

Attention Deficit Hyperactivity Disorder



Fact Sheet

What is Attention Deficit Hyperactivity Disorder?

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder, a condition in which the brain develops differently from what is considered typical for other children of the same age. As a result, children with ADHD may have trouble thinking, concentrating, learning and managing their emotions and behaviour. If left untreated, ADHD may lead to long-term social, organisational and emotional difficulties.

The causes of ADHD are yet to be determined and research into the disorder is ongoing. However it is thought likely that a combination of a person's biological or genetic make-up, their environment and early life experiences influence their chances of developing the disorder. Some common misconceptions of ADHD are that it may occur more in children who are spoilt, lazy, not well disciplined or whose diets contain too much sugar. These ideas are not based on factual evidence.

ADHD is 3-4 times more likely to be diagnosed in males than females and is diagnosed in around 5-7% of Australian school-age children. This equates to at least one child in every average sized classroom (25-30 students), making ADHD the most commonly diagnosed disorder for this age group.

What are the symptoms?

It is important to remember that most children display some of the symptoms of ADHD from time to time. Children with ADHD however, display these symptoms often and across two or more settings i.e. home, school and social settings.

The main symptoms of ADHD include inattention, hyperactivity and impulsivity. Examples of inattention include:

- Making careless mistakes in schoolwork or other activities;
- Being easily distracted and finding it difficult to concentrate on tasks or activities;
- Not seeming to listen when spoken to directly;
- Not following instructions; and
- Being forgetful in daily activities.

Examples of hyperactivity and impulsive symptoms include:

- Persistently squirming, fidgeting, running or climbing when it is inappropriate;
- Talking excessively;
- Finding it difficult to play quietly;
- Seeming restless, and always 'on the go';
- Finding it difficult to wait patiently; and
- Interrupting or intruding upon others.

Although ADHD is not related to intelligence, some students with ADHD show signs of learning disability, often lagging behind their peers in their studies. This is in part due to the difficulties they experience in concentrating on tasks and maintaining their focus and in part because of how their brain is 'wired'. It is NOT a reflection upon their intelligence.

Children with ADHD may also have difficulties interacting with their peers and making friends. This may be a result of constantly interrupting or intruding on others. They may also have difficulty waiting their turn in games or conversation.

It is not uncommon for children or young people with ADHD to also have one or more other disorders, including oppositional defiant disorder (ODD), conduct disorder, learning disorders, or depressive or anxiety disorders.



Seeking professional advice

If a teacher becomes worried about behaviours such as these in a school setting, they should record their observations and discuss them with their supervisor or colleagues, before raising their concerns with the child's primary caregivers.

Behavioural difficulties that generally warrant further investigation by health professionals are those that:

- Are more frequent and severe than behaviours displayed by other children of a similar age;
- Have persisted for at least six months; and
- Occur in and have a negative impact on at least two areas of the child's life – for example, at school and at home.

How is ADHD diagnosed?

Only a qualified health professional such as a paediatrician, psychologist or psychiatrist can diagnose ADHD. For a child to be diagnosed with ADHD, they must show at least six symptoms of ADHD as outlined in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V).

Before a formal diagnosis of ADHD is made, it is important to rule out other possible causes of the behaviour being observed. These causes may include:

- Underachievement at school due to a learning disability or giftedness (such students tend to 'switch off');
- Hearing problems;
- Vision problems;
- High intelligence and boredom;
- Dyslexia;
- Disruptive or unresponsive behaviours due to childhood depression or anxiety;
- Grief and loss; and
- Living with a family member who is physically or emotionally abusive or neglectful.

The assessment process

To assess a child for ADHD, health professionals will often talk with the child, their family and their teachers. They may also ask caregivers and teachers to complete behaviour checklists. Tests can be undertaken on movement, speech and hearing, as well as how the child learns and undertakes educational tasks.

Diagnosing ADHD can be a difficult and lengthy process. The symptoms of ADHD can occur in a range of different scenarios and medical conditions. Having the symptoms does not always mean a child has the disorder. Professionals will be particularly hesitant to diagnose a child less than 5 years of age, as they are still changing rapidly in terms of their psychological, social and emotional development.

