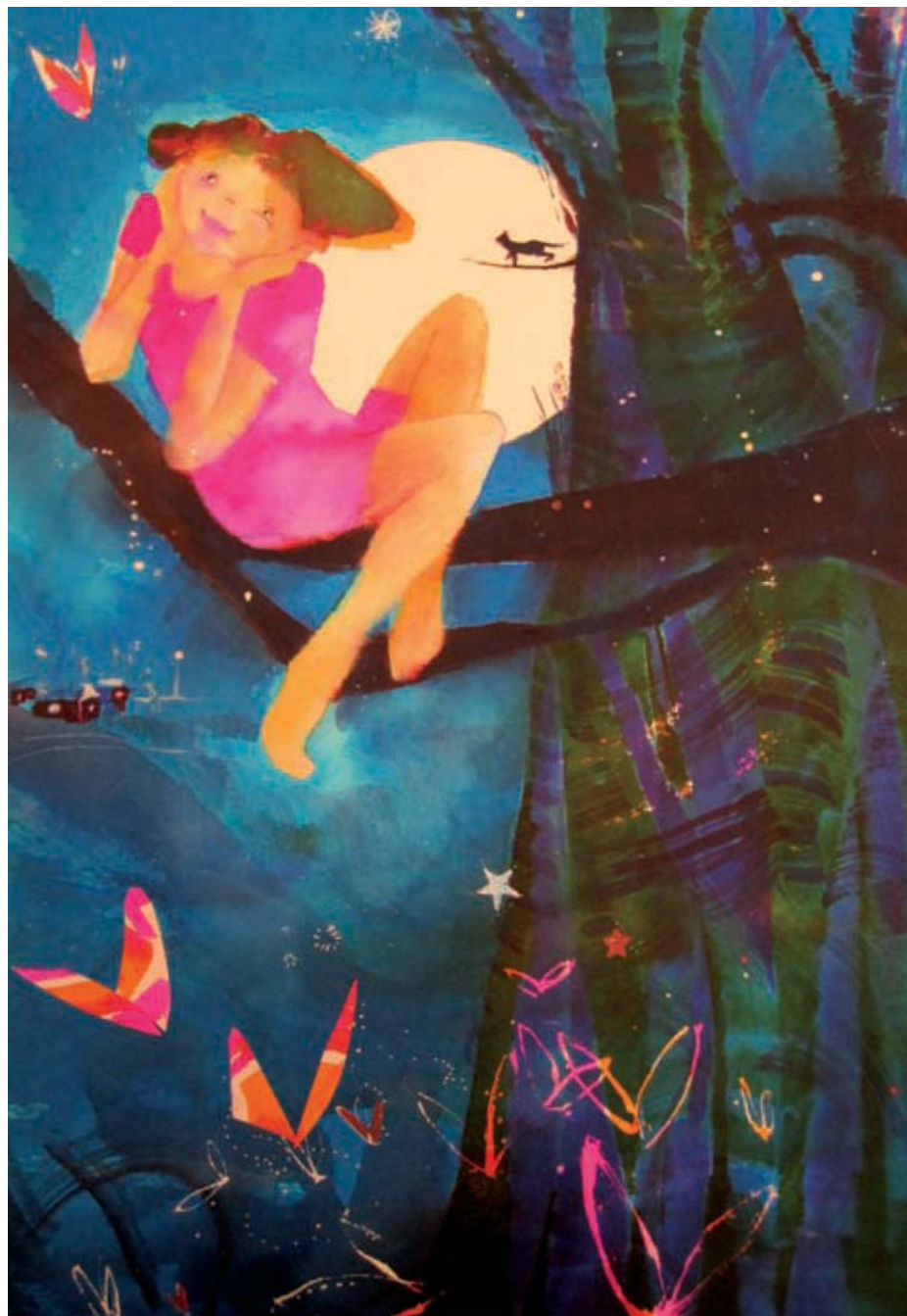
3. Implementation of modifications in the educational style, adapting it to the specific difficulties of these children to improve their learning and performance

» General indications

- ~ Consider the possibility of ADHD when **a student does not perform** at the level he apparently could.
- ~ Consider that sometimes the student **CANNOT** do things better, rather than not wanting to.
- ~ Try to identify the dominant type of intelligence in the student and which is the best **learning model** in order to implement the appropriate measures.
- ~ Try to discover the **positive aspects of the student** and make it known to him that you value them.
- ~ Correct negative aspects without raising a fuss and always **trying to motivate the child**.
- ~ Try out **modifications that will allow the child to be organised**, with reminders and frequent stimulation, but never over-stimulating him.



