



THINKING EDUCATION

the middle line

Diverse Learners Symposium Friday 14th June 11.35-12.20

THE INTERVENTION THAT WORKS FOR SCHOOL CHILDREN WITH ADHD

ADHD



ADHD IS DIFFERENT FOR
EVERY PERSON. YOU MAY
GUESS THAT THE KID ON THE
RIGHT MAY ONLY HAVE IT,
BUT TRUTH IS THEY BOTH DO.





**"If you've met one person
with autism, you've met one
person with autism."**

- Dr. Stephen Shore

What will you remember from today?



“

I just can't get enough
of these Staff
Development Days.
They definitely
improve my teaching!

”

...said no teacher ever!



What are we going to do?



This presentation for teachers highlights the challenges of ADHD in the classroom, and shares possible interventions for parents and teachers. We'll examine the roles that neuroscience, psychology and education play, and discuss how rewards and consequences work in children with ADHD. We'll explore the policy and classroom program changes that are necessary for children with ADHD, as well as their teachers and peers, to flourish.



Quick Recap...

Researchers Link 27 Genetic
Variants to ADHD



Quick Recap...

Attention-Deficit Hyperactivity Disorder (ADHD) is the most common paediatric neurobehavioral disorder with a prevalence of approximately 7%-10% in school-age children.





Key message...

ADHD has become an identity,
not just a disorder.
We need a new way to talk about
it



Some interesting facts

- ADHD is an inherited disorder – genetic and neurological (but can arise from non-genetic sources)
- As many as 25-44 genes are involved in causing ADHD – they are different versions of the genes
- Siblings are 3-5x more likely to have ADHD
- Mother 3-4x likely, father 5-6x likely to have ADHD
- 6 brain regions are linked to ADHD (brain regions are smaller and grey matter is smaller)
- The brain can be 2-3 years delayed in these regions – resulting in maturational deficiencies to peers
- Social factors, parenting and the educational environment do NOT cause ADHD

Symptoms NOT behaviours



What do the 3 presentations of ADHD look like?



Predominantly inattentive

- Significant problems with inattention without notable impulsivity or hyperactivity
- Described as cognitively "sluggish" or "day dreamy".
- More likely to have academic difficulties than those with hyperactive-impulsive symptoms.



Predominantly Hyperactive

- Hyperactive-impulsive symptoms with no difficulty with attention.
- Always on the go
- Act before thinking
- Fidget & squirm
- Talk too much
- Call out
- Have trouble waiting



