

Senco /Teacher/ TA/ School Nurse

Learning Objectives

- Understanding ADHD and effective on those with a diagnosis.
- Understand the role you play in management and support of young people with ADHD and support in school environment.
- Develop and share behavioural management strategies.

What is ADHD?

- ADHD stands for Attention Deficit Hyperactivity Disorder which is a recognised medical condition with specific symptoms.¹
- ADHD is a behavioural disorder where the brain develops and works in a different way from those not affected.²

Famous people with ADHD

Sir Richard Branson

Chef Jamie Oliver

Michael Phelps

Ensure research has been completed and all people listed have ADHD before adding to this list

Positives about ADHD

Many people with ADHD have:

- Lots of energy
- Creative and imaginative
- Increased ability to multi task
- Adaptable
- Humour
- Problem solving by thinking outside the box

Challenge or opportunity – a point of view

**Distractibility/disrupts
others**

Alertness/Interactive

Activity / impulsivity

Imagination/innovation

Insatiable / inflexible

Energy / persistence

Risk-taking / egocentricity

Enthusiasm / passion

What is ADHD?

- ADHD stands for Attention Deficit Hyperactivity Disorder which is a recognised medical condition with specific symptoms¹
- ADHD is a behavioural disorder where the brain develops and works in a different way from those not affected²
- Children with ADHD have functional impairment across multiple settings including home, school and peer relationships¹
- If not managed correctly, a child with ADHD can experience great difficulties, with knock on affects for other students and teachers. Often a range of different approaches are sometimes needed.

Key symptoms

Inattention

Impulsivity

Hyperactivity

These symptoms occur in every child from time to time but when they are persistent and impact on daily functions, further investigation is needed

What is ADHD? **Select most appropriate videos**

ADHD - Challenges with accessing services

<https://www.dropbox.com/s/j8po75lbex3xiiv/ADHD%20-%20Challenges%20with%20accessing%20services.mov?dl=0>

What is ADHD?

<https://www.dropbox.com/s/yqtk5wsl5ua94v5/What%20is%20ADHD.mov?dl=0>

ADHD - Challenges in education

<https://www.dropbox.com/s/9psnn4smrq6tm9v/ADHD%20-%20Challenges%20in%20education.mov?dl=0>

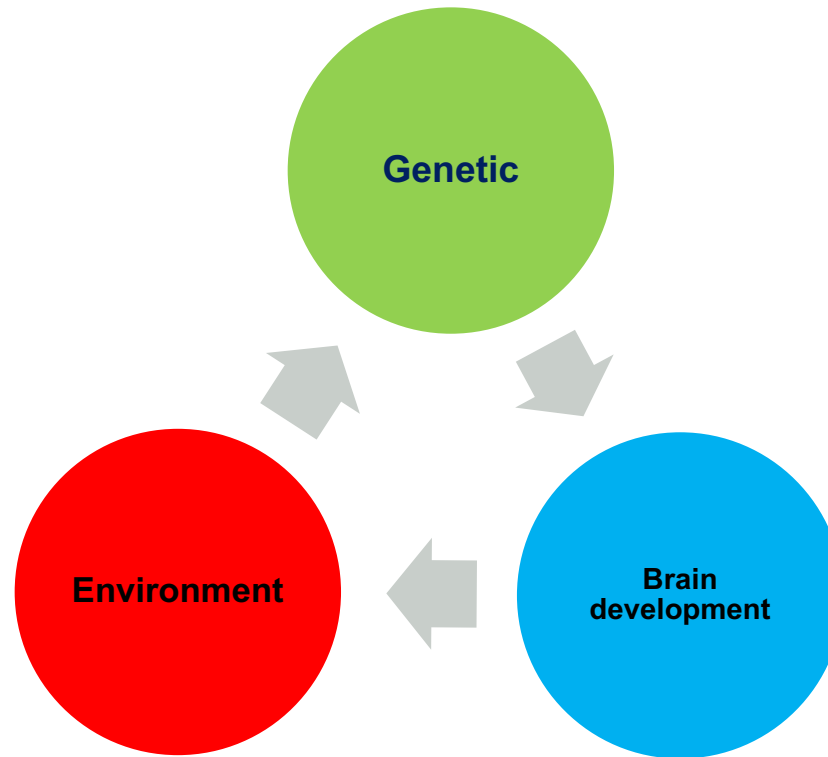
ADHD - Challenges with life skills

<https://www.dropbox.com/s/vycm86kc75blbzi/ADHD%20-%20Challenges%20with%20life%20skills.mov?dl=0>

ADHD - Challenges with peers

<https://www.dropbox.com/s/y9ejy3ea1pioct6/ADHD%20-%20Challenges%20with%20peers%20.mov?dl=0>

What causes ADHD?



