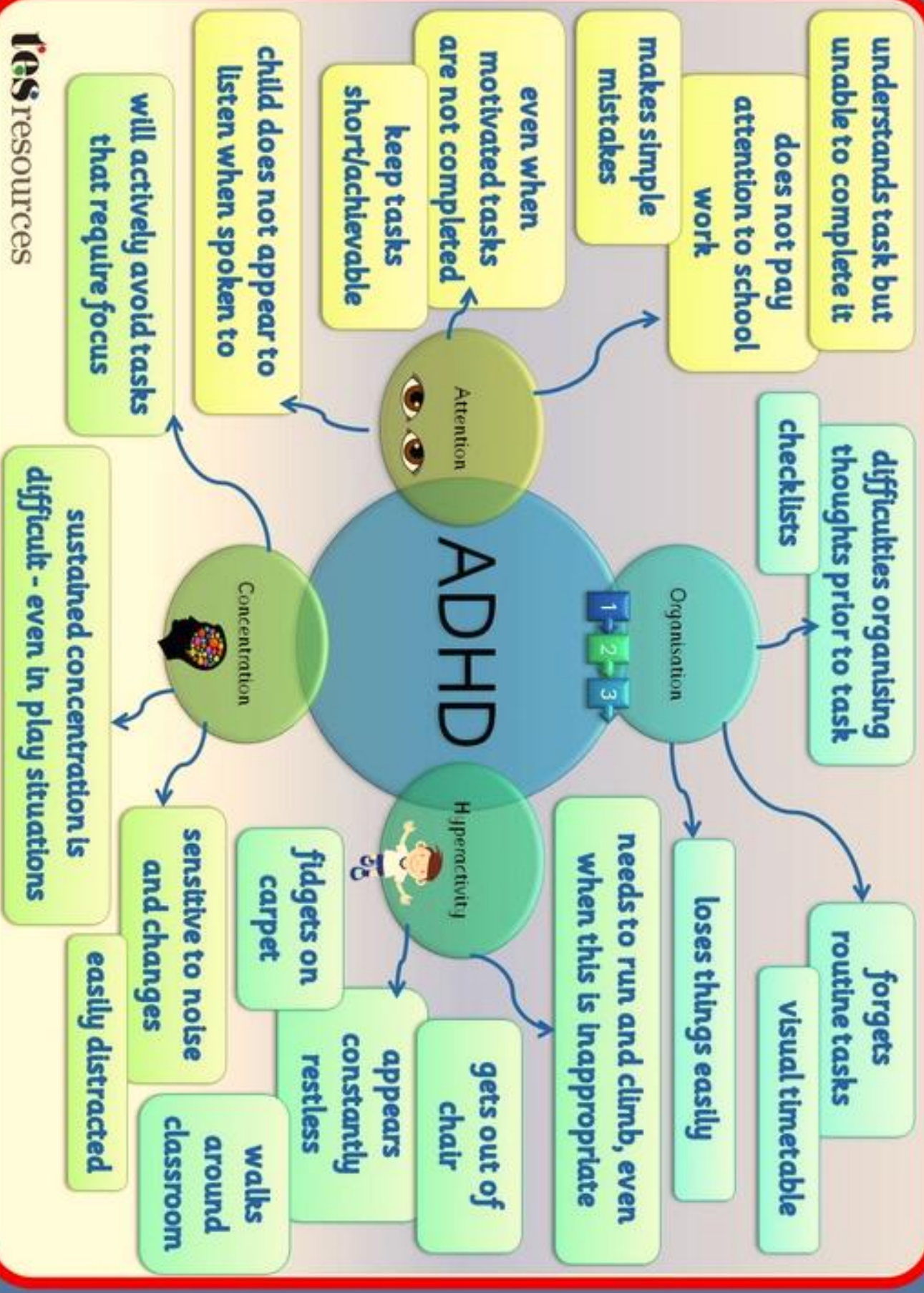


ADD/ADHD

(Attention Deficit (Hyperactivity)
Disorder)