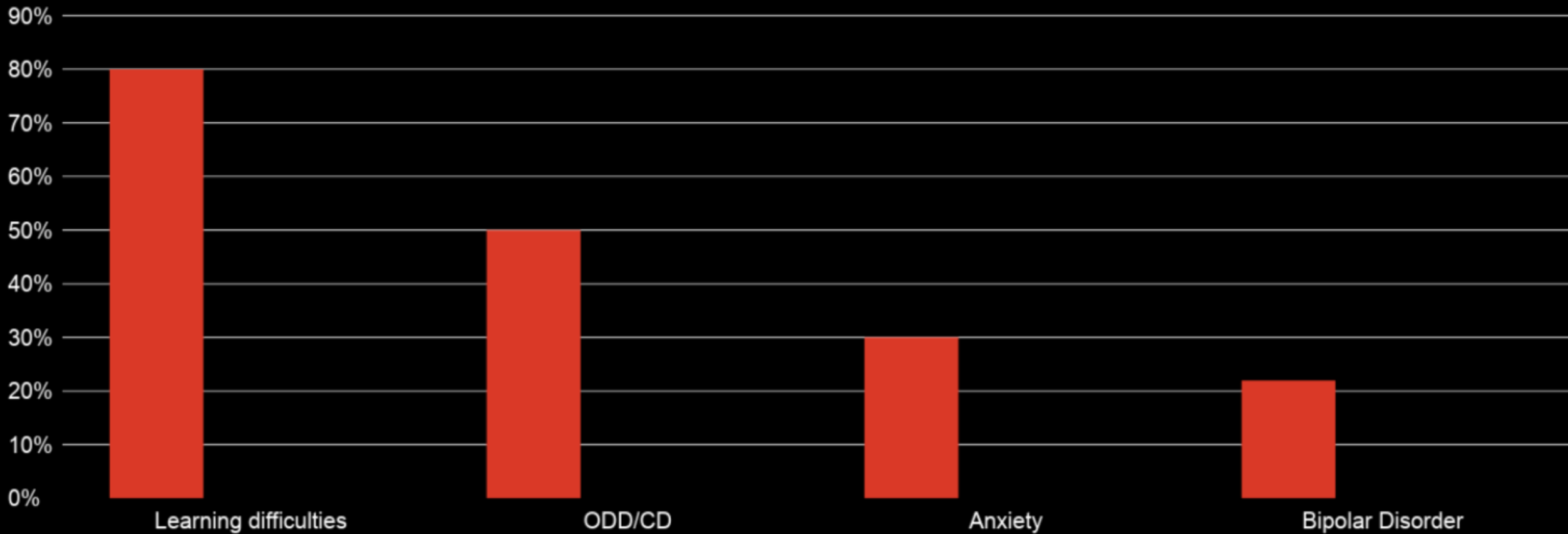
Predominantly inattentive

- Children display difficulties with both inattention and hyperactivity.
- By far the most common presentation.