A combination of factors

How many children are affected?

- ADHD is the most common behavioural disorder in the UK¹
- It is estimated that ADHD affects around 2-5% of school-aged children and young people¹
- In UK, it is believed that the prevalence of severe ADHD in the school-age population is 1.5%, and the less severe form is 3-5%.²

What is ADHD? **Select most appropriate videos**

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Relationships

- Peer understanding about ADHD
- Bullying
- Developing friendships
- Making the class a team
- Trying to get other parents to understand the principles of inclusion

Understanding the possible impacts of ADHD

mood
instability

motor
accidents

alcohol /
drug abuse

sleep
difficulties

antisocial
behaviour

relationship
problems

marital
discord

social
difficulties

peer
rejection

smoking

occupational
difficulties

behavioural
disturbance

academic
impairment

low self
esteem

comorbidities



...Pre-school...Childhood ...Adolescence ...Adulthood

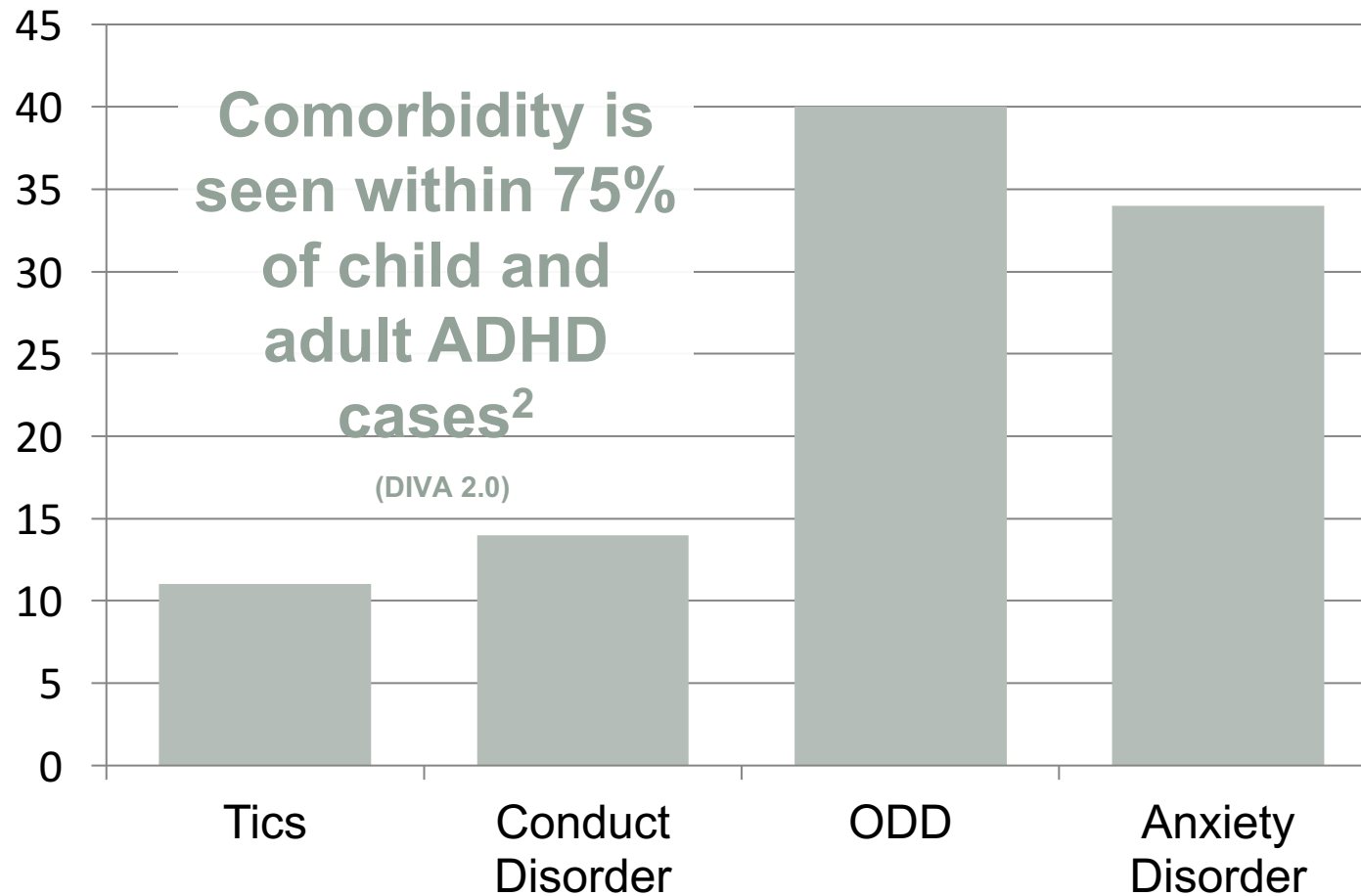
Discussion

- *What protective factors can help a young person's susceptibility to social pressure, substance misuse behaviour and self harm.*
- *What can you recognise a young person facing additional challenges with peers/drugs etc?*
- *What risks management can you put in place substance misuse behaviour, self harm and are often more susceptible to social pressure.*

Changes across development: typical presentations at different ages

	Preschool	Primary School	Adolescence	Adulthood
Inattentive	Short play sequences; leaving activities incomplete; not listening	Brief activities; premature changes of activity; forgetful; disorganised; distracted by environment	Persistence less than peers; lack of focus on details of a task; poor planning ahead	Details not completed; appointments forgotten; lack of foresight
Overactive	“Whirlwind”	Restless when expected to be calm	Fidgety	Subjective sense of restlessness
Impulsive	Does not listen; no sense of danger (hard to distinguish from oppositionality)	Acting out of turn, interrupting other children, blurting out answers; thoughtless rule-breaking; intrusions on peers; accidents	Poor self-control; reckless, risk-taking	Motor and other accidents; premature and unwise decision-making; impatience

Comorbidities in childhood ADHD (N=579)¹



Does it affect boys or girls?