Even if a child does not have a diagnosis of ADHD but is displaying behaviours consistent with the disorder, the classroom techniques mentioned in this fact sheet may still be of use for teachers.

Treating ADHD

ADHD can be managed by a combination of behavioural strategies; support for any other learning, language or emotional problems that are occurring; and medication.

These approaches are often documented in a behaviour management plan for use by a child's family, their teachers and therapists. The best behaviour management plans will be based on professional advice and take into account the unique situation of each child and their family.

Symptoms of ADHD often decline in late adolescence and adulthood, and many people who experience ADHD as children no longer experience it as adults. Some people, however, remain symptomatic of ADHD throughout their lifetime.



ADHD in the classroom

Information about ADHD and effective teaching strategies should be readily available for staff members as part of a whole-school approach to supporting students with ADHD.

Teachers can play a very important role in the life of a child with ADHD by providing them with guidance and a supportive learning environment. As with any childhood disorder, it is also critical for teachers to constantly liaise with the child's family and any professionals involved, for example the school counsellor or psychologist. This allows them to discuss the child's progress and evaluate the effectiveness of specific behavioural strategies.

Working with caregivers may involve developing methods whereby they have a record of the child's homework, assignments and behaviour at school, thus keeping them up to date with the child's everyday progress. It may also be helpful to recommend some websites or resources where families can find out more about ADHD and managing behaviour at home (see Sources and Links below).

A teacher can have a big impact on the how a student with ADHD fares in their studies, their social lives and their emotional wellbeing.

Classroom techniques

School life is sometimes difficult for a child with ADHD, but there are a number of techniques to help them get the most out of their time at school. In all situations, it is important to consider the specific needs of the individual, to reinforce a child's strengths, and not judge the child by their diagnostic label. Rewarding the child for trying to behave appropriately can be especially powerful, particularly in primary school.

Useful classroom techniques for teaching children with ADHD can include:

- Building and maintaining a good relationship with the child and getting to know his or her interests;
- Maintaining structure and routine in day-to-day activities;
- Scheduling the most difficult and attention-demanding tasks early in the day;
- Using different types of media to present information, such as pictures, sound/music, dance, drama and art;
- Incorporating breaks into lessons, including breaking up tasks with physical activity;
- Dividing larger tasks into smaller, more manageable steps and numbering them;
- Allowing extra time to complete tasks;
- Being concise and clear when giving instructions, with the shortest number of steps. Asking the child to repeat the instructions is a good technique for memory;
- Letting children know in advance about change, e.g. "In five minutes, we're going to put our books away and listen to a story;"
- Praising positive behaviour in the classroom, e.g. "You've done a great job concentrating on your work;"
- Rewarding and praising positive behaviour towards peers in particular, such as sharing and cooperation;
- Seating the student close to the front of the classroom and near the teacher, away from doors or windows where they may be easily distracted; and
- Placing the child's desk amongst students who will set a good example.



Managing problematic behaviour

When managing problematic behaviour in the classroom, it is important to observe the behaviour and try to determine its cause, e.g. boredom, seeking stimulation, wanting attention, etc. Being aware of a child's triggers allows teachers to anticipate when disruptive behaviour might occur and take actions to prevent it altogether. When inappropriate behaviour does occur, try to ignore the behaviour and redirect the child to the task at hand.

Alternatively it can be helpful for a teacher to establish a private signal with the student to use when they are displaying the behaviour of concern. This can serve as a reminder to the child to stop and think about what they are doing and prompt them to regulate their own behaviour, without drawing the attention of other classmates.

Time out (not as a punishment) can also be used with the child to help them when they are becoming 'unsettled'. Arrangements should be made in advance with the child when they are calm. This technique may involve the teacher communicating to the child that they look unsettled and then encouraging them to move to a quiet spot to complete a previously organised, settled task. With practice, children can learn to recognise their own activity levels and self-regulate their behaviour by choosing to use some time out.

If established rules have been broken, then other consequences are required. Make sure the student is aware of exactly what it is they are doing that is unacceptable, and what the consequence will be if they continue. Consequences should not humiliate the child. They should be clearly, calmly and concisely delivered as close in time to the behaviour as possible.

Sources and Links

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