

# **T995 ADD: Practical Activities in School Sample Pages**

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## 1: Introduction

The aim of this book is to provide information and ideas that help teachers work in the most productive ways with children who have a form of Attention Deficit Disorder.

Attention deficit children are perceived by many adults to have a variety of problems connected with their behaviour. However a child who has received the right help can be seen instead as:

- A child who is confident
- A child who has positive self-esteem
- A child who feels secure
- A child who can deal with disappointment
- A child who has skills and knowledge
- A child who is creative and can take initiative

Thus the aim is definitely not to control the child or remove some aspects of the child's individuality, but to allow that individuality to shine through the behavioural issues which being ADD or ADHD involves.

The approach adopted here is based on a small number of straightforward principles:

- There is little chance of progress unless the child, the parent/s and the school all wish to work together to help the child.
- Parents are often bemused by the problem, and can find dealing with the children very difficult. Although the school is not part of social services, it is possible for the school to give some extra support to the parents which will help them and the child.
- The problem is not one of wilful disobedience and is not one that can be solved through normal reward and punishment strategies.
- Special arrangements have to be made for the child at school, just as special arrangements are made in most schools for dyslexic children, those who are highly talented and so on.
- It is vital that all teachers in the school are aware of, and sympathetic to, the approach of the school to ADD. If any members of staff are opposed to the programme it is vital that these differences of opinion are examined and resolved as soon as possible.

All the evidence suggests that the controlled use of drugs with attention deficit children can be very beneficial, and make the school's job a lot easier. However this is a matter for the parents to decide. But where the parents do decide (with precise medical guidance) to use a drug to help the ADHD child, the school should respond positively and sympathetically and become involved in necessary arrangements.

## **2: What is Attention Deficit Disorder?**

Attention Deficit Disorder is a neurophysiological condition which is inherited. Children with this condition do not behave as their contemporaries do, and do not have the eccentricities of their behaviour under immediate control. They may seem to behave without thinking of the nature or consequences of their actions, or may drift into long daydreams without reference to the outside world. They are thus unlikely to respond to traditional forms of reward and punishment as used in many schools throughout the UK.

The cause of their unusual behaviour is in the brain. It relates to the production of specific chemicals in the brain, and the way in which certain impulses are processed. Children with ADD are not involved in wilful disobedience and are not behaving from choice or breakable habit.

There are four different types of ADD.

**A:** Attention Deficit Disorder (known as ADD).

Children with ADD cannot pay attention easily. They may daydream continuously - but their condition is often not noticed for many years because unlike other children with attention disorders, they do not disrupt those around them.

**B:** Attention Deficit Hyperactivity Disorder (ADHD).

These children also fail to pay attention but their behaviour is combined with hyperactivity. These are the children we notice at once because they tend to rush around, looking, moving, poking, pushing, interrupting, experimenting - in fact everything except sitting still and paying attention.

A child with ADHD craves more and more attention. Normally the child gets this attention - it is hard to ignore a child who is about to climb out of a window, use a bookcase as a step ladder or put fingers in a plug. But the attention that comes from responding to crises is always negative. At these crisis times the child is happy - the child has the attention that he or she craves. The child then learns to repeat the behaviour to get more attention. Teachers become exhausted not only trying to control this child but giving a fair amount of time to the rest of the class.

Attention deficit children find it impossible to change their behaviour on their own. However if you point out a problem to a child with an attention disorder the child will often be very unhappy. The child may apologise and genuinely mean it when saying it will not happen again. When it does happen again two minutes later the child is once more genuinely remorseful, but just can't seem to control its own behaviour.

**C:** Conduct Disorder (CD)

Conduct disorder is very different from ADD and ADHD, although at first sight the disorders can look the same. A child with conduct disorder does not feel genuinely unhappy when he or she causes a problem. While the child with ADHD feels remorseful and wishes he or she could stop, the child with conduct disorder gets rewards from the behaviour itself. For this reason no matter what punishments are handed out, CD children will constantly return to the same form of anti-social behaviour.

Children with conduct disorders are often involved in vandalism, may be expelled from school, are often highly aggressive and involved in fighting and theft. Extracting money with menaces, hurting animals, truancy, housebreaking, arson - these are the activities of the conduct disorder child.

#### **D: Oppositional Defiant Disorder (ODD)**

This final disorder expresses itself through children being openly defiant. They can be deliberately vindictive, and are often very angry and touchy. They are generally seen as delinquent from an early age.

You will understand at once that children with Oppositional Defiant Disorder and Conduct Disorders are helped best by the appropriate medical and child support authorities. It is very hard for them to be contained in a normal school.

Studies throughout the world show the figures for the percentage of people with ADD and ADHD range from 8% to 16% of the entire population. The generally accepted UK figure of 10% means that at this moment there are 750,000 children with one of the four variant ADDs. All of these children will be noted by their teachers as having a significant concentration problem. It will be common to feel that if only this child could learn to concentrate then his/her work would show a stunning and immediate improvement.

