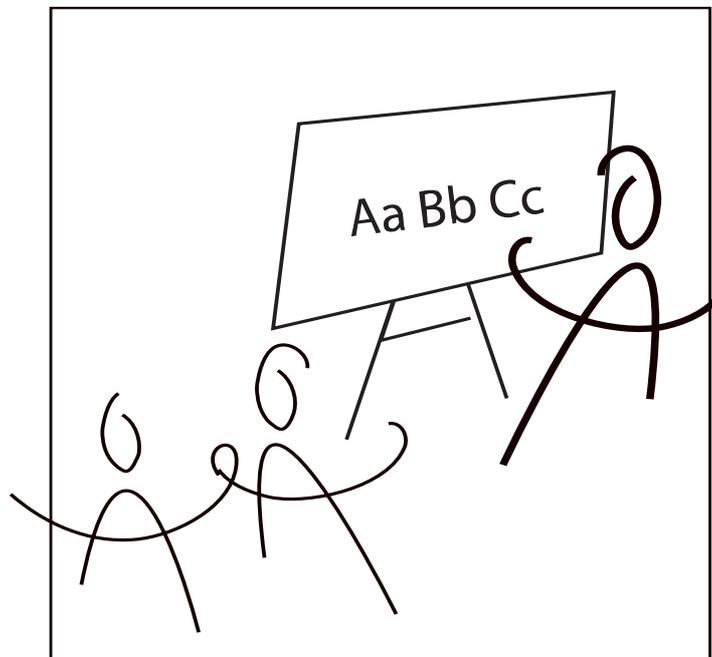


hadd

Family Support Group

Attention Deficit Hyperactivity Disorder  
ADHD and Education:  
A Resource for Teachers



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*The A.D.D. Child*  
*Poem by Pat Ryan 1997*

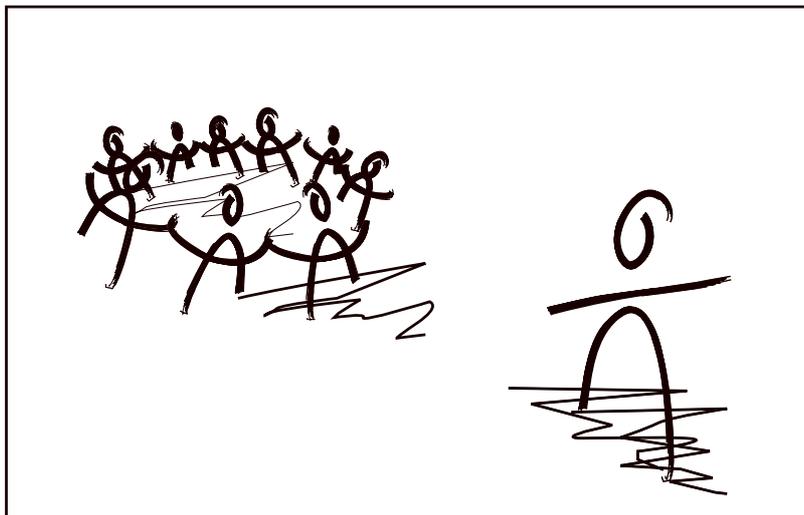
Have you ever seen the turmoil a single child can cause?  
From sunrise until sunset, he can go without a pause.  
He drives his parents crazy, his teachers up a tree,  
But he can't really help this, 'cause he has A.D.D.

Some doctors and some friends of mine, some teachers too - so I'm told,  
Who don't know what is ADD and think the child is bold!  
They talk about his parents, and say that they're to blame  
But they have other children, who just are not the same.

This child who is so loving, so trusting and so kind,  
But people who don't understand - they say I must be blind.  
And when I try explaining, they tell me to "get real".  
Not thinking for one moment, just how this child must feel!

This child has constant turmoil going round inside his brain,  
He looks at other children and knows he's not the same.  
And it's up to us, as people, at school as well as home,  
To make sure that this friendless child does not feel all alone.

The moral of this story, and I'm sure you'll all agree,  
Is, remember but for the Grace of God, this could be you or me!



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*The HADD Family Support Group was established in 1980 to make life better for children with Attention Deficit Hyperactivity Disorder and their families. We produced this Resource for Teachers in 2005 - our 25th year in existence.*

*We wish to acknowledge the financial assistance of Comhairle in the publication of this document. We also wish to thank Suzanne Staunton for her help with the graphic design, Sharon Dinger and Helen Litton for their editing and Kevin Hurley of North East Printers.*

*Grateful thanks to Moya O' Brien, Anita Prunty, the teachers and parents who opinions and advice were much appreciated. Finally our thanks go to Pat Ryan for the use of his poem " The ADD Child".*

## CHAPTER 1

### 1.1 Introduction

*"It's like trying to watch the TV while someone else is constantly changing the channel - a bewildering stream of changing images, sounds and thoughts. It's impossible to focus on any one thing because something new is always distracting you." "A young student with ADHD describes his condition"*

Many people mistakenly believe that Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder (ADD/ADHD) is a behavioural problem, and that children with ADD/ADHD are just bold. But this is not the case. ADD/ADHD is a medical/neurobiological condition - simply put, it is a chemical imbalance in the brain.

### 1.2 What it's like for a Child with ADD/ADHD

- Children with ADD/ADHD do not have the internal self-monitoring / regulation potential to keep them on task and out of trouble. The innate sense of appropriate responses that most of us have is absent in these children.
- They often do not hear, let alone understand, what is said to them.
- They are constantly bombarded by stimuli from all directions and do not have the mechanism other children have to filter out unwanted stimuli.
- As a result of having this condition, children with ADD/ADHD have difficulties controlling their behaviour.
- This significantly impacts the child and his/ her families, classmates and teachers.

### 1.3 Purpose of this Resource

As parents of children with ADD/ADHD and as volunteers in the HADD Family Support Group, we have first-hand understanding of how intensely frustrating, challenging, time-consuming and stressful a child with ADD/ADHD can be. Yet much has been learned from our collective coal-face experience, such as what works and what does not work with these children, at home and at school, and how to help children with ADD/ADHD achieve their potential.

The purpose of this booklet is to provide school staff with information on ADD/ADHD, and redress the absence of a widely available written resource for schools on this subject. With the help of funding from Comhairle, we wrote the resource as parents with a view to aiding teachers to help and manage children with ADD/ADHD in a busy and challenging classroom. As an initial first step, we carried out extensive research on best practice - nationally and internationally - and consulted with professionals and parents, and are grateful for their input.

### 1.4 Limitations of the Resource

We realise we do not have all the answers. We are conscious that many of the suggested strategies in this document are already known to, and used by, teachers. Nor have the difficulties associated with translating some of the strategies into practice in "the real world" of a classroom of up to 35 students escaped consideration. However, investment of time to get to know and understand the child who has ADD/ADHD and what works with him/her is the key to yielding significant results for everyone. We hope that many of the strategies can be applied to, and work well with, the whole class.

Finally we would stress that parents have a vital role to play with teachers in the education of our children. We would urge all parents and teachers to collaborate in order to achieve the best results for our children.



## CHAPTER 2 From the Perspective of a Child with ADD/ADHD

While having a child with ADHD in a class can turn a challenging job into a nightmare, what is it like for the child with ADD/ADHD?

*You're trying your best, but it's like a hundred TVs are on in front of you, and it's hard to concentrate on the one which has Irish or maths on it.*

*You know the answer to the question before the teacher has finished asking it, but the teacher won't ask you, so you have to keep shouting it out. When the teacher tells you to wait and then eventually gets around to asking you for the answer, so much else has happened that you cannot remember the question, never mind the answer. The look that everyone gives you then makes you want to curl up so no-one can see you.*

*You have so much to say or write that it is impossible for the words to be written or even spoken as quick as it is going through your head.*

*Your speech is rushed and writing is illegible. .... And so many ideas come to you all at once it is impossible to finish the work you should be doing.*

*And you are trying to be neat but the ink just comes out of the pen onto the page or the desk when you are trying to figure out how the ink goes to the roller.*

*And you don't mean to knock over everything when you walk, run by - or even sit beside.*

*And you can see that the child beside you is answering the question wrong so you will help him by scribbling out the wrong answer and writing the correct one down on his copy.*

*And you really want to keep the "keep sitting on the seat rule" and the "put up your hand before talking rule" but somehow never remember the rules when you have something important.*

*And parents, teachers and other adults keep telling you off because you forget things; or irritate them; or don't do what you're supposed to do; or other kids wind you up; it's no fun and it does not stop even when school is over.*

The home environment may be extremely stressful for a child with ADD/ADHD. Their relationships with their parents and siblings may be severely strained, particularly if the child and family have not been receiving all the help and support they require. In some cases, school may in fact be a haven compared to home.

## CHAPTER 3

### Explaining ADD/ADHD and How to Recognise It

#### 3.1 ADD/ADHD and How to Recognise It

ADD/ADHD is a medical diagnosis that is applied to children and adults, who are experiencing behavioural and cognitive difficulties in important aspects of their lives (e.g. school, work, family and personal relationships). Diagnosis can only be made following a period of observation of the child, gathering their history. A full medical and psychological evaluation must also be undertaken. This is detailed in Chapter 5.

There are strict diagnostic criteria for ADD/ADHD which draw the line of demarcation between ADD/ADHD and other inappropriate behaviours. Without proper identification and treatment, ADD/ADHD can have serious and long-lasting consequences for the child.

While it is estimated that approximately 3% to 5% of children present with this condition, it remains poorly recognised and under-diagnosed.

#### 3.2 Research to date on ADD/ADHD

Considerable research has been carried out into the risk factors for ADHD/ADD, and into its treatment. Results to date suggest that the ADD/ADHD child's genetic make-up may be at least, if not more important, than their home environment as a risk factor for the development of ADD/ADHD, and that ADD/ADHD is approximately 80% heritable. To this end, researchers at Trinity College Dublin are now looking for the genes involved in conferring risk for ADD/ADHD, so as to better understand the underlying biology of the disorder by identifying the associated genes, and finding out how they function to increase risk. Other studies into dietary factors have not conclusively shown an association with ADD/ADHD.