- ~ Look for a **'private' signal** between you and the student to indicate that his behaviour is inadequate and he must stop it (a 'stop' gesture with your hand or touching his shoulder when passing by him).
- ~ Let the student know that **he is important to you** and that you are willing to help him.
- ~ Dedicate a specific time to **strengthening bonds and getting to know**.
- ~ **Praise** the student continuously when he does things well, pointing out exactly what pleased you about him (labelling).
- ~ Negotiate specific goals, offering him the possibility of winning **prizes** to motivate him.
- ~ Allow him to **participate regularly** in class (and have the child go out to the blackboard if you suspect he will do it well).
- ~ **Go near his desk regularly** to give a positive message.
- ~ **Speak to him face to face** and make sure he looks at you.
- ~ Call him by his name giving **short, direct and concise messages**.
- ~ **Strengthen basic areas** such as reading, writing, the alphabet, regular calculations, updating the schedule, reviewing the agenda.
- ~ Encourage the student to **speak to himself** (in silence) in order to better understand what he is doing.
- ~ Invite him to reflect upon his behaviour and to **establish cause and consequence relationships**.



- ~ Train him to **solve problems**: Identifying, providing comprehensive definitions, proposing solutions, choosing one, establishing a plan to put it into practice, and evaluating the results by reflecting upon what could have been done better from the beginning.
- ~ Motivate him to set **specific and realistic plans**, with intermediate goals until completion.
- ~ **Anticipate conflictive situations**, preventing them without making it too noticeable.
- ~ **Comment inadequate behaviour with him** but only call him to attention if there is no choice, without exerting violence and in a soft tone of voice.
- ~ Avoid punishment but if there has to be one, the most appropriate option is calling **time out** or sending the child to a place for a short period to become de-stimulated and to reflect upon his actions.
- ~ **Avoid giving him away** before others or making a fuss when scolding him.
- ~ **Be expressive** when acknowledging a good deed.
- ~ Try to **identify areas of success** for the student even if they are not strictly academic and motivate him to perform them, even if they are not classroom activities (ask him about the sports he practices, painting classes, etc.).
- ~ Remember that **everything can be trained**, it is a matter of being creative to imagine how to do things in every situation.
- ~ **Communicate your concerns** regarding the student to other teachers and to the parents to try to find solutions.

- ~ Consider from the beginning the possibility of the student being **evaluated psychopaedagogically or clinically**.
- ~ **Collaborate with doctors** by supplying them with information on the student at school; this is highly valuable.
- ~ **Collaborate with the parents** so that the student can learn to be organised: adopt a positive approach, with regular appointments and establish realistic expectations.
- ~ Try to get the child to always find **pleasure in learning**.



» Homework

- ~ Assess the volume and nature of the activities and tasks proposed as homework.
- ~ The priority for these children is to learn how to study, to concentrate and to be organised.
- ~ Repeating things over and over does not help them. If they are tired, overworked, if it is late, etc., they will do things wrongly even if they know how to do them well.
- ~ Bear in mind that these children need to do exercise and perform other activities in which they can stand out or at least be more competent than in their studies.

» Evaluation

For hyperactive children, the following indications are useful in order to evaluate their knowledge rather than their execution:

- ~ Allow them to have **more time** than others when doing exams, or let them do them in stages.
- ~ Consider the possibility of allowing them to do **oral exams**.
- ~ Divide **exams into parts**.
- ~ **Evaluate the student's knowledge on an ongoing basis and in many ways, without limiting the evaluation to the execution of a certain kind of exams.**
- ~ Try to provide them with an **immediate correction of their mistakes**, indicating them formulas to automatically draw out the correct answer based on reason (first by reasoning, then automating)
- ~ Generally, **find out what the child knows** rather than just what he answers in an exam.

» Regulatory aspects in Spain

Assistance for pupils with ADHD has met with a variety of response, both at an ordinary and extraordinary level, within school work plans. Especially since 2003, a number of central and territorial government regulations have stated the need to adequately assist students with learning difficulties. In the Community of Madrid, since academic year 2002/03 instructions have been passed considering the need of providing a specific educational response for each student within the framework of the Attention for Diversity Plan and in the year 2003/04 ADHD was included among the special educational needs allowing support staff to be allocated to schools.

Since the year 2006, Organic Law 2/2006, of 3 May, on Education, with a national scope, refers, in Title II, Chapter I, to “Students with the specific need of educational support,” and the educational assistance for these students must be governed by the principles of normalisation and inclusion, seeking non-discrimination and effective equality in the access to and presence in the educational system by adopting educational support methods. The Law establishes that flexibility measures may be introduced in the various educational stages, that is, curricular adaptations in relation to a child’s difficulties when it is considered necessary. As a development of said Law, the Community of Madrid drafted Order 3319-01/2007, of 18 June, on the implementation and organisation of Primary Education (Community of Madrid Official Gazette, BOCM, 20/07/07), and Order 3320-01/2007, of 20 June (BOCM 06/08/07) with reference to Compulsory Secondary Organisation. The particular measures for students with learning difficulties and the attention deficit and hyperactivity syndrome establish that the school staff must acknowledge the special needs of each student to adapt the educational program to their particular characteristics, in order that they may be evaluated on the basis of their actual level of knowledge and abilities, thus allowing the educational project to be adapted to the characteristics of each student.





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Drawings by Isabel Gómez



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