ADHD IS DIAGNOSED UP TO NINE TIMES

more often in boys than girls¹

GIRLS ARE TWICE AS LIKELY to manifest the inattentive type of ADHD¹ and may therefore be 'missed'

BOYS WITH ADHD have more oppositional behaviour, conduct disorder and anti-social behaviour¹

GIRLS WITH ADHD have more depression in later life²

IN ADULT ADHD CLINICS the ratio of males to females is nearer 1:1³

Insert in case study to be discussed

Is this behaviour within the realms of 'normal' ?

What strategies would you implement?

What do you expect to be the outcomes of your actions?

Local services and pathway

Emphasis on how ADHD diagnosis fits in with the SEND graduated approach.

Your role and responsibilities

Emphasis requirement to work with colleagues and multi agency partners to develop support plans which identify outcomes and differentiated approaches to meet the particular needs of children with their ADHD symptoms.

**Develop and share
behavioural management
strategies.**

Exclusion

- There were 4,630 permanent exclusions from primary, secondary and special schools in 2012/13.
- Of these 4,630 students 30.8% are said to exhibit Persistent Disruptive Behaviour or PDB.
- PDB is a term that is widely used in the exclusion process, although there is no standardised definition that appears to have been agreed upon.
- The term is used to cover a spectrum of behaviours, from calling-out in class, annoying/distracting other students and general attention seeking.

The cost

- The costs of exclusion¹
- School year per pupil costs = £4,500
- Pupil referral units costs = £16k to £18k pa
- Areas of concern include²
- Engagement in anti-social activities
- Coping with the Criminal Justice System
- Re-offending
- UK prison studies indicate that:³
- 43% of 14-year-old boys and 24% of male adults screen positive for childhood history of ADHD
- 14% exhibit persisting symptoms in adulthood

Insert a case study to be discussed

- *What might be the function of the behaviour?*
- *What triggers a behaviour?*
- *What maintains it?*
- *What consequences seem to influence it?*
- *How often does it happen?*
- *What is the impact on the young person, on you, on others?*

Insert in case study to be discussed

- *What strategies would you try?*

Consider:

- your own responses
- any preventative actions
- Developing the young person's skills and confidence