#### 3.3 What are the Core Behaviours of a Child with ADD/ADHD?

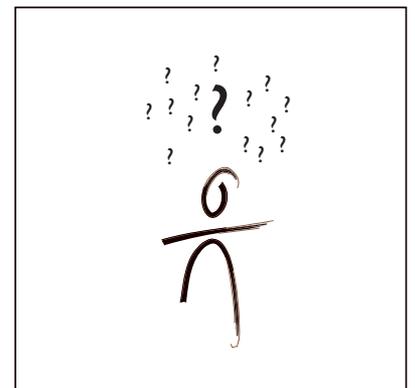
ADD/ADHD is usually described as being made up of three core behaviours:

- Predominantly inattentive type - problems of attention, distractibility, short-term memory and learning.
- Predominantly hyperactive type - impulsive, poorly self-monitored behaviour.
- Combined type - most children with ADD/ADHD fall into this category.

In Ireland, 3 to 4 times more boys are diagnosed with ADD/ADHD than girls, and this can in part be explained by the fact that boys tend to demonstrate all three core symptoms, whereas girls often lack the hyperactivity factor, consequently slipping through the net. ADD/ADHD persists into adolescence and adulthood in 30-50% of children.

#### 3.4 What It's Like for a Child With ADD/ADHD

- *The child with ADD/ADHD typically experiences difficulty with all aspects and situations in their lives, including schoolwork, family and social relationships.*
- *From an educational perspective, ADD/ADHD affects the way children learn. They generally underachieve in school due to the impact of their impulsivity and inattention. The symptoms impact on the child's ability to learn and to benefit from the education process. In addition, many children with ADD/ADHD have specific educational needs.*
- *They have difficulties forming and maintaining friendships.*
- *Their behaviour can be very frustrating for teachers and other children.*
- *They constantly experience negative feedback.*
- *Many children with ADD/ADHD also present with other disorders. 44% of children with ADD/ADHD also present with at least one other disorder, 32% with two other disorders and 11% with at least 3 other disorders. Chapter 11 outlines these disorders.*

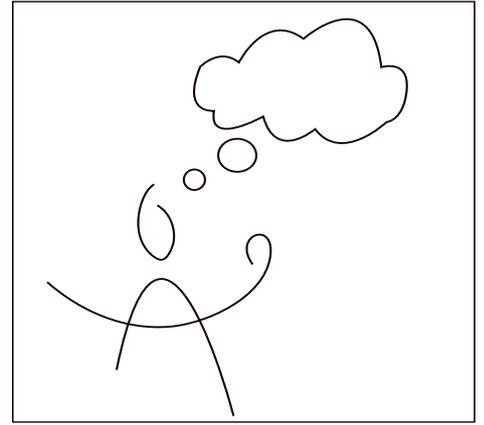


### 3.5 The Core Symptoms

The following describes briefly the core symptoms of ADD/ADHD and its associated behaviours:

#### 3.5.1 Inattentiveness

A child with ADD/ADHD is easily distracted, flits from task to task, benefits from one-to-one supervision, is slow to complete school work and forgets instructions. Inattentiveness can be confusing because of its selectivity. The child who is extremely inattentive while doing schoolwork may be fully focused when playing video games, carrying out practical procedures or when being tested by a psychologist. Inattention to verbal instructions and a short-term memory are also associational problems.



#### 3.5.2 Impulsiveness

Most children with ADD/ADHD "shoot from the hip" both verbally and physically. They talk over the top of others, tend to be accident-prone, and have very short fuses. They answer questions in class even before the question has been completed. They act without malice but also without forethought, which leads to problems in the playground (and being labelled as aggressive and even being suspended). These children do not learn from the consequences of their behaviour, which causes them to make the same mistakes repeatedly. The volatility of these children makes them prone to escalate out of control when their behaviour is handled insensitively. Often teachers and parents cannot understand why someone so intelligent can act so inappropriately.



#### 3.5.3 Over-activity

In primary school, children with ADD/ADHD are restless, fidgety, have difficulty remaining seated and find it hard to stop talking. If they manage to stay seated, they fiddle with anything they can touch, tapping their fingers / feet, and looking around at everyone. In the playground, they act like they have been released from captivity. When they return to the classroom, they find it even more difficult to settle back in.

By the time they reach secondary school, some children will retain the high level of physical activity, whereas many will be able to remain seated for the 40-minute class, and generally their over-activity seems to have lessened. However, they are generally still noisier and more talkative than their peers. Fiddling, scribbling and touching everything can also remain at quite a high level. The combination of over-activity with impulsiveness makes children with ADD/ADHD very difficult to manage.

### 3.6 Associated Behaviours

In addition to the three core behaviours, there is a cluster of behaviours associated with ADD/ADHD:

#### 3.6.1 Persistence

Persistence is generally considered the most nerve-numbing behaviour of children with ADD/ADHD. Frequent interrogation and inflammation of situations can generate immense tension. It is often the case that children's persistence (combined with impulsiveness) causes the most stress to teachers and parents.

#### 3.6.2 Social clumsiness / poor social skills / relationship problems

Social clumsiness causes children with ADD/ADHD to stand out in a crowd. They misread facial expressions, social cues and misinterpret the right behaviour required for a given situation. They act "silly" in a group, and "come on" too strong, often exhibiting over-demanding and bossy behaviour in one-on-one situations with friends. Children with ADD/ADHD have the capacity to make friends, but have great difficulty keeping them; this is often why in school they are known by all, but friends with none.

### 3.6.3 Emotional Over-arousal

Children with ADD/ADHD tend to experience the extremities of the emotional spectrum - they do not tend to get a bit cross or a bit frustrated, nor merely like people or things. Instead they love intensely, and experience great anger or frustration.

### 3.6.4 Hypersensitivity

Children with ADD/ADHD can be extremely sensitive to certain stimuli, showing strong aversions to certain fabrics, tastes, smells or textures. Some children react with discomfort to levels of sound and light that others find tolerable.

### 3.6.5 Variability

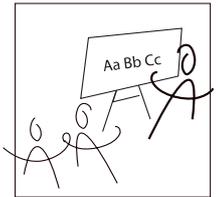
Children with ADD/ADHD can have dramatic mood swings, which vary considerably from day to day, with no obvious cause. This also applies to performance. Teachers may say "but I know he can do it - he did it yesterday".

### 3.6.6 Poor Co-ordination

Occasionally poor co-ordination presents as major motor clumsiness eg riding a bike, catching a ball; but more often it presents as a subtle difficulty in performing two or more actions at the one time such as handwriting. Most children with ADD/ADHD have very untidy handwriting as a result of a combination of their difficulty with fine motor control, and with their impulsivity.

### 3.6.7 Disorganisation

Children with ADD/ADHD are unaware of the mess they create. Some have fiddly fingers that seem compelled to touch everything. At school, they are disorganised, they do not structure their work, may have difficulty in starting work, and may be confused as to what is required of them. Books and notes are not brought home for homework, schoolbags are left on the bus, and swimming / gym bags constantly get lost. In secondary school, having the right books and being in the right classroom at the right time is a particular problem.



### 3.6.8 Poor time management

Children with ADD/ADHD tend to have a very poor sense of time. When asked what length of time has elapsed they can consider hours were just minutes. As a result, they regularly need support to help them achieve targets. They regularly procrastinate and find it hard to get tasks started. They have great difficulty in completing assignments in the time available. In exams, they spend too long on one question and do not have time to finish, and often do not even tackle the other questions.

### 3.6.9 Specific learning difficulties

Many children with ADD/ADHD will have significant weaknesses in certain academic areas, such as reading, comprehension - oral and written, writing, spelling, language or mathematics (discussed further in chapter 11)

### 3.6.10 Motivation difficulties

Children with ADD/ADHD find it hard to focus on tasks which do not grab their attention. They simply do not have the self-regulation that other children have to apply themselves to tedious tasks. Disaffection can also set in following years of blame, negative feedback and exasperation. They may develop an antipathy to school and lack the motivation to try and overcome their difficulties.

### 3.6.11 Low self-esteem

While children with ADD/ADHD can appear to have high self-esteem - even in the face of insults - many of them are exceptionally sensitive, and their self-esteem can suffer greatly. This is because they typically experience failure, and are at the receiving end of frequent negative feedback, despite putting effort into schoolwork. They want to be popular but are treated like annoying outcasts. Their co-ordination difficulties can leave them on the sidelines in team sports.

Low self-esteem can become a significant problem as the child gets older, having implications for the rest of their lives.

**3.6.12 Stubbornness**

Children with ADHD/ADD frequently express opinions and views that are non-negotiable to them. If they believe black is white then nothing you can do will change this opinion. Producing concrete evidence will often not sway them in their convictions. At another point in time, they may hold an opposing view just as firmly.

## CHAPTER 4

### What to Do if you Suspect a Child has ADD/ADHD

#### 4.1 What Should you Do?

Be aware of the legal responsibilities of school staff. Appendix 1 lists relevant legislation, available from the website of the Department of Education and Science : [www.education.ie](http://www.education.ie). Of particular relevance is the Education for Persons with Special Educational Needs Act 2004, which provisions apply to children with ADD/ADHD. However the Act has not yet been fully commenced. The National Council for Special Education will be issuing guidelines on the implementation of this legislation in due course following commencement of the Act. The main provisions in the Act in relation to assessment and education plans are outlined in Appendix 1.

##### 4.1.1 Keep a Record of the Notable Behaviours

Document their frequency and duration. Take note of what the child was meant to be doing when they went off task. Include what works for the child.

##### 4.1.2 Establish the Presence (or absence) of the Key Features

Check the core symptom list in Chapter 1. (See also chapter 3 which outlines how to recognise ADD/ADHD.) Teachers should discuss concerns with the principal of the school, and discuss and clarify concerns with a learning support specialist and the school's Special Educational Needs Organiser (SENO).

##### 4.1.3 Contact Parents

Share your observations with parents of the child with ADD/ADHD in a non-blaming, non-judgemental manner. Seek their views; set the scene for partnership and collaboration. Parents may already have their own concerns and may have initiated evaluation themselves.