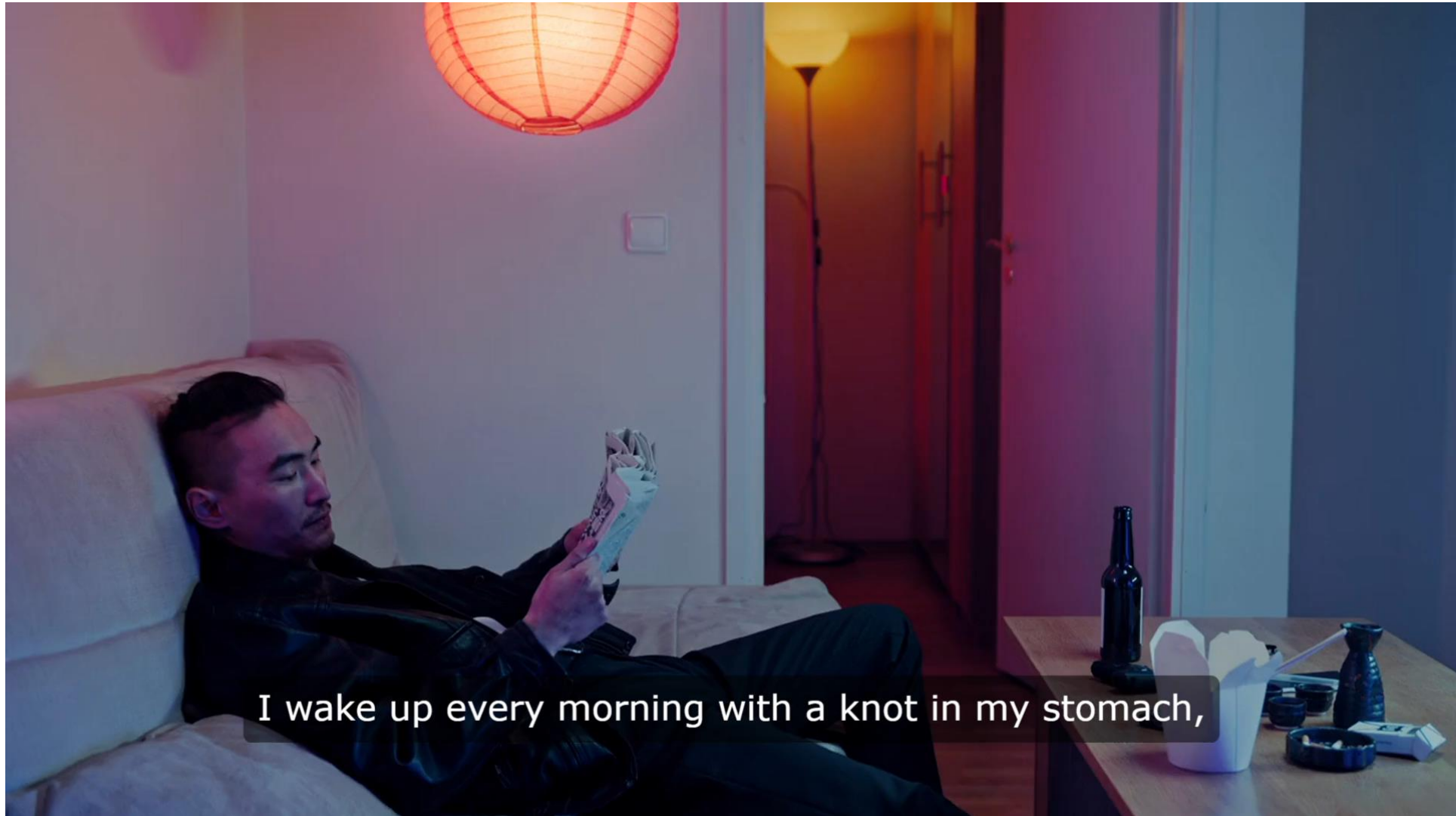
Symptoms NOT behaviours



ADHD & Co-Morbid Conditions



Through the eyes of a child



I wake up every morning with a knot in my stomach,

What is the world presenting to these children?



**Simone
Biles**

The most decorated
American
gymnast ever



**Justin
Timberlake**

Successful singer
songwriter worth
\$250 million



Michael Phelps

The most decorated
Olympian of all time



**Emma
Watson**

Actress worth \$85
million



**Mark
Ruffalo**

The ultimate
avenger!

What is the world presenting to these children?



**Zach
Wilson**
New York Jets



Channing Tatum
Magic mike!



Will. i. am
Singer



**Dave
Grohl**
Foo fighters front
man



**Johnny
Depp**
Who would have
pocked that?!

What else is pop culture saying?



The snow glows white on the mountain tonight
Not a footprint to be seen
A kingdom in isolation, and it looks like I'm the queen
The wind is howling like
this swirling storm inside
Couldn't keep it in, heaven knows I tried
Don't let them in, don't let them see
Be the good girl you always had to be
Conceal, don't feel, don't let them know
Well, now they know
Let it go, let it go,
Can't hold it back anymore
Let it go, let it go
Turn away and slam the door
I don't care what they're going to say
Let the storm rage on
The cold never bothered me anyway





What else is pop culture saying?



Remember, It's All Luck. You are lucky to be here. You were incalculably lucky to be born, and incredibly lucky to be brought up by a nice family that helped you get educated and encouraged you to go to Uni.

Or if you were born into a horrible family, that's unlucky and you have my sympathy... but you were still lucky: lucky that you happened to be made of the sort of DNA that made the sort of brain which – when placed in a horrible childhood environment – would make decisions that meant you ended up, eventually, graduating Uni. Well done you, for dragging yourself up by the shoelaces, but you were lucky. You didn't create the bit of you that dragged you up. They're not even your shoelaces.



And of course for Swifties...



“ It can be really overwhelming figuring out who to be, and when. Who you are now and how to act in order to get where you want to go. I have some good news: It’s totally up to you. I also have some terrifying news: It’s totally up to you.



”





Turn and talk, or draw for the introverted



- So, what is this all telling us?
- What is this telling the children of today?
- What are the pros?
- What are the cons?

OR

- Draw a quick sketch of how a child with ADHD would be feeling in today's era through their eyes

Audience participation



Is anyone willing to share their thoughts or
show their drawing?