Half of these 750,000 children have a form of disorder which will be immediately evident to any teacher in as much as it is actively interfering with the child's situation in the class hour by hour. 150,000 children will have a very severe form of the disability, such that his/her presence in a classroom causes difficulties not only for themselves but for the other members of the class.

ADD does not discriminate by race or social class. Children are no more likely to have ADD because of their background, colour, class or anything else. It is also unrelated to intelligence. There is suggestion in some studies that boys are more likely to be ADHD than girls.

### 3: How do I recognise Attention Deficit Disorder?

An ADD child behaves in a way which is not appropriate to a child of that age. The behaviour consists of several attributes which dominate the child's response to many situations.

Only a trained specialist can give a definitive judgement on whether a child has the medically definable attention deficit condition. In most cases gaining medical recognition of the child's condition will be a matter for the parents. How parents respond is a matter for them, and this issue is dealt with in the **Parents' Support Book**.

For the teacher, it can be very helpful to know if the child's problematic behaviour in one classroom is reflected throughout the school. It is then helpful to have a fairly specific account of the child's problems on paper when talking with the parent.

What follows is a fairly extensive list of attributes that can be found in the behaviour of children with ADD or ADHD. We suggest that you photocopy the following pages and complete the forms for the individual child under consideration. The forms allow for marks or comments to be given for the child by several different teachers and by the parents. The following system is suggested:

1. Any teacher who teaches the child sufficiently to have a view on his/her behaviour should be given a copy of Form 1. They should then complete the form using the instructions given.

The teachers should try to complete the pages at the same time, so that they do not influence each other and are reflecting on the child at roughly the same point. Many of the problems suffered by attention deficit children are occasion specific. A child who appears to be unable to sit still for more than a minute may have no problem working on a computer for an hour unsupervised. It is vital that such evidence is gained without one member of staff being influenced by others.

Do stress to your colleagues that the child is being marked for behaviour against the norm for the school, not a perceived norm for the country or of how children should behave.

2. These marks should then be combined onto a master form (Form 2).

3. If you have any feeling that the child may have some form of ADD, or the parent has already contacted you about the child's behaviour, you should now interview the parent and add their comments. Some parents may find the number of questions intimidating, and you may not wish to go through the whole form. If so, mark the point where you felt it better to stop.

Parents clearly cannot make judgements concerning their children against the norm for the school, so with their comments you should be asking for agreements or disagreements against the statements rather than any grading system.

4. Having written in the parents' comments on the master form (Form 2) you may wish to make use of Form 3 which reviews any other issues raised by the home. You will then be able to review the form and consider the child's behaviour at home and at school. In the end it will be your professional judgement which will decide how the matter proceeds. The following comments may be of help:

a) If the child scores consistently high marks from all members of staff on many of the items listed, and if there is parental agreement on many of these behavioural attributes, it would seem reasonable to suggest that the child might have ADHD. You may wish to supply the parents with some of the **Parents Support Book**, and initiate a regime which supports the child and the parent. Depending on

the depth of despair of the parents and the level of the problem, you may wish to refer the matter to an educational psychologist, a child psychiatrist or invite the parents to go to their GP.

The simple questionnaire you have completed is not enough to show that the child has a neurological disorder, but it may be helpful for you to write a note for the parents to give to the GP. This sort of letter can help reassure parents who think the problem is of their own making. A sample letter is given after the forms, which you can copy onto school headed paper.

**b)** The child's behaviour is variable, sometimes at or near the norm but other times showing marks you might associate with ADDs.

In this case there may be several explanations. It may be that one or more of your colleagues are already using methods to help the child in the classroom. If that is so, get them to share the secrets!

It may be that the child is lacking all ability to concentrate and control behaviour when interest in the task in hand is not high. This form of behaviour looks uncomfortably like wilful disobedience, but is a medically recognised part of ADDs. Much of the work that needs to be done is the same as with the child described in **a)**, but you have the advantage of having an area of work where you can gain the child's interest and concentration from the start.

Finally it may be that a drug is involved. It is possible that the child is taking Ritalin or a similar drug prescribed by a GP to help control his/her behaviour. As the **Parents' Support Book** explains, Ritalin is a specific drug which can affect behaviour very positively for short periods. It starts to take effect about fifteen minutes after being taken, and lasts for four hours. After that the child's behaviour returns to its non-Ritalin level.

If this is a possibility you will obviously wish to talk with the parents. They only see their child's behaviour at home and they may be adjusting the doses for their benefit. It may be possible to change the timings and levels of doses so that the child learns better at school as well.

It could also be that an illegal drug or substance abuse is involved. Naturally if you feel this could be the case you will wish to bring all your colleagues involved with the child together, so that a proper consideration of this can be given.

**c)** If the child has all the signs of daydreaming but none of the hyperactivity signs then he/she may have classic Attention Deficit Disorder (ADD not ADHD). Although this child is not a problem to control in class he/she is still underachieving significantly. His or her case is still that of a neurophysiological disorder which needs to be discussed fully in school and possibly reported on to other professionals, and the parents.

Form 4 looks at the issue from a different standpoint and tries to incorporate areas that may reveal the child in a more positive light.