##### 4.1.4 Support the Parents

If referral for assessment is the next step the parents may need support. They may feel devastated or relieved (or both) at the prospect of a diagnosis of ADD/ADHD. They will almost certainly be worried and need to know that children with ADD/ADHD can be helped to learn and progress (See chapter 5).

##### 4.1.5 Support the Child

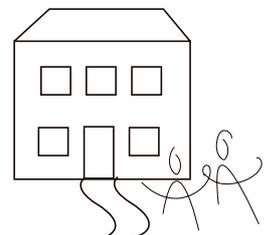
The child may be bewildered or puzzled by all the scrutiny. Explain that the assessment is about discovering his or her strengths and building on these to help them be happier and more successful in school. Reassure the child who may be apprehensive about being seen by a psychologist or psychiatrist. The medical professional they would see if they had a broken leg would be a doctor, whereas the medical professional they would see for a learning difficulty is called a psychologist or psychiatrist, who has special training to identify a person's strengths and weaknesses.

##### 4.1.6 Interim Measures

Put interim measures in place pending formal assessment and develop an Individual Education Plan as appropriate. Effective classroom strategies that could be applied in the meantime are contained in chapter 7.

#### 4.2 Collaboration with Parents

It is important to remember that the parents of a child with ADD/ADHD have been dealing with a very difficult and challenging situation for many years. Parents may be exhausted from dealing with the child with ADD/ADHD, or they may have reached a degree of competence in managing the child. Either way, managing a child with ADD/ADHD requires the combined efforts of parents and teachers.

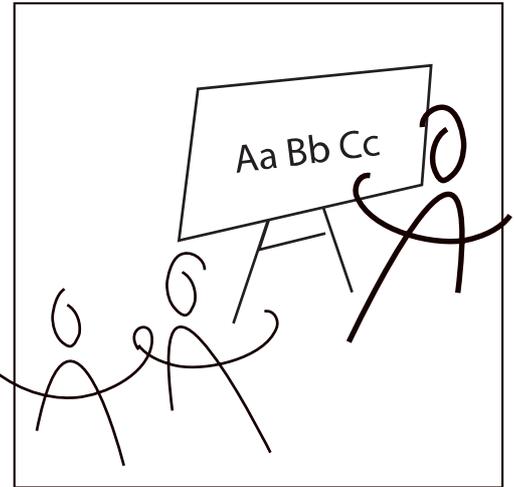


### 4.3 The Value of Parent Input

- Collaboration and open communication between parents and teachers is crucial. Teachers have a vital role in sharing information with parents on ADD/ADHD and can provide referrals to professionals, and details on local parent support groups.
- Parents need the support of the teacher, but may also be able to inform teachers of what works best with their child. Remember both parties have in common the stress of working with this child.
- Parents can provide valuable information on the strengths of such children, and on behaviour management methods that have had some success. Teachers should respond with empathy if a parent makes a suggestion.
- A home-school diary can be used to facilitate clear communication and teamwork, to support the child, and improve communication between the teacher and parent.

Given that one of the characteristics of a child with ADD/ADHD is the lack of internal self-regulation that occurs naturally in most individuals, consistency of approach at home and at school helps the child.

- Teachers should share the child's successes and not just the problems with parents, as it will mean a lot to them to hear positive comments.



## CHAPTER 5

### Getting a Diagnosis and an Educational Assessment

#### 5.1 Diagnosis

Although there is no one conclusive test for ADD/ADHD, the relevant professional generally approaches making a diagnosis by:

- ▲ excluding ADHD look-alikes e.g. problems of family dysfunction, major developmental delay etc.
- ▲ collating the results of tests and questionnaires
- ▲ obtaining detailed history and the observation of the child (from parents/guardians, teachers and other caregivers e.g. crèches, after-school care etc).

The role of a teacher involved with the child over the years is pivotal in the latter two.

#### 5.2 Educational Assessment

Following diagnosis, an educational assessment should be carried out. This assessment should be a multi-disciplinary process involving teachers, parents, the child and relevant medical and educational professionals.

The assessment need not be made up of only formal tests. It can also include supportive material that provides information or recommendations about the child's educational status such as

- a general description of the child
- teacher and parent reports
- full-scale evaluation by experts specialising in the child's disability
- letters from a family doctor or counsellor
- daily / weekly school reports or diaries, and
- other evidence of school performance, including work samples.

#### 5.3 Practicalities of Getting an Educational Assessment

At present, assessment can be carried out by NEPS (National Educational Psychological Service) or, where schools do not have access to the NEPS service, schools may commission a limited number of assessments, the cost of which will be funded by the Department of Education and Science. In the case of a NEPS assessment, the school applies to NEPS for the assessment, having obtained the consent of the parents of the child concerned. In cases where NEPS are not available to schools, the number of assessments that the school can privately commission and the procedures to be followed are set out in guidelines issued by NEPS. Where there is a delay, a parent may arrange and fund a private assessment.

It is essential for the psychologist to be recognised by NEPS, for the assessment to be acted upon by the school and Department in practice. A list of approved psychologists is available from NEPS. Under the Education for Persons with Special Educational Needs Act 2004, when it is enacted, the school, the parents of a child or the new National Council for Special Education will be able to initiate an assessment.

▲ Where the school will initiate an assessment, it will be governed by the guidelines to be issued by the new Special Education Council.

▲ Where the National Council for Special Education will initiate the assessment, the Council will direct the relevant Special Educational Needs Organiser (SENO) to organise the assessment.

Section 5 of the Act outlines modes of assessment.

#### 5.4 Sourcing Circulars on Assessment Procedure

The most up-to-date circulars on assessment procedure can be found on the Department of Education and Science's web sites, [www.education.ie](http://www.education.ie) and NEPS [www.neps.education.ie](http://www.neps.education.ie). The National Council for Special Education, when the Education for Persons with Special Educational Needs Act 2004 is fully commenced, will also be issuing guidelines on the implementation of the Act, with specific reference to assessment.

### **5.5 After the Educational Assessment**

- ✓ Feedback from the educational psychologist should take place in the form of a written report, setting out the child's abilities, disabilities, skills, talents and needs in both the strict educational sense, as well as in social and behavioural areas.
- ✓ It should show the child's verbal and non-verbal skills, and outline the way the child learns i.e. is the child a visual learner, an auditory learner or both?
- ✓ The assessment report should contain a conclusion as to special education eligibility and specific recommendations about strategies, curricula interventions, related services and programmes needed for the child.
- ✓ A copy of the recommendations for extra resources, if applicable, should be given to the school's SENO to process
- ✓ A copy of the report should be delivered to the family, and they should be given the opportunity to ask questions and partake in discussions.

## CHAPTER 6

### Individual Education Plans (IEPs) and Behavioural Plans

#### 6.1 What is an IEP?

A child's Individual Education Plan (IEP) is the cornerstone of special education provision. An IEP is the written description of the programme tailored to fit a child's unique educational needs. It describes the special education and related services specifically designed to meet the needs of a child with special educational needs. The programme is developed at one or more IEP meetings, and its provisions are detailed in writing in an IEP planning document. Effective intervention depends on co-operation between teachers, students and parents, and often the involvement of other professionals. Interventions used by teachers for children with ADD/ADHD should always be structured at securing positive educational outcomes for the child, rather than simply preventing unwanted behaviour.

#### 6.2 Purpose of IEPs

The development of the IEP gives parents and teachers the opportunity to work together to identify the child's needs, what will be provided to meet those needs, and what the anticipated outcomes may be. It also provides for periodic review of the IEP services as an evaluation of the child's progress toward meeting the educational goals and objectives jointly decided upon by the parents and the teachers. For these reasons, the Individual Educational Plan, both the document and the process through which it is developed, is a crucial part of special education.

#### 6.3 Legislation in relation to IEPs

The Education of Persons with Special Educational Needs Act 2004 (referred to in this chapter as "the Act"), which is available at [www.education.ie](http://www.education.ie), sets out procedures in relation to individual education plans. While the Act is not enacted yet, we have used its provisions as guidelines, along with other sources. HADD would urge that individual education plans should not await the enactment of the legislation, as such plans are essential to special education.

It is envisaged that the National Council for Special Education will be issuing detailed guidelines on the IEP process in due course following full enactment of the legislation.

#### 6.4 The IEP Team

Ideally, those involved in preparing an IEP should work as a collaborative team. A collaborative team is a group of people with diverse experiences who share leadership, tasks and responsibilities. Each member of a collaborative team brings unique knowledge and skills to the team that are necessary to support a student with special needs. The collaborative team works together to ensure that the student acquires the academic and social skills he or she needs, and to develop a successful instructional programme and a meaningful IEP. A few important characteristics of a collaborative team are:

Each team member shares in developing a common vision for the student and his or her future.

- ◆ They share leadership and responsibilities within the team. No one person is the "leader". All members are responsible for the student's learning.
- ◆ There is equity in the team. The input of each team member is equally valuable and necessary.
- ◆ The team members develop relationships, trust and positive interdependence.
- ◆ Team members hold each other accountable. Responsibilities are completed and commitments are honoured.
- ◆ Membership and work of the team will change over time. As goals are achieved and new needs are identified, the team responds and growth occurs.

#### 6.5 Selecting the IEP Team Members

An IEP team should be composed of all of the individuals needed to support a student and successfully implement the IEP. Good judgement is required in determining the optimum team number so that support and input can be maximised without sacrificing efficiency. If the team feels too big and bureaucratic, it probably is. The core of any IEP team should consist of those who know and work most closely with the student.

A Collaborative IEP team should include:

- ◆ the student (depending on their capacity to participate in the process)
- ◆ the parent(s) or person to support the parent (unless they opt out)
- ◆ class teacher(s) and special needs assistant(s)/classroom assistants
- ◆ the Special Educational Needs Organiser (SENO) with responsibility for the school concerned.
- ◆ other professionals who have knowledge of the student (such as speech/language therapists, psychologists -educational and/or clinical)
- ◆ professionals with knowledge of special educational needs and in particular ADD/ADHD
- ◆ other school staff as needed (e.g. guidance counsellors)

The composition of the IEP team under the Act (Section 8) will generally be on the same lines as the above.