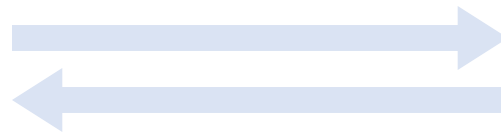
Through the eyes of a parent



Communication

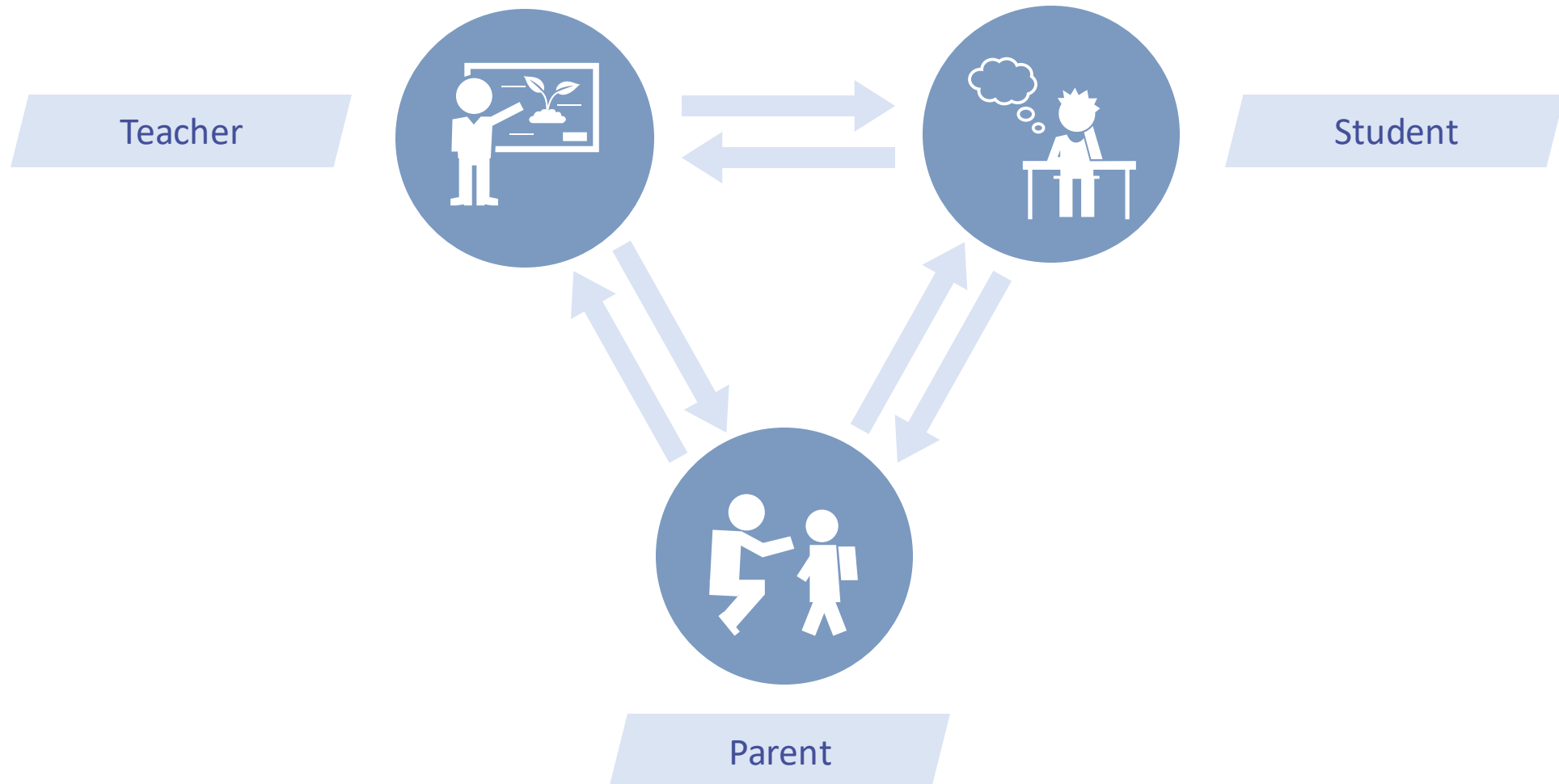


Teacher

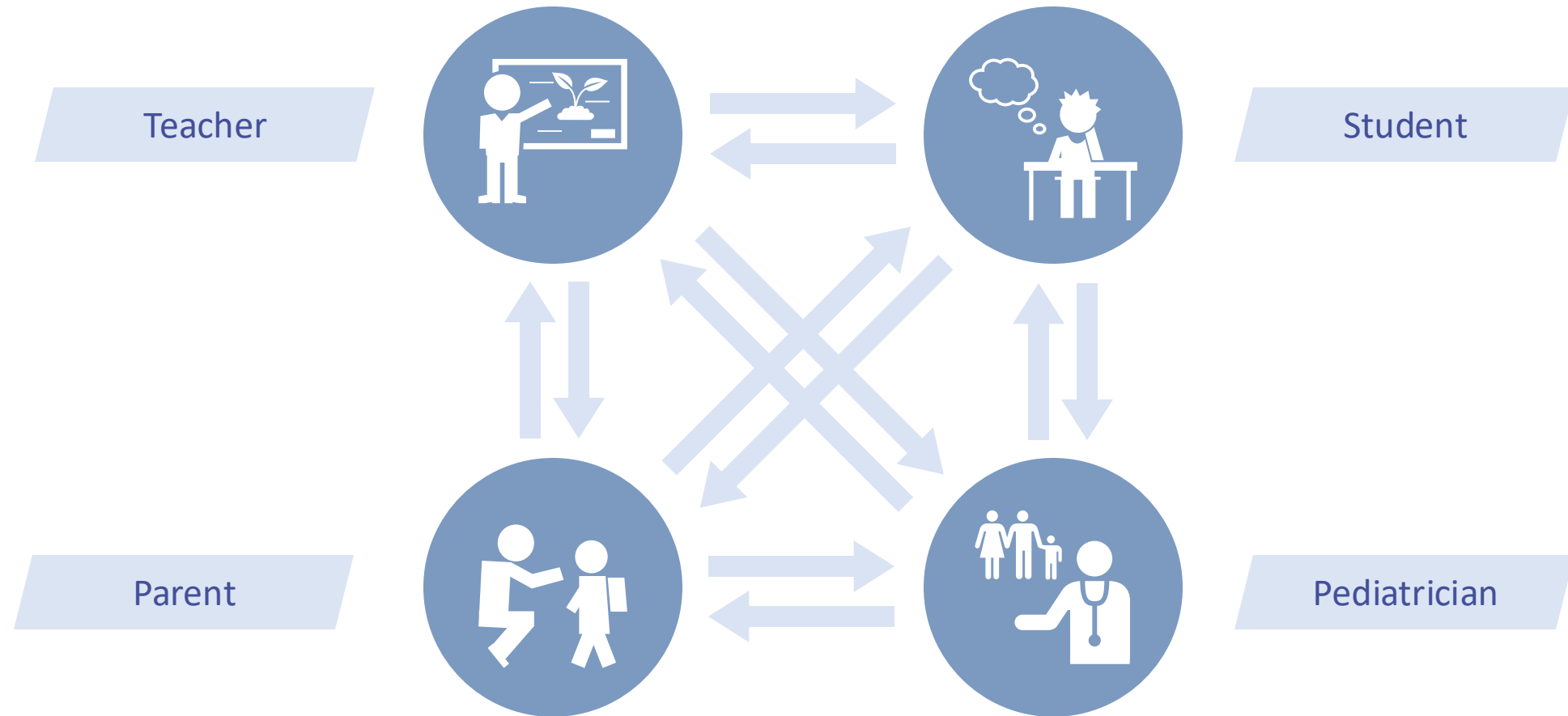


Student

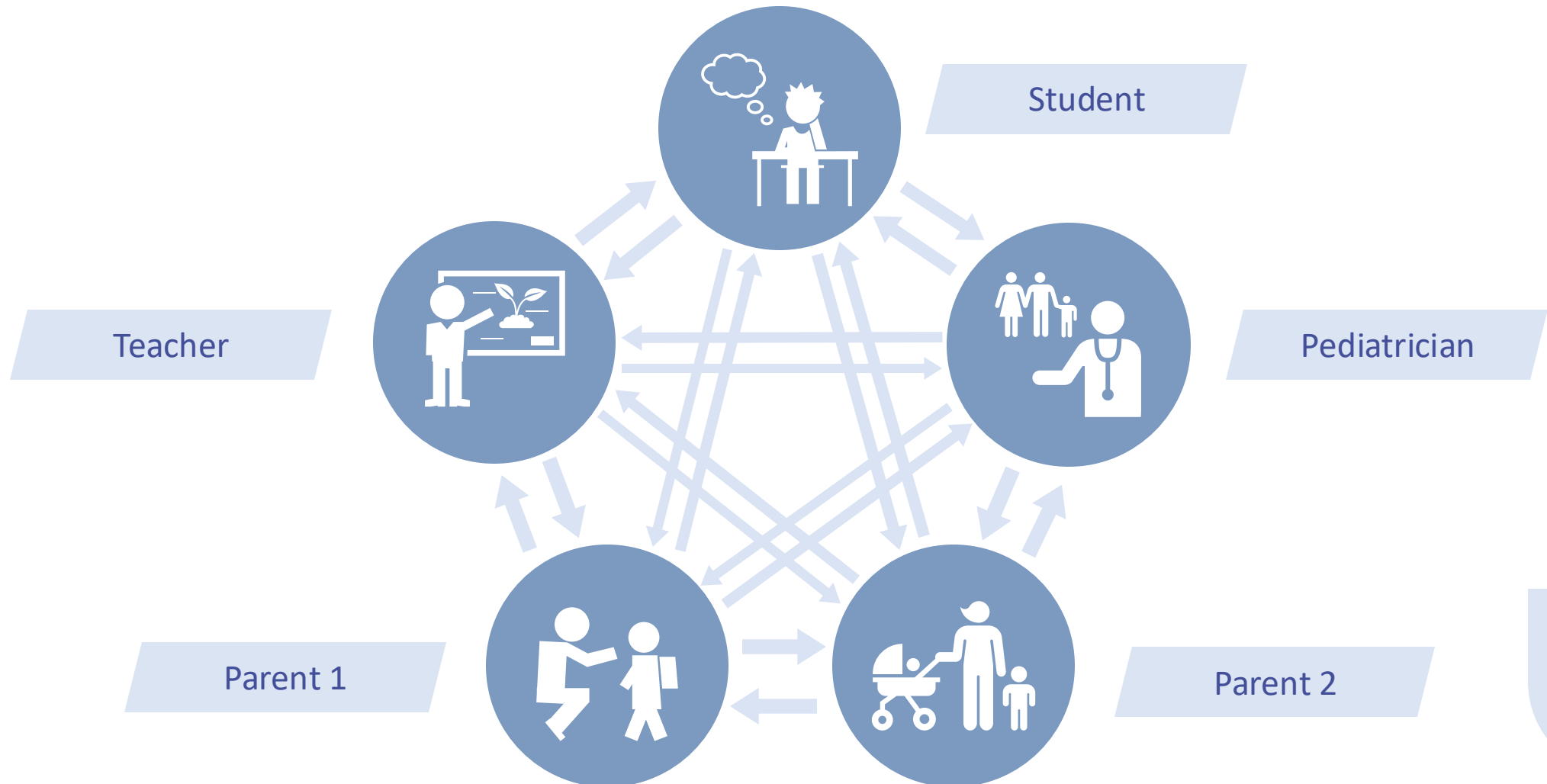
Communication



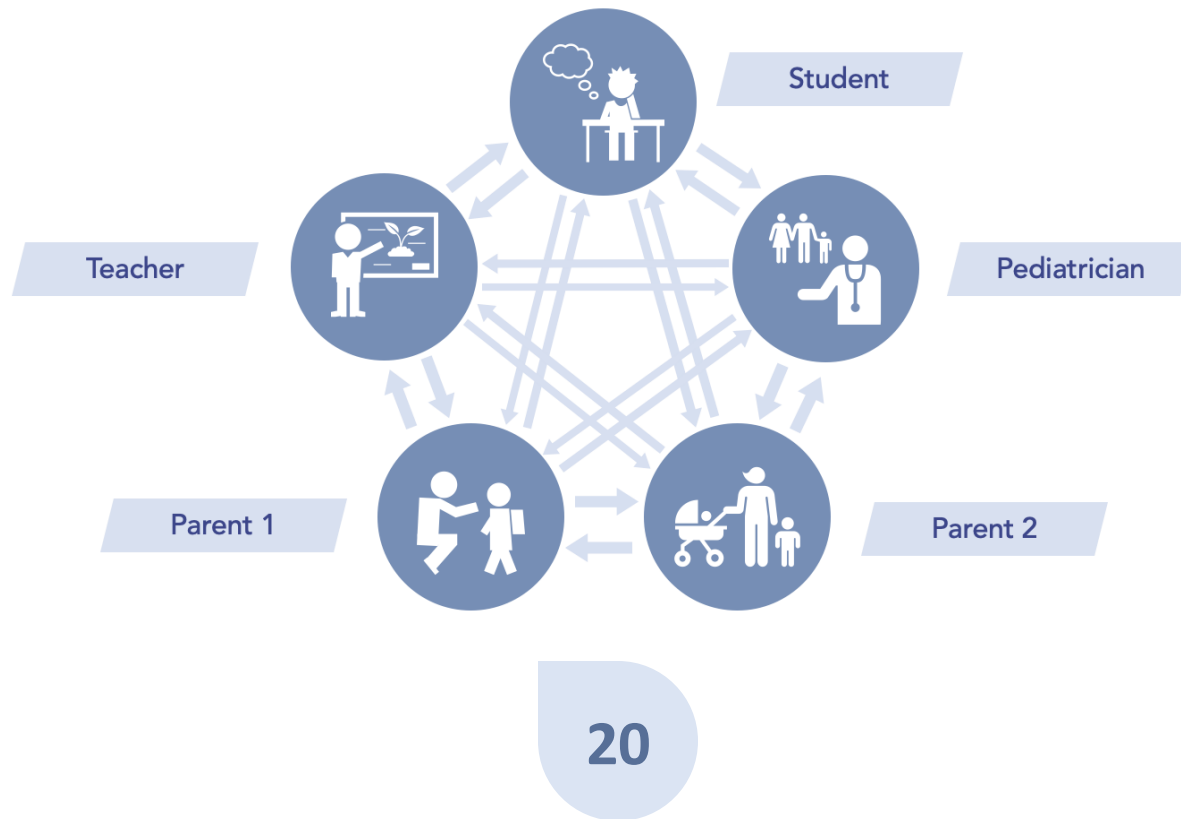
Communication



Communication



Communication



For every person added...

Number of people	Lines of communication
2	2
3	6
4	12
5	20
6	30
7	42
n	$n^2 - n$

Example:

1. Child
2. Mother
3. Father
4. Teacher
5. GP
6. Paediatrician
7. Psychologist
8. Learning assistant
9. School leader
10. OT
11. ADHD coach

= 110 lines of communication



Turn and talk, or draw for the introverted



- So, what is this all telling us?
- How does this make you feel as a practitioner?