Teacher & Parent Support Guide





ADD

VERSUS

ADHD

ADD is an acronym for Attention Deficit Disorder

ADHD is an acronym for Attention Deficit Hyperactivity disorder

Now referred to as ADHD, Predominantly Inattentive Type

Has 3 sub-types: inattentive ADHD, hyperactive-impulsive ADHD & their combination

Not characterized by hyperactivity

Characterized by hyperactivity

Child may appear shy, reserved and calm

Child will be highly energetic and active

AN INSIDE LOOK AT ADHD



WHAT IS ADHD?



TYPE 1 ADHD INATTENTION WITHOUT HYPERACTIVITY

SYMPTOMS

- Trouble paying attention
- Trouble following directions
- Trouble following through with tasks
- Shy or withdrawn behavior
- Easily distracted
- Seems disorganized or careless
- Slow to process information

STRENGTHS



TYPE 2 ADHD HYPERACTIVITY WITHOUT INATTENTION

SYMPTOMS

- Trouble paying attention
- Restlessness
- Impulsive speech and actions
- Excessive talking
- Loud interactions with others
- Difficulty waiting turns
- Frequent interruptions
- Overactive
- May have a quick temper

STRENGTHS



Explaining ADHD to Teachers

Share this infographic, created by Chris A. Zeigler Dendy and Alex Zeigler, with your teacher (artwork adapted by ADDitude magazine).

The Tip of the Iceberg: The Obvious ADHD Behaviors

Hyperactivity

- > Can't sit still
- > Fidgets
- > Talks a lot
- > Runs or climbs a lot
- > Always on the go

Impulsivity

- > Lacks self control
- > Difficulty awaiting turn
- > Blurts out
- > Interrupts
- > Intrudes

- > Talks back
- > Loses temper

Inattention

- > Disorganized
- > Doesn't follow through

- > Doesn't pay attention
- > Is forgetful
- > Doesn't seem to listen
- > Loses things
- > Late homework

Hidden Beneath the Surface:

The Not-So-Obvious Behaviors (2/3 have at least one other condition)

Neurotransmitter Deficits Impact Behavior

- > Insufficient levels of neurotransmitters, dopamine and norepinephrine, results in reduced brain activity.

Weak Executive Functioning

- > Working memory and recall
- > Getting started, effort
- > Internalizing language
- > Controlling emotions
- > Problem solving

Impaired Sense of Time

- > Doesn't judge passage of time accurately
- > Loses track of time
- > Often late
- > Forgets long-term

- projects or is late
- > Difficulty planning for future
- > Impatient
- > Hates waiting
- > Time creeps
- > Avoids doing homework

Sleep Disturbance (56%)

- > Impacts memory
- > Doesn't get restful sleep
- > Can't fall asleep
- > Can't wake up
- > Late for school
- > Irritable
- > Morning battles

3-Year Delayed Brain Maturation

- > Less mature
- > Less responsible
- > 18-year-old acts like 15

Not Learning Easily from Rewards and Punishment

- > Repeats misbehavior
- > May be difficult to discipline

THE ADHD ICEBERG

Only 1/8 of an iceberg is visible. Most of it is hidden beneath the surface.

- > Less likely to follow rules
- > Difficulty managing his own behavior
- > Doesn't study past behavior
- > Acts without sense of hindsight
- > Must have immediate rewards
- > Long-term rewards don't work
- > Doesn't examine his own behavior
- > Difficulty changing his behavior

Co-Existing Conditions

- > Anxiety (34%)
- > Depression (29%)

- > Bipolar (12%)
- > Tourette Syndrome (11%)
- > Obsessive Compulsive Disorder (4%)
- > Oppositional Defiant Disorder (54-67%)