### **6.6 Role of the Teacher**

The role of the teacher is critical in evaluating progress so as to provide valuable feedback for the child, the parents and other professionals.

The teacher should:

- ◆ Contribute to the evaluation process as necessary by completing behaviour checklists and reports.
- ◆ Monitor the efficacy of both behavioural and educational interventions and adjust if necessary in consultation with specialists.
- ◆ Where possible, keep the lines of communication with parents open. Give regular feedback on progress. Concentrate on the positives. Share information about parent support groups.
- ◆ Where teachers are aware that a child is taking medication, parents generally welcome feedback on the effectiveness or otherwise of this medication.
- ◆ Where the plan includes rewards for achieving goals, ensure these rewards are delivered as soon as the goal has been achieved.
- ◆ Let future teachers and staff know what you have found that works: the child's strengths, passions and weaknesses. Plan for transitions and pass on the baton if the child moves school.

### **6.7 Preparing for the IEP Meeting**

Participants should gather all relevant information in relation to the child. The child's school records will play a key role at the IEP meeting. Ideally the child's parents should be provided with copies of everything relating to the child, for example, assessments and testing data, school reports or any other information that may be relevant. Parents should also be encouraged to include any medical information as well as letters from their child's paediatrician and other health professionals. Parents may also be able to provide independent assessments or evaluations of their child and possibly information regarding private programmes or services that their child is availing of, or may wish to avail of.

As a preparation for an IEP meeting it might be useful if all participants fill out input forms in relation to the child. (Examples of these to be filled out by parents, teachers and the child themselves are provided in Appendix 2 - tables 1 to 4.) Some of these tables are more suited to use with primary school children, but they can also be used as guidelines for use with secondary school students.

Teachers should encourage parents to prepare for an IEP meeting by emphasising to them that it will help them become better advocates for their child, as well as exerting greater influence over the IEP meeting agenda. Parents may wish to have someone attend the IEP meeting with them and this should be facilitated. It can often be very helpful and reassuring for them to have someone else to listen, take notes and support them.

### 6.8 Issues Addressed in the IEP

Education plans should be detailed and goal-driven. Section 9 of the Act sets out the matters to be dealt with in an education plan. These will include

- ◆ the nature of the child's abilities, skills and talents,
  - ◆ the nature of the child's special educational needs and how these affect their educational development,
  - ◆ their present level of educational performance
  - ◆ where relevant, the services necessary to enable the child to benefit from education and to participate in school life and
  - ◆ the goals which the child is to achieve over a specified period which cannot be longer than 12 months.
- The IEP should also specify the educational placement, or setting required. It is recommended that the IEP should also include the date the services will begin, how long they will last, and the way in which the child's progress will be measured.

While the education plan will focus on educational needs, it should have regard to any other needs identified in the child's assessment and must be consistent with those needs - Section 8 of the Act will require this.

The transition of a child with special educational needs from primary to post-primary is recognised as a particularly important milestone. The education plan should address this and this will be required under the Act. Where a child who has an education plan is transferring between schools, consultation between the schools will have to take place.

### 6.9 The IEP Meeting

During the IEP meeting the team reviews all the information regarding the student's educational strengths and needs and then develops and writes the IEP. The key points to achieve are to

- ◆ determine what the pupil can be reasonably expected to achieve within the school year
- ◆ determine what behaviour, criteria and conditions will be monitored
- ◆ determine the intermediate steps to assist the student in achieving the goal
- ◆ translate the evaluation information into an individual plan for the pupil
- ◆ provide for review of progress at end of every term and provide feedback to all involved
- ◆ plan for the future. ADD/ADHD does not go away and needs to be managed on a long-term basis.

At the conclusion of the meeting, one member should summarise what has been agreed to, and a date for review of the IEP should be agreed.

### 6.10 Layout of IEP document

The following is a description of the document itself and what it should contain:

**Step 1 Who is this Child?** It should include a description of the child as they are right now, their strengths and learning style, the current level of education and behavioural performance, and include a description of the effect of her/his special educational needs on academic and non-academic achievements.

**Step 2 Goals and Objectives** for the child's special education programme. As the IEP evolves it should clearly show pupils the progress they are making.

**Step 3 Supplementary Aids and Services to be provided.**

**Step 4 Strategies** - how to achieve goals and objectives.

**Step 5 Educational Placement** which will take account of inclusion.

**Step 6 Implementation** - time-scale and duration of services.

**Step 7 Evaluation and Review** - measuring success and identifying modifications required.

**Style** A simple format should be used, mindful to avoid jargon. Precise terminology should be used, and vague terms such as "improve reading", "increase concentration" should be avoided.

An example of a template for an IEP is contained in table 5 in Appendix 1.

### 6.11 Planning for Adulthood

Section 15 of the Act provides that in preparing/reviewing an education plan, the school/special educational needs organiser will have to take account of the provision which will be required for the child to progress to further education and training on becoming an adult. This will be done in consultation with the child and his/her parents. It is also the case that some children will make educational progress at a slower pace than others. The Act therefore provides that where the Special Education Council is preparing or reviewing the education plan of a child who within the following year will turn 18, an assessment will be made of how the child has achieved his/her goals. If there has been a failure to meet the goals, the effect of this on the child's development will have to be assessed and measures included in the plan to address such effects.

### 6.12 Behavioural Plan

For children with ADD/ADHD a behavioural plan may be advantageous, and can be drawn up in the same way and at the same time as the Education Plan. A Behavioural Plan focuses on:

- Describing the particular behavioural problems.
- Examining what appears to cause them - what is happening at the time of the behaviours.
- Examining what improves or exacerbates them.
- Considering how to anticipate or minimise these problems.
- Reviewing and determining what strategies work.
- Deciding what behaviours to focus on for a set time period. A suggested behavioural plan in primary school would focus on three targets i.e. :
  1. Something the child consistently achieves already.
  2. Something the child sometimes manages.
  3. Something that is a bit more difficult but not impossible for the child to achieve.
- Deciding how to monitor the plan: Draw up a 'day plan' with these targets, dividing the day into manageable chunks of time e.g. half hour. Record progress visually for the child. If none leave blank. Reward effort not achievement. Build in an early warning system.
- Deciding what rewards and motivations are appropriate. Avoid shifting the goal posts too soon - allow them to enjoy their success.



These suggestions can be adjusted for secondary school pupils as necessary.

*References used are outlined in Chapter 13*

*Suggested Reading on IEPs is detailed in Chapter 14*

## Chapter 7 - Strategies

### How to Deal with a Child with ADD/ADHD

Many of the interventions that are appropriate to meet the needs of children with ADD/ADHD benefit virtually all children. ADD/ADHD can make a child hypersensitive to conditions that other children may be able to tolerate to differing degrees. When efforts are made to address the conditions that disturb children with ADD/ADHD, the learning environment for all children is enhanced. However, there are sometimes special measures that need to be taken to meet the individual needs of a child with ADD/ADHD, relating to the specific nature of the condition.

#### 7.1 The Importance of Routine

Routine and structure are essential in the day of a child with ADD/ADHD. Change in routine may disturb the child with ADD/ADHD, so be aware of when the routine is likely to change e.g. sports day, school photo day, school trip, or special visitors to school. On such occasions, the child's usual "comfort zone"/routine is no longer in place and this may cause difficulties for them.

#### 7.2 The Importance of Good Communication

It is important to remember that the student is firstly a child and secondly a child with ADD/ADHD.

- Set aside time when you can listen to the child.
- Listen to the child when he/she is happy and content and also when they have uncomfortable feelings e.g. envy, jealousy, anger. If a child constantly demands attention, perhaps he/she feels they have to make unreasonable demands in order to get attention.
- Respect the right to privacy of the child if he/she will not talk; they may be willing to talk later.
- Watch out for new and unusual behaviour such as not wanting to come to school. The child may be trying to tell you that something is wrong.
- Consider appointing a mentor - someone whom the child trusts and with whom they have a good rapport.

#### 7.3 Teacher Dilemma in Accommodating Students with ADD/ADHD

Many teachers are cautious about making accommodations for the child with ADD/ADHD, as they fear this could be seen by the other children as favouritism, or a loosening of class rules. But the realisation that some simple accommodations in how a teacher approaches the student with ADHD could result in fewer unfinished assignments and careless errors, and less disruptive behaviours which could make school life much more manageable for the child, usually outweighs these initial fears.

#### 7.4 General Principles in Education Management

Some general principles should be borne in mind when considering strategies for dealing with a child with ADD/ADHD. When they misbehave, normal sanctions may have an immediate effect, but they will also need further supportive strategies to achieve long-term change. It is most important that all teachers involved in the child's education are aware of the child's specific difficulties at the start of the school term and have access to the following strategies.

Children with ADD/ADHD need to be encouraged to savour success at something - find and develop "islands of competence". It is important to listen - give responsibility and watch for confidence crushers. Other children in the class will pick up on, and take a lead from, the attitude of the teacher to the child with ADD/ADHD. It is important to lead the class with positive signals towards the child with ADD/ADHD.

#### 7.5 Accepting ADD/ADHD

- 📎 Parents, schools and the child with ADD/ADHD need to learn as much as possible about the condition, and to work co-operatively.
- 📎 It should be remembered that ADD/ADHD is a biologically-based problem and not the fault of the child or his/her parents - the child is not being naughty.

- ☞ Children with ADD/ADHD and their teachers should receive an appropriate level of support within the school.
- ☞ A principle of "profile management" is useful, which works on the premise that no two children with ADD/ADHD have the same pattern of strengths and weaknesses, and that each child requires an individual management plan.

### 7.6 Positive Encouragement

- ☞ It is important for teachers to give frequent, immediate and consistent feedback about acceptable and unacceptable behaviour. The child should be informed of exactly why the teacher is pleased or displeased.
- ☞ Encourage a problem-solving approach, so that the child can learn through interaction.
- ☞ Children with ADD/ADHD often say that "I only heard the noise when the teacher was giving out to me"
  - they failed to hear the message. They are more likely to understand concise dispassionate corrections.
- ☞ Children with ADD/ADHD will respond best when rewards are frequent and constantly repeated. Parents can often help with the practicalities of a reward system.