- *What do you expect to be the result?*

- *What if your actions didn't change the behaviour?*

Discussion

- *What are the key aspects of a development plan?*
- *How can you help the young person own their development plan?*

Management in schools

- Full commitment to teach and manage children with ADHD from the Senior Management Team
- All Teaching and Support staff trained in recognition, teaching and management of these students
- Positive and realistic academic and socialisation expectations within policies outlined at the start with parents fully in the loop
- In most cases a part individualised programme outlining key academic goals in core subjects, socialisation and behavioural targets

Key strategies

Surround ADHD student with good role models, preferably those seen as 'significant others': facilitate peer tutoring and co-operative learning.

Children with ADHD do not handle change well so minimise changes in schedule, physical relocation, disruptions; give plenty of warning when changes are about to occur.

Provide alternative environments for some tasks and activities.

Key strategies

Create a 'stimuli reduced area'

- Seat the student near the teacher with his/her back to the rest of the class to keep other students out of view
- Place the learners away from heaters/air conditioners, doors or windows, high traffic areas, computers

Communicate

- Make directions clear and concise
- Be consistent with daily instructions and expectations
- Maintain eye contact during verbal instruction; avoid multiple commands/requests

Key strategies

- Set a variety of tasks and activities
- Where possible include 'hands on' activity
- Give one task at a time but monitor frequently
- Allow student to fiddle with an agreed object e.g. stress ball or other manipulatives
- Set short term mini-targets e.g. "In the next ten minutes you need to complete numbers 1-4. I'll be back to check in ten minutes."
- Include fun starters, video clips, educational games, energisers, magic tricks and brain teasers from time to time to break up monotony.

Top tips for organisation

- **Identify** places in the room – trays, shelves, boxes – where students know to put assignments
- **Keep** a daily assignment schedule booklet/sheet
- **Colour-code** books, folders and other materials
- Use a **clipboard** for papers on desk
- Use **post-it notes** for recording information, ideas and thoughts
- **Keep** a second set of key text books at home
- Use a **timer/watch** with alarms and set it to vibrate or beep at certain intervals during the day

Technology

- Students with ADHD respond well to an individualised or 1-to-1 setting
- Attention is focused on the screen
- Multi-sensory experience
- Non-threatening: can retry problems, receive constant feedback and reinforcement
- Impersonal: computer doesn't shout or have favourites
- Variety of presentation: attend to novel stimuli
- Student can control pace and be flexible: programmed to do things
- Rapid assessment
- Game like approach: challenge

Assertive sentence starters

- I need you to.....
- In five minutes you will have.....
- When I return I will see.....
- Today we are going to.....
- You will be.....
- I expect you to.....
- I know that you will.....
- Thank you for.....

Managing Behaviour

Confrontation

- Adopt non-threatening body language (body to side, open arms)
- Avoid threatening hand gestures (pointing), facial expressions and verbal language (shouting)
- Diffuse and de-escalate - use humour, change subject
- Calmly offer support ("How can I help?" "I'm listening")

Attention seeking behaviour

- Tactical ignoring (balanced out with lots of proximity praise)
- Get up close - move into their space and run the lesson from this position for a while
- Remain very calm and avoid getting wound up and rewarding the behaviour with negative attention
- Agree non-verbal cues in advance with known trouble-makers

Managing Behaviour

Off task: low level disruption

- Use pre-agreed non-verbal signals catch them being good, offer help, offer choices, adjust the work, adjust seating, sit or stand close to them and say nothing, utilise concentration tools.

Shouting Out

- Have a clear policy on how questions are to be answered in class
- Ignore those who shout out and reward/praise those who don't
- Play class team games/quizzes where answers will only be accepted by those who put their hands up. Penalise team-members who shout out by taking a point off the team
- Keep those who shout in at break and explain that shouting won't be tolerated

Disruption

Remove the audience factor, try and talk to them quietly on a 1:1 basis where possible and remind them of past successes and capabilities – try to find something positive to say first

Do you want to move closer to the board or remain where you are?

Do you need me to help you or can you get on with things on your own?

What are you supposed to be doing?
What happens if you don't do it?
Is that what you want?
What are you going to choose?

Disruption

Calmly warn them of consequences and follow up using the '3 requests'...