Serious Learning Problems

- > Specific Learning Disability (25-50%)
- > Poor working memory
- > Can't memorize easily
- > Forgets teacher and parent requests
- > Slow math calculation
- > Spelling problems
- > Poor written expression
- > Difficulty writing essays
- > Slow retrieval of information

- > Poor listening and reading comprehension
- > Difficulty describing the world in words
- > Disorganization
- > Slow cognitive processing speed
- > Poor handwriting
- > Inattention
- > Impulsive learning style

Low Frustration Tolerance

- > Difficulty controlling emotions
- > Short fuse
- > Emotionally reactive
- > Loses temper easily
- > May give up more easily
- > Doesn't stick with things
- > Speaks or acts before thinking
- > Difficulty seeing others' perspective
- > May be self-centered

ADHD is often more complex than most people realize! Like icebergs, many problems related to ADHD are not visible. ADHD may be mild, moderate, or severe, is likely to coexist with other conditions, and may be a disability for some students.

How ADHD Affects The Brain

Prefrontal Cortex:

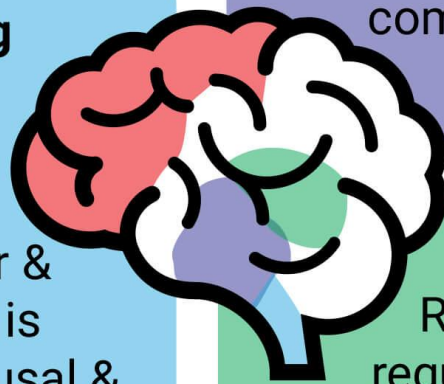
Responsible for organization, cognitive flexibility, self-control, & maintaining attention.

Basal Ganglia:

Helps regulate communication within the brain. Responsible for motor control, facilitating movement, and inhibiting competing movements.

Reticular Activating System:

Major relay system among the many pathways that enter & leave the brain that is responsible for arousal & consciousness. A deficiency in this region can cause inattention, impulsivity, or hyperactivity.



Limbic System:

Responsible for regulating emotions. A deficiency in this region might result in restlessness, inattention, or emotional volatility.

Strategies to Help Learners with ADHD



www.thepathway2success.com

Give clear, written and verbal directions



Schedule an organization check-in time



Give extra opportunities for movement



Consider flexible seating options



Chunk long-term projects



Provide fidgets (and teach how to use them)

Set up a work station in each class



Use a thought journal to share ideas



Teach and practice predictable routines



Teach executive functioning skills



Use a timer for work sessions



Spend time building confidence

Attention Deficit Hyperactivity Disorder (ADHD) Strategies

Organisation

- Provide a predictable routine – class timetable and pupil checklists.
- Have an uncluttered environment.
- Give visual warnings for transitions – 5-minute sand timer or a countdown clock.
- Give time guidelines for work– work on plan for 10 minutes, then write for 15 minutes, then check over for 5 minutes.
- Have strategic desk placements – away from windows, doors and other pupils who distract.
- Have a work-station set up for independent work times that is away from distractions and has organisation supports, such as checklists, success criteria and anchor charts.
- Set up buddy pairs – pair with a peer with good organisation and study skills.
- Build movement breaks into the routine – take a message to another class, move seats mid-task to talk to a new peer, hand out equipment or use a move and sit cushion.
- Set short, achievable targets and activities.
- Use colour coding or visuals to support organisation.

Behaviour management

- Have simple classroom rules on display with visuals to support understanding if needed.
- Give specific praise – "Well done for finishing all 5 sentences!" rather than just, "Well done!"
- Give immediate praise or consequence that is clearly linked to behaviour.
- Praise effort as well as work produced.
- Give frequent feedback.

Inattention

- Simple classroom rules on display with visuals to support understanding.
- Immediate reinforcement or consequence, clearly linked to behaviour with a visual, such as a behaviour chart or working for card (don't be afraid to take away tokens as visual feedback for inappropriate behaviour).
- Reinforcement and rewards specific to individual interests (many with ADHD do not respond to social based rewards such as praise), vary these rewards to keep interest high.
- Try to avoid over stimulation.
- Safe, quiet place to calm down.