### 7.7 Classroom Rules

- ☞ Establish a daily classroom routine and schedule.
- ☞ Have as few rules as possible, stated in a simple and positive format. e.g. "do your work quietly" rather than "no talking in class". Ensure that the child is aware of such rules.
- ☞ Ensure that the child is aware of the repercussions when rules are broken.

### 7.8 Giving Instructions

- ☞ Be clear and concise with instructions.
- ☞ Emphasise the main points with visual clues / prompts.
- ☞ Give instructions in the order that you want them to be carried out.
- ☞ Follow up oral instructions with written reminders.
- ☞ Keep checking that pupils understand what is expected of them by inviting constant feedback.

### 7.9 Marking Work

- ☞ If possible correct the work in the presence of the child.
- ☞ Write constructive and specific comments - children with ADD/ADHD need to know exactly what they should have done.
- ☞ Mark only the most important errors - try to keep corrections to minimum.

### 7.10 Lesson Structure and Presentation

- ☞ Review previous lessons on the topic.
- ☞ Set learning and behavioural expectations at the outset.
- ☞ Actively involve pupils in presentation.
- ☞ Keep lessons short and interesting in view of attention span problems.
- ☞ Include a variety of activities.
- ☞ Vary the pace.
- ☞ Use multi-sensory approaches or IT.
- ☞ Allow adequate time for lesson review/recap.

### 7.11 General Classroom Tips

- ✎ Focus solely on one problem behaviour at a time for the child to work on.
- ✎ Children with ADD/ADHD should be encouraged to participate inclusively in all class activities.
- ✎ For the child with ADD/ADHD, conflict situations can rapidly escalate and early intervention can help to defuse this.
- ✎ Teach the child to spot when he/she needs to take a run outside, or if possible to run an errand for the teacher.
- ✎ Be specific when asking children to stop a particular behaviour. When they hear "stop that", they may not know what behaviour they are to stop.

### 7.12 Specific Interventions

*The following strategies may be useful in dealing with specific areas of difficulty:*

#### 7.12.1 To Address Academic Skills

- ◆ **if reading is weak:** provide additional reading time; use "pre-viewing" strategies; select text with less on page; shorten amount of required reading; avoid oral reading. If the child also has dyslexia or dyspraxic difficulties, they should be referred for specialist support.
- ◆ **if oral expression is weak:** accept all oral responses; substitute display for oral report; encourage student to discuss their new own experiences; pick topics easy for student to talk about.
- ◆ **if written work is weak:** accept non-written forms for reports (i.e. displays, oral, projects etc.); accept use of typewriter, word processor or tape recorder; do not assign large quantity of written work; test with multiple choice or fill-in questions. Do not insist on neatness and redoing untidy work - this will alienate the child from writing. For younger children, teaching basics like pen grip, letter flow and size are essential. A specialised approach may be needed with an occupational therapist.
- ◆ **if maths is weak:** allow use of calculator; use graph paper to space numbers; provide additional maths time; provide immediate correctness feedback and instruction via modelling of the correct computational procedure.
- ◆ Younger children may be overwhelmed to see a full page of maths problems - consider using a "maths window" that will display only one problem, helping them to focus better.
- ◆ Older children may find sentences in maths confusing. Sequential learning in algebra, long division and fractions all cause difficulties - the child with ADD/ADHD may require extra support with these concepts.
- ◆ **if English literature is weak:** for the older child - discover what works and focus on strengths. Be proactive and creative to stimulate interest. For example, when studying Shakespeare, a video or CD may be available.
- ◆ **if exams are likely to present problems:** children with specific difficulties may be eligible for special examination arrangements at Junior and Leaving Certificate - see 7.13 below. More intensive coaching in revision and exam techniques may be required.

#### 7.12.2 To Address Attention Difficulties

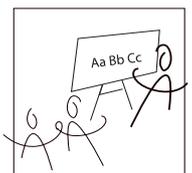
✎ Seat the student in a quiet area near the teacher, and near a good role model, mindful of not isolating

the child from the rest of the class, or inadvertently stigmatising the child by seating arrangements.

✎ Consider appointing / identifying a "study buddy" - someone who will work well with the student with ADD/ADHD, and if possible could provide support in note-taking.

Increase the distance between desks and ensure eye contact when giving instructions.

✎ Shorten assignments or work periods to coincide with span of attention e.g. use a timer, enabling the student to see an end to work. Give assignments one at a time to avoid work overload and allow extra time to complete assigned work. Follow difficult tasks with preferred tasks. Look for quality rather than quantity during class time and remember this when assigning homework.



### 7.12.3 To Lessen Impulsiveness

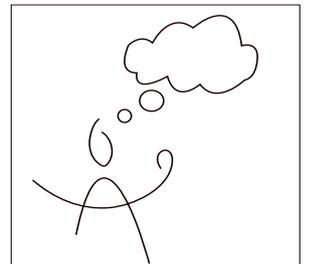
- ☞ Expect the unexpected and anticipate proactively.
- ☞ Set up behaviour contracts with the student, to cover areas both in class and during free time. Supervise closely during transition times.
- ☞ Instruct the student in self-monitoring of behaviour i.e. hand raising, calling on the student only when hand is raised in appropriate manner, and praising accordingly.
- ☞ Ignore minor inappropriate behaviour, comments and questions.
- ☞ Increase immediacy of rewards and consequences using time-out procedure for misbehaviour. Use "prudent" reprimands for misbehaviour i.e. avoid lecturing or criticism and attend to positive behaviour with compliments.
- ☞ Remind the student to check over work product if performance is rushed and careless.
- ☞ Be aware that impulsiveness may be a response to a difficult interaction or situation.

### 7.12.4 To Minimise Excessive Motor Activity

- ☞ Allow student to stand at times while working, allowing alternative movement or seating where possible.
- ☞ Provide opportunities for "seat breaks" i.e. running errands etc.
- ☞ Provide short breaks between assignments.
- ☞ Supervise closely during transition times.
- ☞ Give extra time to complete tasks (especially for students with slow motor tempo).

### 7.12.5 To Manage Mood Variations

- ☞ Frequently compliment positive behaviour and work product. Look for opportunities for student to display leadership roles in class.
- ☞ Review instructions when giving new assignments to make sure the student understands the task. Look for signs of stress build-up, and provide encouragement or reduced workload to alleviate pressure and avoid temper outburst.
- ☞ Liase frequently with parents to learn about student's interests and achievements outside of school. Send positive notes home - as this will boost the student and the parents.
- ☞ Encourage social interactions with classmates if the student is withdrawn or excessively shy.
- ☞ Make time to talk alone with the student, and try to spend more time talking to students who seem pent-up or display anger easily. Look for ways of providing brief training in anger control, encourage student to walk away, use calming strategies.



### 7.12.6 To Improve Recall

- ☞ Consider using a multi-sensory approach i.e. seeing, saying, writing, doing. Visualisation, mnemonics and memory techniques are worth trying.
- ☞ Role-playing activities can help with recall and are usually considered to be fun.
- ☞ Computer-assisted instruction will help.

### 7.12.7 To Improve Organisation and Planning

- ☞ Assist pupil with personal organisation e.g. regularly check desk and notebook for neatness.
- ☞ Ask for parental help in encouraging organisation and send daily/weekly progress reports home. Facilitate students to have extra set of books at home, if possible.
- ☞ Reward tidiness rather than penalise sloppiness. Be willing to repeat expectations. Do not penalise for poor handwriting if visual-motor deficits are present, and encourage learning of keyboard skills to redress this.
- ☞ Allow students to tape record assignments or homework.
- ☞ Arrange for peer support.
- ☞ Keep worksheet format simple and keep materials needed to hand.
- ☞ Give assignments one at a time and assist students in setting short term goals.

### **7.12.8 To Encourage Compliance**

- ☞ Praise compliant behaviour and give immediate feedback. Ignore minor misbehaviour.
- ☞ Seat the student near the teacher and use teacher attention to reinforce positive behaviour. Use “prudent” reprimands for misbehaviour (i.e. avoid lecturing ).
- ☞ Set up a behaviour contract with the student and implement a classroom behaviour management system. Instruct the student in self-monitoring of behaviour.
- ☞ Punishments such as “100 lines” cause more difficulties for children with ADD/ADHD. Short specific assignments involving some degree of learning or additional practical tasks may be more beneficial.

### **7.13 Assemblies**

- ☞ Be aware that assembly is usually a vulnerable time for a student with ADD/ADHD, as it is not as closely supervised as regular class-time. The student may be susceptible to bullying, fidgeting or may have difficulty settling down. Arrange for the student to be monitored from a distance when attending assembly.
- ☞ Introduce a calming-down period just before assembly starts. Keep assembly short, understand how difficult it will be for some students to sit quietly without fidgeting. Ignore minor disturbances caused by the student fidgeting - they cannot help it.
- ☞ Consider allowing the student to have something to fidget with, such as a stress toy.

### **7.14 State Examinations**

Children who have special educational needs, may be granted what is referred to as “Reasonable Accommodations in Certificate Examinations” while sitting their Junior or Leaving Certificates. The State Examinations Commission within the Department of Education and Science set out the policy on student accommodations. Current procedures are outlined in Circular S11/2000.

The purposes of the accommodations are to

- ☞ remove, as far as possible, the impact of the disability on the student’s performance and thus enable him or her to demonstrate his or her level of attainment
- ☞ ensure that, whilst giving students every opportunity to demonstrate their level of attainment, the special arrangements will not give them an unfair advantage over other students in the same examination.

#### **7.14.1 Applications for “Reasonable Accommodations”**

A student’s school can apply for reasonable accommodations, provided the student meets certain criteria. They will be considered for a student whose intellectual ability is below the average range, but who has a specific learning disability.

The school should submit an application to the State Examinations Commission enclosing a psychological report and samples of the student’s work. If the application is turned down there is an appeals process.