- What are the pros?
- What are the cons?

OR

- Draw a quick sketch of how a parent with a child with ADHD would be feeling with all this communication needed

Audience participation



Is anyone willing to share
their thoughts or show
their drawing?

Through the eyes of a teacher



How do teachers feel today?



A recent study at a school found 82% of teachers said their number one cause of stress is the expectations placed on them in managing individual needs

Why?



- Desire from society / government
- More children with complex needs uncovered
- Desire for each child to do 'well' (parents/school)
- Self imposition
- Expectations from the school
- Lack of training
- Lack of education for parents
- Saturated systems for help



It is time to
change our adhd-
itudes

How do we help children with ADHD flourish in the classroom and life?



We know that good intervention is:

- Behaviour therapy (usually CBT),
- Classroom interventions (ILP's),
- Medication,
- Education surrounding ADHD for all
- Interventions that are good for everyone
- A check-up on your adhd-itude

How do we help children with ADHD flourish in the classroom and life?



- An empathetic approach
- A cultural understanding
- Parent / health partnerships as early as possible
- Clear boundaries
- Mental health plan / OT/ ADHD coach
- Cognitive assessment – strength concentration



Teacher strategies within the classroom

Lets start with our ADHDittude:

Children with ADHD
disrupt the learning
of others

Children with ADHD
are difficult to teach

Children with ADHD
do not have the
support they need

My classroom
demands executive
functioning and self-
regulation

Sometimes as a
teacher I lack
patience and am just
tired

Yes and children
with ADHD can
benefit from support
to stay focused,
enhancing the
learning
environment for
everyone

Yes and Children
with ADHD have
unique learning
needs that can be
met with tailored
teaching strategies

It is difficult in
today's age and
Children with ADHD
can thrive when
provided with
appropriate support
and resources

In my classroom,
students can
develop their
executive
functioning and self-
regulation skills with
the right support
and guidance.

