T559 ADD: A Guide

Sample Pages

INTRODUCTION

Attention Deficit Disorder is a problem for a small number of children in our schools. On average, between four and six children in a hundred suffer from this condition, so we could expect to find approximately one child in each class of a mixed ability grouped school. Attention Deficit Disorder has no bearing on actual intelligence - some sufferers are of high intellectual ability, while others are at the opposite end of the spectrum. The nature of the problem is such that in streamed classes or in intelligence selective schools, such as grammar schools, there are likely to be few representatives. This is because the disorder makes it extremely difficult for the child to actually learn, so he tends to score badly in examinations that test knowledge rather than raw intelligence.

The outward signs of Attention Deficit Disorder, especially when accompanied by hyperactivity, can create a picture of a child who is out of control. This, with low achievement scores in tests, has frequently resulted in ADD children being placed in remedial classes and categorised as slow or retarded. In classes of this kind, usually with small numbers and close structuring, ADD children seem to do better and so the original diagnosis is believed to be correct. In some cases, ADD children may be of low intelligence and so benefit from a programme that is specifically aimed at dealing with this problem, but this is far from true in all cases. Children who are bright, but suffering from ADD may appear to do better in remedial classes because there is close structuring, but this is not necessarily the best way to offer them treatment.

It is not known what causes the condition in the first place. There are many theories, including a restriction in the available oxygen supply during birth, but as teachers this is not really our part of the problem. Our part of the problem arrives when the child arrives at school and we must motivate him to produce work of the highest standard to which he is capable. We have to also take into account that there is no known cure for this condition. The child cannot be given medication or therapy that will cure him, but it is possible to offer various types of treatment that will help him adjust to his problem and live with it more comfortably. This guide provides some ideas and strategies for dealing with these children in a classroom situation. It is not intended as a definitive medical or psychological manual, neither is it directed towards parents.

It is extremely important that teachers dealing with this problem should be aware that they are part of a team, they do not carry the whole responsibility for dealing with it alone. By the time a teacher becomes involved it is likely that parents and probably the family doctor, if not educational psychologists as well, are all fully aware of the situation. The teacher's role is that of an educational expert, there to develop strategies that will enable the child to cope successfully with the learning process. His link with the medical and psychological services is usually through the parents, as it will be important that information passes both ways. From the teacher's point of view there will need to be information concerning drug usage and possible side effects, while doctors and psychologists will want to know how well their treatment is being translated into practical details.

It must also be remembered that Attention Deficit Disorder is a physical handicap. The individual child no more asked to be born with this problem than to be born blind, crippled or deaf.

It is somehow easier to have sympathy for the child who has obvious handicaps of a physical or mental nature, than the child who hurls himself into the classroom, sweeping all before him to stage a major temper tantrum in front of the blackboard. This child needs just as much understanding if he is to succeed at school, as any other child who is not responsible for his handicap. Just as hearing impaired children, for example, are taught in ordinary classrooms with ordinary children, ADD children should be taught with children who do not suffer from this disorder. It is entirely possible to take their handicap into account, plan suitable strategies for teaching them and integrate them fully into an ordinary classroom without the need to teach them in special or remedial units.

This is obviously not easy, as it can involve changing the way we seem to be programmed to react to children who do not behave as we expect they should. It is much easier to understand a situation where instructions are followed by students in the class, or where failure to follow the instructions results in punishment, results in instructions being followed in the future. When punishment fails to bring any positive result, but often causes the situation to actually get more out of hand, it becomes increasingly difficult to deal with.

As teachers we have a great deal of pressure placed on us to maintain control in our classrooms. The last thing we actually want is a child, totally out of control, throwing a temper tantrum on the floor as the headteacher brings round a group of important visitors. We are aware that this would unfavourably reflect upon our discipline, but with an ADD child in the class this is entirely possible however good, bad or indifferent discipline might be with every other child in our class.