#### **7.14.2 “Reasonable Accommodations” Available**

Examples of reasonable accommodations available are:

- ☞ The provision of enlarged and/or Braille versions of questions for visually impaired students.
- ☞ The use of voice-activated computers, tape recorders or scribes.
- ☞ The allocation of an additional 10 minutes for each hour of the exam in some subjects such as Irish, English, History and Geography.
- ☞ Reading assistance - where the student is unable to read the question paper.
- ☞ Exemption from the grammatical or spelling components in language subjects.
- ☞ Modified question papers substituting alternative questions for those which refer to visual material such as diagrams, photographs and maps.
- ☞ In the case of Technical Draawing or Technical Graphics exams, students may be allowed the use of aids such as drafting machines, drawing boards and smaller drawing sheets.

#### **7.14.3 Accommodations that can be Approved by the School**

Each school has the authority to make special provisions for students with special needs during the State exams on the basis of what is best for the student. To do so the school provides the examination

superintendent with a note stating that the school is satisfied that the arrangement is warranted. Some of the special provisions a school can make include:

- ☞ Taking medicine, food or drinks into the exam centre where this is required for medical reasons.
- ☞ The use of a special desk or chair that is used in their classroom.
- ☞ Allowing the student to move within the centre
- ☞ Granting of rest breaks in each exam session where warranted by the student's physical or medical condition. An additional 20 minutes at the end of exam can be allocated in compensation for the break period.

#### 7.14.4 Exemptions from Examinations

An element of an exam may be waived where a student's special need is such that it is not possible for him or her to participate in a particular mode of assessment e.g. an aural assessment in the case of a student with a severe hearing impairment. Where this happens it will be recorded on an explanatory note of the student's certificate.

A student can apply to have an element(s) of an exam waived and to be marked out of 100% on the balance of the paper. In approving an exemption the Commission will inform the student of the content of any explanatory note that may appear on the student's certificate. This note will provide detail only on how the assessment procedure was altered but not the nature of the student's disability.

#### Before Requesting Accommodations

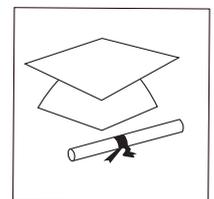
Before submitting a request for reasonable accommodation to the State Examinations Commission, it is important to consider carefully both the short-term and long-term impact of such a request.

- ◆ If the use of a word processor is to be of benefit to the student, an essential first step will be to ensure the student's proficiency in keyboard skills.
- ◆ If use of a scribe is to be requested - the student should have practice in an exam setting.
- ◆ If use of a tape recorder is recommended - the student should be taught to state the question number and section. Their answers may not be as comprehensive as those that might be given using normal written answers. They may also not be able to review their answers to a question as comfortably as they would with written work.
- ◆ By using other than written responses, the student is most likely to be separated from the other students, and this may be likely to add more stress on the student.

The practicalities of using another form other than written work should be considered well in advance of requesting special arrangements - in order to allow the student to build up a proficiency in the exam approach that is requested.

#### 7.15 Preparing for Third Level Education:

There are a growing number of support systems in place for students with special educational needs who are taking courses in third level colleges. Many universities have appointed a Disability Officer or have identified a staff member who accepts responsibility for providing support and advice for students with special educational needs.



Application to third level colleges should be submitted on the standard application form, but students with special educational needs are recommended to disclose their need for special support by writing 'Medical Condition/Disability' on the bottom of the form near the signature. A supplementary form will then be issued. It is possible that a student with a disability may qualify for entry to third level if, because of their disability, learning difficulty or health difficulty they cannot compete equally in the Leaving Certificate examination and as a result may not meet the entry criteria.

AHEAD, a voluntary organisation, has produced a booklet to support and provide information to students with special needs in their quest for third level education. AHEAD are located in Newman House, 86 St Stephens Green, Dublin 2. Tel :01 4752386. Email: ahead@iol.ie

**7.16 Chapter summary:**

A child with ADD/ADHD will respond best when the teacher:

- ◆ Is enthusiastic and interested.
- ◆ Is firm but flexible.
- ◆ Has class and individual rules.
  
- ◆ Creates structure and keeps routines.
- ◆ Intervenes to avoid escalation of inappropriate behaviour.
- ◆ Is welcoming and supportive.
- ◆ Is alert to ADD & ADHD vulnerabilities.
- ◆ Creates sensible seating.
- ◆ Instructs in simple steps.
- ◆ Has a sense of humour.
- ◆ Is positive - rewarding effort and good behaviour.

In certain cases special arrangements may be needed for state examinations.

## CHAPTER 8

### Building Self-Esteem and Inclusiveness and Promoting Social Interaction

Children with ADD/ADHD experience frequent negative feedback, develop low self-esteem consequently, and often find the world a hostile, judgmental place. For some, life can become one long round of constant reproach, faultfinding, censure and criticism.

Children with ADD/ADHD are often out of step with the chronological age of their development. They can communicate effectively with adults and with younger children, but not with children of their own age.

#### 8.1 Pivotal Role of the Teacher

The easiest and often automatic response to a child with ADD/ADHD is to criticise them and their behaviour. Often their efforts in trying to be liked by their peers are criticised, thereby isolating and excluding them further. Given the long-term effects of social exclusion, teachers, parents and others have an obvious obligation to build rather than break down self-esteem, and to promote inclusiveness. Realise your value as a role model in promoting positive attitudes towards the child with ADD/ADHD, as other children often take a lead from the teacher.

#### 8.2 Attitude of other children

When asked what they would most like to change about themselves the answer is often "I would like to have friends" - children with ADD/ADHD tend to make friends easily, but lose them just as quickly. This is most likely because children with ADD/ADHD seem to have an inability to read the signals and cues of successful communication - what comes to other children naturally. It is this inability to read the messages that causes most annoyance to other children and this can lead to isolation. Quite often they can start off as "the class clown" but this soon wears thin and they become a source of major irritation to other children. In some cases the "class clown" is in time replaced by the "class toy". Other children can set the child with ADD/ADHD up to do something that will get him or her into trouble and as they are so anxious to be liked, and so impulsive, they will carry out the deed without any thought for the consequence.

The inattentive child with ADD/ADHD will be an easy target for bullying because they are aloof and not part of the group. They may be teased by the rest of the class - becoming the passive victim.

#### 8.3 To Minimise the Incidence of Bullying:

- ◆ Be aware of the possibility of "scape-goating", and of the possibility of other children setting up the child with ADD/ADHD.
- ◆ Monitor peer exclusion or teasing, and correct appropriately.
- ◆ Utilise circle time/SPHE to teach concepts of communication, participation and co-operation. Nurture an understanding and acceptance of students with differences.
- ◆ Assign special responsibility to the student in the presence of his/her peer group, so others observe the student in a positive light. Praise the student frequently.
- ◆ Supervise unstructured periods - break, lunch and going to and from classes as well as other days when the routine and structure of the school day is not in place - sports days, field trips - when bullying is most likely to occur.
- ◆ Make alternative activities/tasks available for times when socialisation problems can occur, such as board games, computer games etc and encourage their use by the child with ADD/ADHD.



#### 8.4 To Develop Social Skills:

- ◆ Try to teach the student different types of social skills such as making eye contact, recognising non-verbal expressions, maintaining appropriate physical distance, and negotiating.
- ◆ Monitor social interactions, and intervene when necessary to encourage skills such as giving a compliment, initiating a conversation or sharing.
- ◆ Prompt appropriate social behaviour either verbally or with private signals.

- ◆ Encourage co-operative learning tasks with other students.
- ◆ Set up social behaviour goals with the student and implement a reward programme.
- ◆ In some cases, small group social skills training may be beneficial to the child, and if so liaise with parents / school principal / resource staff.

#### **8.5 To Build Self-esteem, Inclusiveness and Social Interaction:**

- ◆ Find and develop areas of competence in children with ADD/ADHD.
- ◆ Try to establish their interests and likes in order to find where their competencies lie.
- ◆ Once these have been identified, be imaginative in bringing these into play.

#### **8.6 Mentoring**

As children with ADD/ADHD generally remain friendless in school, they need to have some form of emotional support, which could take the form of a mentor.

A mentor is someone that a child with ADD/ADHD can have a positive relationship with - someone who is on their side, listens to them, advocates for them where necessary, and assesses and addresses their needs, both socially and academically. A mentor could be the resource teacher, counsellor or other teacher with an interest in and knowledge of the condition and typically becomes the only person in the school that a child with ADD/ADHD has a comfortable relationship with. A mentor should not just lend a sympathetic ear. Supporting the child with ADD/ADHD can often include helping them confront their difficulties as well as finding solutions and strategies.

#### **8.7 Mentor's Role**

A mentor's role may include:

- ◆ Helping to ensure a consistent approach with those who come in contact with the child.
- ◆ Acting as an intermediary when difficulties arise.
- ◆ Coaching in social skills would form part of the activities of the mentor with the child. This involves helping the child understand and make sense of relationships, where they have gone wrong, as well as teaching strategies for the future.
- ◆ Providing a safe and a non-judgemental place where the student can come in times of difficulties.
- ◆ Helping a child with ADD/ADHD organise themselves to be in the right place, at the right time, with the right books. This is especially necessary at the beginning of secondary school.

## CHAPTER 9

### Homework and Links with Home

Homework can cause great friction between children and their parents. For children with ADD/ADHD, bringing homework materials home can be challenging in itself.

Often the child's homework may be incomplete and they may get no recognition for their effort - however, this effort is likely to have been three times greater than that of their classmates. As such, parents should be encouraged to give teacher information on the effort put in by the child. While many of the strategies outlined below are more appropriate to parents than teachers, their value lies in facilitating teacher advice to parents.