Irini sit back down on your chair and finish the work please

Irini, I'm asking you for the second time to sit down and get on with your work

Irini this is the third and final time I'm going to ask you

Irini you've chosen to ignore me; take some time out

Behaviour management

- Refer to rules, rights and responsibilities regularly
- Be consistent
- Be calm but assertive
- Use appropriate body language
- Use non-verbal responses to low-level nuisance
- Selectively ignore inappropriate behaviour
- Remove nuisance items
- Allow for 'escape valve' outlets
- Use time out options
- Keep reading the mood of the student(s)
- Always focus on the incident not the student, don't make it personal
- Try to provide a 'save face' option in front of peers by providing a choice of outcome
- Be prepared to go into the 'broken record' mode at times and don't get into drawn into smokescreen behaviour
- Use humour if appropriate

Problem solving

When do the problems occur (after break, start/end of lesson, quiet time)?

What are the triggers (interaction with other students, boredom, particular tasks)?

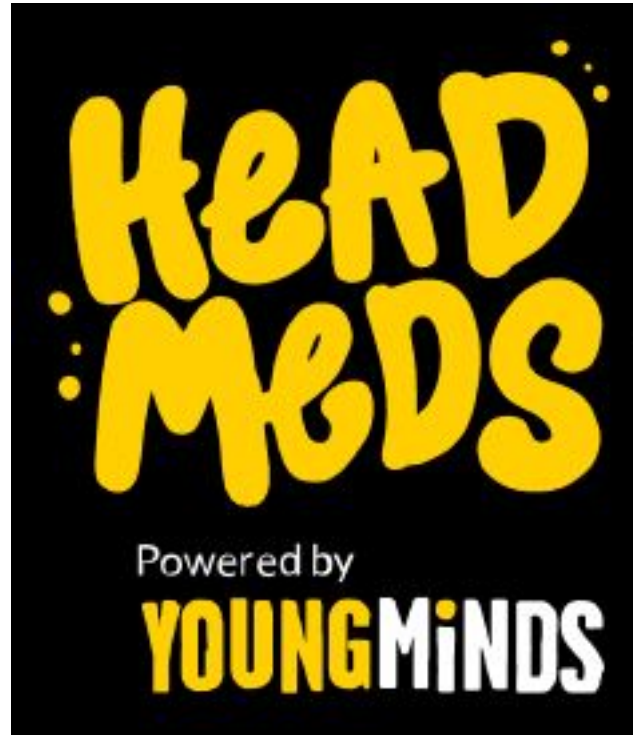
In what way does your response to the students affect the outcome?

What seems to have a positive effect (your approach; humour, peer pressure, change of task)?

Homework

- Ensure homework diary being used efficiently
- Reduce homework to only that which is essential
- Shorten assignments (bonus points for doing more)
- Find ways to reduce writing requirements i.e. dictate into tape recorder /allow computer use
- Use chart instead of written report, mind mapping etc
- Earn free homework passes
- Have student stay at school to finish homework
- Allow 'partnering'/build in social component
- Let student use 'parent secretary'