To just attempt to punish the child is really closing our eyes to the problem and trying to pretend that it does not exist. Although there will be outbursts and related problems, they can be minimised with effective treatment. It is pointless to just summon the parents and insist that they do something about their child. They are already trying to cope with a whole set of problems that the condition causes and are probably not achieving any more success than is experienced at school. It is the teacher, not the parents, who are responsible for the educational well being of the child and the teacher cannot just pass up the responsibility. It is important that everyone who comes into contact with the child, in an educational capacity, is aware of the problem and how it is being treated. It is necessary to involve senior pastoral staff, which in a secondary school might include the Head of Year, or the pastoral deputy head, or in a primary school might involve the headteacher or the deputy, as well as other teachers who meet him during the day. It is important that a common policy is evolved for dealing with each child who may suffer from this disorder and that everyone is both aware of this policy and carrying it out.

Finally, it is important not to succumb to the frequent temptation to give up. There is no cure and there will be bad days as well as good ones, no matter how successful the strategies seem to be. Any number of situations, quite beyond anyone's control, can cause a sudden problem to escalate unbelievably. With good strategies for coping in place the damage can be minimised. Quite often it seems that nothing has been achieved and all the hard work has come to nothing, but it has been shown that where treatment has continued the benefits are apparent later in life.

We are not necessarily educating the children in our classes just for the present, but for the future. Much of what they learn will be useful to them in later life and this is true for ADD children as well. If they can learn strategies that will help them cope with their disorder, maybe come to terms with it and deal with it successfully, they will gain a greater degree of satisfaction from life as they progress through it.

1: How to recognise a child with Attention Deficit Disorder

There are no medical tests that can be carried out to determine whether a child suffers from ADD. It is also not possible to carry out psychological tests that will give a positive or negative response. The disorder can only be successfully diagnosed by a study of the case history and observations by parents, teachers and psychologists on the behaviour of the child. It is possible to determine excessive levels of agitated behaviour in children, but this does not necessarily indicate that a child is suffering from ADD with hyperactivity as there are a whole range of conditions that can cause the same symptoms. For example nervous children may display similar symptoms because their mind is troubled by external events. So it is not possible to diagnose ADD on the basis of even very thorough descriptions of behaviour.

It is also not possible to diagnose the condition by blood test, X-ray or any other medical procedure, but that does not mean that the condition does not exist. It is not possible to see the wind, but no-one would doubt its existence. In the same way ADD cannot as yet be tested for, but anyone who has lived with or taught a child suffering from the syndrome will be left in no doubt of its existence.

The only satisfactory way of making a diagnosis is to carefully examine the child's history, taking into account comments by anyone who has been in close proximity to the child over a reasonable time span ie. parents, teachers, grandparents, youth club leaders etc...

There are certain checklists that can be used to determine the possibility of ADD, but like many conditions it is not the extreme cases that cause the problem. The problem arises where the child is a borderline case. It then becomes difficult to determine whether the child does in fact have ADD or whether he is just rather more active than his friends. As teachers we should guard against seeing this as a blanket statement that covers all ills. In many cases the child is not an ADD sufferer, but just needs improved motivation, direction or an increase in self-esteem to perform to an acceptable standard.

Although it may sound strange, many mothers of ADD children will say that they knew the baby they were carrying was unusually active, even before birth. Comments indicating that their ribs were bruised from the inside from the sixth month of the pregnancy are not unusual.

It is important to construct as much of the early history as possible when trying to determine whether a child is suffering from the syndrome, and then increasingly add to it, building a picture of the child's development.

As he gets older it is important to take notice of how well he is able to pay attention in comparison with other children. Was he able for example to sit quietly while a story was being read or told, could he sit quietly in front of the television after the age of three. Could he spend time with a colouring book or absorbed in playing with some toy without constant distraction.

To try and make some diagnosis possible the American Psychiatric Association has compiled a diagnostic criteria for Attention Deficit Disorder. Such a child is inattentive, impulsive and often hyperactive. When situations demand individual attention and these are not forthcoming, such as in a classroom situation, the symptoms appear worse.

Although it is possible for ADD to exist without hyperactivity, it is more usual to find the two hand in hand, with hyperactivity making up part of the ADD syndrome.

The following is a list of criteria that can be used to determine whether a child is indeed suffering from the condition.