#### 9.1 Time Spent on Homework

- ⇒ It is commonly believed that the child with ADD/ADHD typically spends three times longer to complete an assignment at home than it would in a more structured classroom setting. To accommodate this fact, consider allowing the child to complete a smaller amount of intellectually challenging homework i.e. quality rather than quantity.
- ⇒ Explain to the child and if possible the parent that homework should be done within a set time-frame - a timer can be useful tool for this.
- ⇒ Advise parents of children with ADD/ADHD, if the child is struggling with their homework, to cease activity before the child becomes too frustrated.
- ⇒ Whether or not the task is fully completed within the specified time-frame should be viewed as an accomplishment in itself.
- ⇒ Different forms of homework could be considered e.g. home computer, tape recorder, practical exercises (measuring a room).

#### 9.2 Understanding Homework Instructions

Understanding homework instructions, particularly if homework is given orally at the end of the period or day, causes confusion for children with ADD/ADHD. To facilitate improved understanding of instructions, the following may be helpful:

- ⇒ **In Primary School**, teachers could leave homework written on the blackboard throughout the day.
- ⇒ Ensure the child has his/her homework written down - an essential skill for the child to master in preparation for secondary school.
- ⇒ Explore other formats of the homework journal, as conventional ones may prove too space restrictive.
- ⇒ **In Secondary School** teachers should be mindful of the increased pressure children with ADD/ADHD experience when recording homework.
- ⇒ Parents could be involved in encouraging the child to set up their homework journal in preparation for the next day - each subject could be written out, with the child filling in the assignment accordingly in class the following day.
- ⇒ The prospect of a specifically designed weekly homework assignment sheet could be considered as an option, where daily homework recordings prove unsuccessful. Teachers could check and sign the assignment sheet at the end of the class for which homework is required.
- ⇒ Parents should be encouraged to sign the journal or sheet when homework has been completed. Continuous regular spot-checking of all students' journals/ sheets, with a close eye on the child with ADD/ADHD, can benefit all.
- ⇒ A "homework buddy" system could potentially improve the situation, but the child with ADD/ADHD often has no particular friend to rely on for this.

#### 9.3 Organising Books to Bring Home

Bringing home the correct set of books presents difficulties for children with ADD/ADHD and parents may purchase a second set of books, which remain at home. As this is quite costly, particularly as the child progresses through school, not all parents are in a position to do so. To assist children with ADD/ADHD to better organise books, the following may be observed:

In primary school, a useful exercise is to rotate within the class the list of books to be brought home before school ends - this has the added advantage of giving all children experience in organisation.

In secondary school, it might be suggested to the parents of children with ADD/ADDHD that they could facilitate their children by colour coding books, copies and timetable by subject, dividing their locker space into "take home" or "keep in school" areas, or adding a column to the weekly assignment sheet for "books and materials required".

Parents have found that having copies of the child's timetable in highly visible areas - both at home and in school - such as locker, schoolbag, journal, bedroom, homework area, kitchen, facilitates bringing the correct books.

#### **9.4 Punishment Homework**

Written punishment homework may be counter-productive for the child who has writing difficulties, adding considerable stress in the home.

Where punishment homework is deemed necessary, consider tailoring it to suit the child's strengths/abilities e.g. diagrams or charts.

## CHAPTER 10 Medication

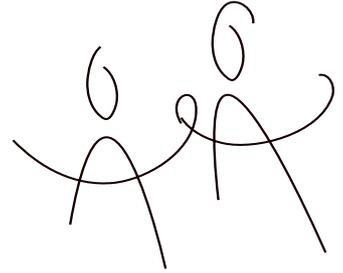
### 10.1 Deciding to Use Medication

Ideally medication for children with ADD/ADHD should be used in conjunction with other interventions. For some children, non-medical interventions are relatively ineffective until the child is given medication. The US-based study, Multimodal Treatment Study of Children with ADD/ADHD, found that the most effective treatment is a combination of medication and behavioural treatments, with behavioural interventions occurring in the home and school setting.

Only parents and their doctor are in a position to make a call on whether the child with ADD/ADHD should be medicated. It is not a decision taken lightly by parents, and it is important to realise that they have probably struggled with this decision.

### 10.2 Medication can Help to:

- \* focus attention of the child
- \* eliminate distraction
- \* allow impulse control.



### 10.3 The Traditional Form of Medication

Traditional fast-acting medication is effective within 15 minutes and lasts up to four hours. As the effects of the medication wear off, rebound effect may occur, where the child's difficulties become exacerbated, causing significant difficulties if this occurs at break or lunch time. Where a child needs to take further medication during school hours to counter this, it is paramount that the school handle the issue sensitively, and that the child's privacy is preserved. It is generally preferable that the school facilitates younger children in taking medication, and reminds the older child.

### 10.4 The Long Acting Version of Medication

In the case of the long acting version of medication, a single dose is effective for between eight and 12 hours. It eliminates the "rebound effect", as well as the in-school or midday dosing (and the embarrassment this causes the children), while providing symptom control throughout after-school activities.

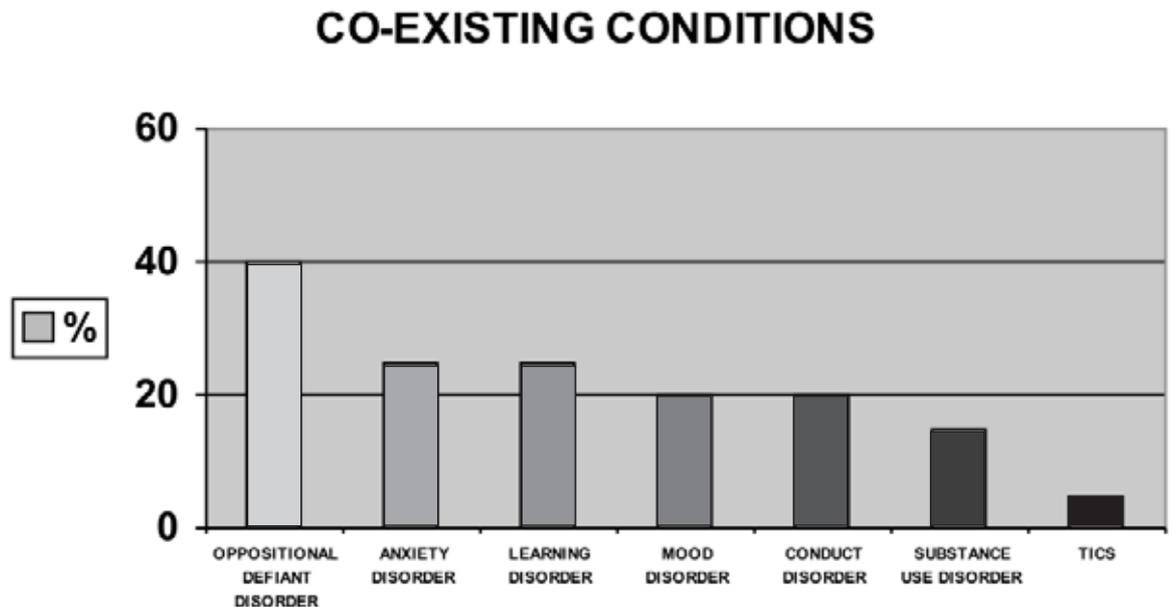
### 10.5 Role of the Teacher

Teachers have a vital role to play in monitoring and giving feedback to parents and other professionals on the child's progress whilst on medication.

## CHAPTER 11 Co-Existing Conditions

Children with ADD/ADHD tend to have other emotional, learning and behavioural difficulties that are not in themselves necessarily directly related to ADD/ADHD, but may interact with ADD/ADHD to intensify learning and adjustment difficulties.

The overlap between ADD/ADHD and some other conditions can be seen from the following graph:



The following briefly outlines some of these and other conditions.

### 11.1 Oppositional Defiant Disorder (ODD)

The most notable feature of ODD is the hostility shown to authority figures. This results in argumentative behaviour and an inflexible persistence with requests. The child has difficulty with compromise and tends to engage in insistent whining until the request is granted. Then, of course, he/she begins immediately with the next "request". Other qualities include a failure to take responsibility for behaviour, a tendency to blame others, disobedience, resentment and over-sensitivity to correction.

### 11.2 Learning Disorders:

**11.2.1 Dyslexia** - An individual is identified as dyslexic when a significant discrepancy exists between intellectual ability and reading/comprehension performance, without an apparent physical, emotional, or cultural cause.

**11.2.2 Dyscalculia** - this is recognised by :

- ☞ a deficit in the skills of counting and calculating;
- ☞ difficulties in the comprehension of instructions, or failure to master skills required for a task;
- ☞ the inability to use or understand symbols or numbers.

**11.2.3 Dyspraxia** is an impairment, or an immaturity of the organisation of movement. Areas of difficulty include:

- ☞ Body Movement - large movements, such as walking; balance, fine movement such as writing; using a sellotape dispenser etc.
- ☞ Speech and Language - talking continuously or slowly and ponderously; repeating themselves; difficulty with pronunciation.

- ☞ Visual Problems - difficulties with tracking text when reading or looking quickly at information.
- ☞ Perceptual Difficulties - interpretation by different senses. Problems with organisation, memory, sequencing, concentration and time management.
- ☞ A heightened sensitivity to sound, light, touch or certain fabrics. Difficulty in coping in a noisy environment or working in brightly-lit areas.

### **11.3 Asperger's Syndrome**

Symptoms include:

- Social isolation and eccentric behaviour in childhood;
- Impairments in two-sided social interaction and non-verbal communication;
- Abnormalities of inflection and a repetitive pattern in speech;
- Narrowed or restricted interests e.g. trains, door knobs, cappuccino.

### **11.4 Conduct Disorder (CD)**

Conduct Disorder is considered the most disquieting of co-existing conditions because of the violations of accepted social norms. Behaviours such as deceit, dishonesty and serious infractions of rules may occur. The child may engage in wilful aggression such as bullying, verbal abuse, physical fighting or sexual violation. Aggression may also be directed at property in the form of damage to property, breaking and entering, theft, or vandalism.

Without treatment, management and support of all of the above co-existing conditions, these children are less likely to be successful in later life.

## CHAPTER 12

### The positive side of ADD/ADHD

All too frequently, parents and teachers focus solely on the negative aspects of ADD/ADHD. Yet there are so many wonderful aspects to children with ADD/ADHD that are typically overlooked.