Impulsivity

- Minimize waiting times – give an activity to do while pupil is waiting for something.
- Give quick non-confrontational feedback when pupil shouts out, such as a 'hands up' card or write their name on a board.
- Give lots of reinforcement for positive behaviours (more than feels natural).
- Set up a contract to outline expectations for behaviour.
- Use visual prompts as a reminder of expected behaviour.

Hyperactivity

- Use a sit and move cushion or a weighted blanket, when sitting for long periods.
- Use fiddle toys during listening activities (monitor whether these are more of a distraction than a help, give clear instructions of how they should be used).
- Give breaks between activities.
- Do stretching/exercise routines at the beginning of morning, break and lunch sessions.
- Vary types of tasks – physical movement tasks, relaxing tasks, noisy tasks, quiet tasks.
- Chunk tasks into shorter pieces – pupils can tick off checklist or similar to indicate when each section is complete.

Information and Strategies for Children with ADHD

Attention Deficit Hyperactivity Disorder

- The term is used to describe children who most of the time have difficulty in paying attention and whose behaviour is overactive and impulsive.
- A neurobiological disorder that occurs in 5% of school children.
- An imbalance in the brain's neurotransmitter. Dopamine affects the parts of the brain which controls reflective thought.
- ADHD is a medical condition with a medical diagnosis. Treatment may involve medication or behavioural therapy.

Signs and Symptoms:

Inattention	Hyperactivity	Impulsivity
Does not attend Fails to finish tasks Can't organise Avoids sustained effort Loses things, is "forgetful" Easily distracted	Fidgets Leaves seat in class Runs/climbs excessively Cannot work quietly Always "on the go" Talks excessively	Talks excessively Blurts out answers Cannot wait their turn Interrupts others Intrudes on others

Characteristics You Can Expect:

Positive	Negative
High levels of environmental awareness Responds well then highly motivated Flexible - ready to change strategy readily Tireless when motivated Goal orientated Imaginative	Short attention span with periods of intense focus Distractible Poor planning Disorientated sense of time Impatient Day-dreamer

Girls and ADHD:

- More inattentive than impulsive.
- Less ODD, aggression and delinquency.
- More depression pre-diagnosis.

- More under-performance and learning difficulties in school.
- Self-blame.
- Self-attribution.
- Demoralisation lead to anxiety and depression.
- Development of compensatory behaviours and strategies.

For girls – less of a behaviour disorder and more of a life management disorder

Strategies for All Pupils:

- Sit near the teacher, within the class setting and surround with good role models.
- Sit away from the window or the door.
- Reduce the amount of changes/disruptions as far as possible.
- Give one task at a time and monitor progress.
- Have pre-established consequences for good and bad behaviour and stick to them. Work with the pupil to determine these.
- Use a timer to measure and extend time on task.
- Allow pupil to scribble, draw, squeeze Blu-Tack whilst you talk – encourage highlighting, underlining.
- Use 'post its' for questions and ideas rather than interrupt.
- Do a stop – 10 second count beforehand up/speaking.
- Stay calm and clear if pupil's behaviour is poor.
- Reinforce positive behaviour and establish a system to signal good and bad.
- Control size and membership of any group work – begin with positive peer buddy.
- Give a set time for writing and do not extend into break time – your pupil will need these breaks.
- Use pupil's name and give eye contact before giving instructions.
- Chunk instructions and support with visual cues.
- Check regularly that the pupil is on task.
- Give the pupil credit for any improvement made.
- Give the pupil credit for the amount of time and effort spent on work
- Consider marking the pupil's correct answers instead of their mistakes.
- Keep parents informed about upcoming tests and assignments.
- Avoid singling out the pupil – name the behaviour.