Medication

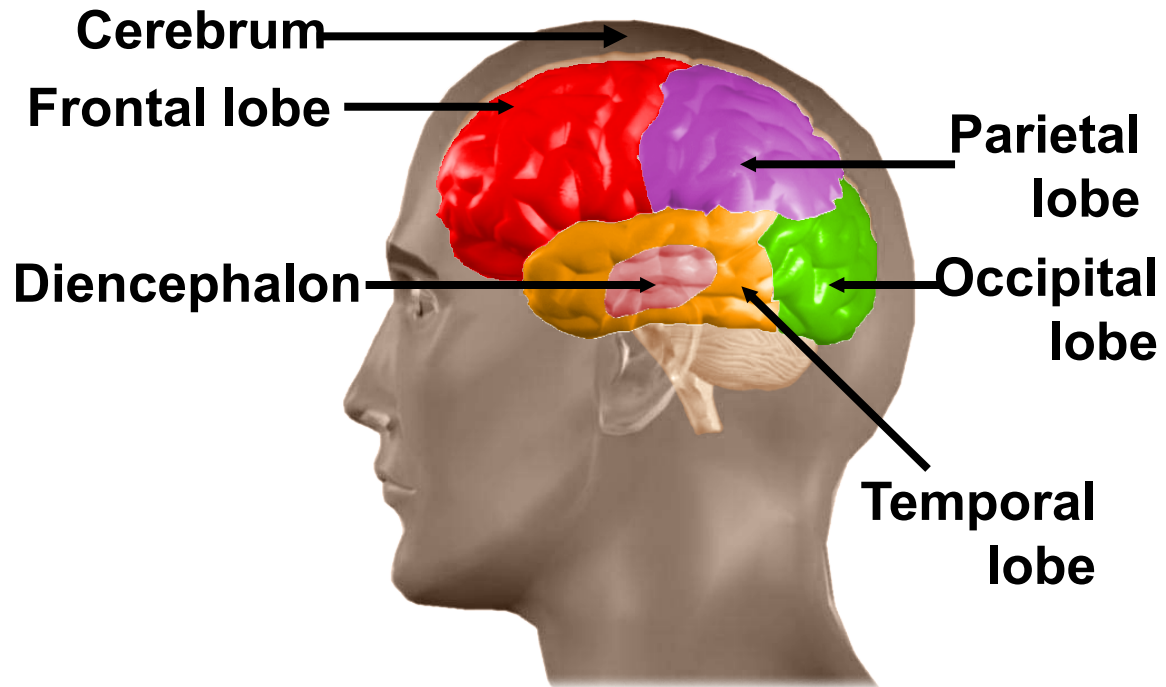


<https://www.headmeds.org.uk/>

ADHD is a neurobiological disorder

The frontal lobes that enable us to control our thoughts and behaviour do not function as well in those affected¹

Some of the pathways involving key chemicals that enable brain-cells to communicate with each other are disrupted²



Medication options

When?

Only after comprehensive evaluation

When a child is at significant risk of harming themselves or others

When earnest attempts at non-medical interventions have proved insufficient

When the child is at risk of emotional and/or academic failure

Medication

Stimulants

- Short acting – Methylphenidate (Ritalin, Equasym), Dexamfetamine
- Long lasting – Matoride/ concerta XL (20/80 -12hrs), Equasym XL 30/70 - 8hrs), Medikinet XL (50/50 -8hrs)
- Elvase (pro-drug of Dexamfetamine) lasts for 12hrs

Non – stimulants

- Atomoxetine – norepinephrine reuptake inhibitor-long acting up to 24hrs
- Guanfacine-central alpha_{2A}-adrenergic receptor antagonist

Side Effects

Reduced appetite
Sleep disturbance
Tics
Headache
Nausea & Vomiting

Abdominal Pain
Emotional
Listlessness
Increase in suicidal thoughts
(Atomoxetine)

Documented benefits of medication

Cognitive

- Improves attention and short-term memory; increases amount and accuracy of work completed

Motor

- Reduces activity level; improves handwriting; decreases talkativeness, noisiness and disruptiveness

Social

- Improves cooperation; reduces anger; improves parent-child interactions; reduces non-compliance

Insert in case study to be discussed

What advice would you give family of a young person with ADHD who are struggling to manage behaviour?

What advice would you give to the young person facing challenges with peers?

Parental involvement

Some children can place a great deal of pressure on family

Some strategies are important – to be followed through at home

Parents must try and look after themselves

- Contact procedures
- Parent-teacher conferences
- Report cards

Working with parents

**Listen and
acknowledge**

allow them to express
themselves uninterrupted

Ask them...

what they think they need in
order to resolve the issue

Agree to...

reasonable requests. Consider
when and who will action them

Give them...

a clear and realistic date when you will
contact them and tell them about progress

Thank them...

and remind them that you have
their child's best interest at heart

Evaluation and measuring: your role

- *Outline local services and education's role within ongoing monitoring and management , including frequency of reports.*
- Providing ongoing information regarding response to treatment and liaising with local specialist services.
eg. eating and behavioural habits and report to specialist services

Policy

- *Current SEND Guidance and legalisation.*

Transitioning to high school/ college/ work/ uni

Local contacts and protocols

Some useful websites*

www.addiss.co.uk

www.nice.org.uk

www.sign.ac.uk

www.handsonscotland.co.uk

www.netdoctor.co.uk

www.help4adhd.org

www.mentalhealth.com

www.adhdtogether.com

www.addup.co.uk

www.ukadhd.com

LOCAL OFFER PAGE

**Thank you to all our partners
&
All members of the SCN ADHD
Training Workstream**