Some of the negative traits of ADD/ADHD can be reframed as positive traits. This can be the key to motivating children with ADD/ADHD to maximise their strengths and build their self-esteem. It can also assist those dealing with children with ADD/ADHD to see these children in a more positive light. The following table demonstrates this.

<b>negative attribute .....</b>	<b>.....changed to a positive attribute</b>
Distractible	High level of environmental awareness
Short attention span with periods of intense focus	Responds well when highly motivated
Poor planner, disorganised	Flexible, ready to change strategy quickly
Distorted sense of time	Tireless when motivated
Impatient	Goal-orientated
Difficulty converting words into concepts	Visual concrete thinker
Has difficulty following instructions	Independent
Daydreamer	Imaginative/bored by mundane tasks
Acts without considering consequences	Willing to take risks
Lacking in social skills	Single-minded in pursuit of goals



## **CHAPTER 13**

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IEPs - Speech and Language

Janet Tod and Mike Blamires. London: David Fulton Publishers

IEPs - Physical and Medical

John Cornwall and Chris Robertson London: David Fulton Publishers.

IEPs - Learning Difficulties

Chris Robertson and John Cornwall. London :David Fulton Publishers

IEPs - Dyslexia

Janet Tod. London :David Fulton Publishers

IEPs - Creating Collaborative IEP's Handbook (1998) Improving Special Education Experiences Project at Virginia Institute for Developmental Disabilities, Virginia Commonwealth University, USA.

## **CHAPTER 14**

### **Useful Websites**

#### **[www.add.org](http://www.add.org)**

This is the website of ADDA, an organisation for adults with ADHD in the USA. ADDA provides information, resources and networking opportunities to help adults with ADHD lead better lives. They aim to provide hope, empowerment and connections worldwide by bringing together science and the human experience for both adults with ADHD and the professionals who serve them.

#### **[www.adders.org](http://www.adders.org)**

The objective of this UK site is to promote awareness of ADHD and to provide information and as much free practical help on the condition to adults, children and their families.

#### **[www.addiss.co.uk](http://www.addiss.co.uk)**

The UK National Attention Deficit Disorder Information and Support Service.

#### **[www.attention.com](http://www.attention.com)**

US site with articles, tools, tests and expert resources to help the child improve attention skills and maximize performance. It has separate sections for parents, teachers and other professionals.

#### **[www.belb.org.uk](http://www.belb.org.uk)**

The Belfast Education and Library Board site which has a number of very useful guides for parents and teachers on ADD/ADHD.

#### **[www.chadd.org](http://www.chadd.org)**

This is an excellent site based in the USA and is continually updated. With over 20,000 members, CHADD is the leading non-profit organisation serving individuals with ADHD. Through collaborative leadership, advocacy, research, education and support CHADD provides science-based, evidence-based information about the condition to parents, educators, professionals, the media and the general public.

#### **<http://childrenwithdisabilities.ncjrs.org>**

The US Children with Disabilities online guide is a new initiative by the Co-ordinating Council on Juvenile Justice and Delinquency Prevention (Council). It provides access to a wide range of resources for children with disabilities and their parents.

#### **<http://www.dssc.org/frc>**

The US Federal Resource Centre for Special Education supports a nationwide technical assistance network to respond to the needs of students with disabilities, especially students from under-represented populations.

#### **<http://www.ericec.org>**

ERIC EC gathers and disseminates professional literature, information and resources on the education and development of individuals of all ages who have disabilities and/or who are gifted. US site.

#### **[www.hadd.ie](http://www.hadd.ie) (under construction)**

Our own website, which offers useful advice and information relating to the Irish situation.

#### **[www.help4adhd.org](http://www.help4adhd.org)**

The National Resource Center on AD/HD: A Program of CHADD has been established with funding from the US Centre for Disease Control and Prevention (CDC) to be a national clearinghouse of information and resources concerning AD/HD. This Website answers many questions about AD/HD, and directs to other reliable sources online.

#### **[www.helpforadd.com](http://www.helpforadd.com)**

The website of David Rabiner, Ph.D., Senior Research Scientist, Duke University.

**<http://www.ldonline.org/ldindepth/iep/sevenhabits.html>**

Good advice on the essential attitudes and habits for devising successful IEPs in this US site.

**[www.ncl.org](http://www.ncl.org)**

The National Center for Learning Disabilities (NCLD) works to ensure that children, adolescents and adults with learning disabilities have every opportunity to succeed in school, work and life. NCLD provides essential information to parents, professionals and individuals with learning disabilities, promotes research and programmes to foster effective learning, and advocates for policies to protect and strengthen educational rights and opportunities. US site.

**[www.nimh.nih.gov/events/mtaqa.cfm](http://www.nimh.nih.gov/events/mtaqa.cfm)**

MTA study, carried out in the US, was the biggest ever study completed on the treatment of ADHD

**[www.samgoldstein.com](http://www.samgoldstein.com)**

This contains a variety of online resources dealing with ADHD and other topics. Some of Dr. Goldstein's articles are posted on the site and you can read current and archived articles on learning, childhood resilience, ADHD and autism. US site.

**[www.thechildrensclinic.ie](http://www.thechildrensclinic.ie)**

The Children's Clinic, Gorey, Co. Wexford, provides comprehensive evaluations and individualised treatment plans for children with a variety of developmental disabilities and associated learning and behavioural difficulties.

## APPENDIX 1

### Education legislation relevant to the education of children with ADD/ADHD

Education Act 1988

Education (Welfare) Act, 2000

Equal Status Act, 2000

Education for Persons with Special Educational Needs Act 2004

Main Provisions of the Education for Persons with Special Educational Needs Act 2004 in relation to assessment and education plans.

- ☞ Section 3 provides that a school must make all practical efforts to meet the educational needs of a child where a child does not seem to be benefiting from the regular education programme in the school. Schools can form this view from their own experience or from parent feedback.
- ☞ If these efforts are unsuccessful & if it is considered that this is due to the child having special educational needs arising from a condition such as ADD/ADHD, the school must arrange for an assessment to be carried out. This must be done within a one-month to three-month period. The National Council for Special Education will set down guidelines to assist schools in relation to assessments. Where the assessment establishes that the child has special educational needs, the school must have an individual education plan prepared for that child within one month of the assessment. The Act provides that National Council for Special Education may issue guidelines on the matters to be included in an education plan prepared by the school.
- ☞ The Act provides that parents must be consulted throughout the entire process and have a vital role to play if they wish to do so. They must be given a copy of the findings of all assessments and education plans as soon as they are completed.
- ☞ In certain cases due to the nature of a child's difficulties and needs, the school can ask the National Council for Special Education to carry out the assessment. (Section 4 of the Act). The National Council for Special Education may also arrange for an assessment to be prepared of its own volition or at the request of a parent.
- ☞ If such an assessment establishes that the child has special education needs, the Council will direct the relevant Special Educational Needs Organiser to prepare an education plan for that child.
  
- ☞ Section 9 of the Act sets out the matters to be dealt with in an education plan. These will include the nature of the child's abilities, skills and talents; the nature of the child's special educational needs and how these affect their educational development; their present level of educational performance where relevant; the services necessary to enable the child to benefit from education and to participate in school life and the goals which the child is to achieve over a specified period. This period cannot be longer than 12 months.
- ☞ Under Section 7 of the Act, the National Council for Special Education must ensure that the services identified in a child's education plan are provided. However, it is the school that implements the education plan.
- ☞ While the legislation assigns responsibility to the Principal of a school, it also provides that this can be delegated to any teacher in the school.
- ☞ The new Act also imposes many other obligations on schools including those in relation to transition of children from primary to secondary schools and the provision which will be required for the child on his/her becoming an adult to progress to further education and training.



7. Other helpful information. (List any pertinent information, including health care needs, that has not been detailed else where on the form.)

This form was completed by \_\_\_\_\_

Please tick one of the following

Speech Therapist

Psychologist Clinical

Psychiatrist

Behavioural Therapist

Psychologist Educational

Social Worker

Other please name \_\_\_\_\_

Taken from *Creating Collaborative IEP's Handbook (1998) Improving Special Education Experiences Project* at Virginia Institute for Developmental Disabilities, Virginia Commonwealth University, USA.





**Table 3 - To be completed by the student's teacher**

**TEACHER IEP INPUT FORM**

Date \_\_\_\_\_

To: \_\_\_\_\_

It is time to begin the planning process for the year ahead. Your input is very important in developing a plan that is right for. Using your responses and information from, his/her parents and therapist, a rough draft may be created to be used as a basis for discussion at the IEP meeting.

1. What do you see as \_\_\_\_\_'s successes this year?
2. What are \_\_\_\_\_'s academic strengths and other special skills or abilities?
3. What are the areas of weakness that you have noted?
4. Are there other concerns, such as social skills or behavioural issues?
5. Consider \_\_\_\_\_'s organisational skills and study skills. Do they seem appropriate for \_\_\_\_\_'s grade level?
6. Does \_\_\_\_\_ have difficulty with homework assignments?
7. Are there any modifications you are aware of that seem helpful to \_\_\_\_\_?
8. Any other comments

Taken from Creating Collaborative IEP's Handbook (1998) Improving Special Education Experiences Project at Virginia Institute for Developmental Disabilities, Virginia Commonwealth University, USA.



5. Consider your child's organisational skills and study skills. Do they seem appropriate for his/her grade level? Does your child have difficulty with homework assignment?

6. List any modifications you are aware of that seem helpful to your child

7. What helps your child to learn? (For example: enjoys projects, needs things read to him /her, needs time limits)

8. Please list other questions and concerns

Reference

Creating Collaborative IEP's Handbook (1998) Improving Special Education Experiences Project at Virginia Institute for Developmental Disabilities, Virginia Commonwealth University, USA.

**Table 5 - IEP template to be completed at IEP meeting**

**ISSUE/ACTION PLANNING FORM**

**STUDENT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**TEAM MEMBERS PRESENT:**

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<b>ISSUE</b>	<b>PLANNED ACTION</b>	<b>PERSON(S) RESPONSIBLE</b>	<b>BY WHEN (DATE)</b>