Sometimes as a
teacher, I can
enhance my
patience and energy
by using self-care
strategies and
seeking support
when needed

Teacher strategies within the classroom



Minimise distractors –
replace with cues and
prompts

Externalise rules and the
teacher and student refer to
them (flash cards, audio
reminders, desk prompts)

Bridge time gaps – small
daily work one step at a
time towards the goal

Immediate feedback and
rewards (artificial tokens
are ok, like a motivational
prosthesis)

No nagging – natural
consequences

Routine physical
exercise

10 minute breaks
periodically

Relaxing or meditating for
3 mins after self regulating
exertion

Visualising rewards when
involved in executive function
tasks

Self affirming
statements

Positive emotion
building

Make a problem solving
manual to refer to

Graphic organisers

Fidget toys but only use if
they don't have to look at
them

Instructions on the
board and then chunk
them



Teacher priorities for managing ADHD

Situation selection

Situation modification

Attentional control/redirection

Reappraisal

Response

Modification



Teacher priorities for managing ADHD



1. Clear, brief, visible rules
2. Timers to represent time and organisational assistance
3. Positives before negatives – rich incentives/reward menu (imagine a computer game)
4. Swift and effective responses that are frequent (not just immediate) when needed – with currency
5. Anticipation from the teacher
6. Accountability to develop self-awareness
7. Modifications and regular changes when cracks show
8. Monitoring which school situations are triggering
9. Only give a total workload that is essential for concept development (do not send unfinished work home)
10. Allow some restlessness in their work area and seat them close to you
11. Use computers to combat fine motor coordination difficulties



Possible side effects of stimulants

- Insomnia (with or without stimulants)
- Loss of appetite
- Weight loss
- Headaches
- Upset tummy
- Anxiety
- Irritability
- Constipation
- Sweating
- Aggression
- Tics

Often a delay of 2-4 years from diagnosis to medication. Be careful of the parent 'shame' of medicating their child.



Through the eyes of a practitioner



- Paediatrician
- Speech therapist
- OT
- Psychologist
- Dietician
- Physiotherapist
- ADHD coach
- Tutor



Teacher strategies with parents

Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS)

Instructions:

Next to each question mark how often the following applies to your child.

		Never	Occasionally	Often	Very Often
1	Does not pay attention to details or makes careless mistakes, for example homework	0	1	2	3
2	Has difficulty attending to what needs to be done	0	1	2	3
3	Does not seem to listen when spoken to directly	0	1	2	3
4	Does not follow through when given directions and fails to finish things	0	1	2	3
5	Has difficulty organizing tasks and activities	0	1	2	3
6	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7	Loses things needed for tasks or activities (assignments, pencils, books)	0	1	2	3
8	Is easily distracted by noises or other things	0	1	2	3
9	Is forgetful in daily activities	0	1	2	3
10	Fidgets with hands or feet or squirms in seat	0	1	2	3
11	Leaves seat when he is suppose to stay in his seat	0	1	2	3
12	Runs about or climbs too much when he is suppose to stay seated	0	1	2	3
13	Has difficulty playing or starting quiet games	0	1	2	3
14	Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15	Talks too much	0	1	2	3
16	Blurts out answers before questions have been completed	0	1	2	3
17	Has difficulty waiting his/her turn	0	1	2	3

Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS)

Instructions:

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

		Never	Occasionally	Often	Very Often
1	Does not pay attention to details or makes careless mistakes, such as in homework	0	1	2	3
2	Has difficulty sustaining attention to tasks or activities	0	1	2	3
3	Does not seem to listen when spoken to directly	0	1	2	3
4	Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behaviour or failure to understand)	0	1	2	3
5	Has difficulty organising tasks and activities	0	1	2	3
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustaining mental effort	0	1	2	3
7	Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8	Is easily distracted by extraneous stimuli	0	1	2	3
9	Is forgetful in daily activities	0	1	2	3
10	Fidgets with hands or feet or squirms in seat	0	1	2	3
11	Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12	Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13	Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14	Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15	Talks excessively	0	1	2	3

Builds a good starting picture to start a conversation – can also be used in letters to paediatricians to assist diagnosis.

Note: having ADHD on its own is rare, diagnosis can also have learning difficulties, anxiety, depression, autism, ODD

55 questions, is a useful start for parents

43 follow up teacher questions



Recap

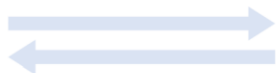
H HISTORY



"ADHD isn't a deficit. Those who have been diagnosed with ADHD should celebrate it. The gift has its challenges — and we have to work around those challenges — but it isn't a pathology."
(Jonathon Mooney – ADHD author)



Teacher



Student

Changing our ADHD-itudes where we can



The End....





THINKING EDUCATION

the middle line

Yvonne Harvey

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