

Supporting Children with Attention Deficit Hyperactivity Disorder **(ADHD)**

Introduction

The chosen Additional Learning Need (ALN) that will be discussed is Attention Deficit Hyperactivity Disorder (ADHD). Centers for Disease Control and Prevention (2023) and Crowley (2014) define ADHD as a neurodevelopmental condition that causes a delay in the area of the brain that is responsible for regulatory behaviour. The National Health Service (NHS) (2016) state there are three subtypes of ADHD: inattentive, hyperactive and impulsive, and a combination of the two. My focus will be on hyperactive and impulsive ADHD. Symptoms of hyperactivity and impulsivity can include being fidgety, difficulty sitting still for long, acting without thinking, interrupting others and experiencing difficulty waiting their turn (NHS, 2021). Some more of the typical symptoms can be seen in the digital image on the poster from Verywell Health (2023) which include forgetfulness, trouble getting along with others and risky behaviour.

According to NHS (2018) in the UK the ADHD prevalence rates in children are estimated at 3-5 percent, with research suggesting it is more common in males than females with a ratio of 4:1.

I have decided to choose ADHD to focus on for this presentation as I have been working as a teaching assistant for the last two and a half years and have worked with several children who present with the symptoms associated with this additional learning need. I already had an interest in this topic, and I wanted to be able to deepen my understanding and learn some new strategies in order to best support the children I work with. I have really enjoyed learning more about ADHD during my research for this assignment, and I believe it has broadened my knowledge on the topic which I know I will put to good use during my career working with children.

Identification and diagnosis

According to NHS (2021) identifying whether a child has ADHD is a process that involves several steps. Meerman *et al.* (2017) states that it is often teachers who are

the first to spot the signs of ADHD in children. Similarly, O'Regan (2019) believes this is due to the symptoms associated with ADHD affecting the child's performance and behaviour in class. When there are 30 children in a class and one or two present with signs of ADHD, Safaan, El-Nagar and Saleh (2017) believe it is easier to recognise the signs when in comparison to the other children. However, Poznanski, Hart and Cramer (2018) suggest that some teachers lack the experience of working with children with ADHD and may not have had the necessary training to prepare them, resulting in them being unfamiliar with the symptoms. This could lead to the teacher not understanding that the child who is acting out, being disruptive in class or constantly putting off doing their work may have ADHD (Poznanski, Hart and Cramer, 2018). In addition, Guerra *et al.* (2017) believe that these children end up being labelled as 'naughty' in school, therefore, they may not receive the support they require.

According to Efron *et al.* (2016) if a teacher has a good understanding of ADHD and the symptoms associated with it and noticed that a child in their class was displaying these symptoms, they could seek guidance from the school's Additional Learning Needs Coordinator (ALNCo). Following this, Mullet and Rinn (2019) suggest the teacher could arrange a meeting with the child's parents. During the meeting, the teachers' observations and concerns about the child's impulsive behaviour and attention span could be shared and discuss the options available to best support the child (Metzger and Hamilton, 2020). Furthermore, Narad *et al.* (2015) advises the teacher could suggest the parents consider having a professional assessment from a specialist or doctor.

However, Mikami *et al.* (2015) suggests that not all parents will react well to being told this by their child's teacher. According to Charbonnier, Caparos and Tremoliere (2019) and Taylor and Antshel (2019) there is some stigma attached to the possibility of a child having ADHD, with some parent's thoughts initially being negative. Mastoras *et al.* (2015) stresses that with appropriate strategies and support, a child with ADHD can thrive. Furthermore, Haines *et al.* (2015) and Epstein (2018) considers it important that parents have a positive relationship when working with teaching staff and medical professionals with the child at the centre, in order to develop accommodations that best support the child.

According to NHS (2016) not just anyone can make a diagnosis of ADHD, however, who the child will be referred to will depend on their age and what is available in their local area. It will likely be a specialist child psychiatrist, paediatrician or another qualified healthcare professional with training and expertise in the diagnosis of ADHD (NHS, 2023). NHS (2018) suggests that there is not one simple test that can determine whether a child has ADHD or not, however, the chosen specialist can make an accurate diagnosis after the following steps: a physical examination to determine if the symptoms are being caused by something else; followed by a series of interviews with the parents, the child and the teachers in the school. Similarly, NHS (2023) suggests in order to get an accurate diagnosis, observations will have to be conducted for a minimum of six months across two different settings, typically the home environment and in the classroom environment. Institute for Health and Care Excellence (NICE) (2023) suggests this is to determine if the child has the same hyperactive and impulsive behaviour in both settings, and not just a reaction to parental control or certain teachers.

Although the diagnosis process may seem straightforward, it is not without its challenges. NHS Wales (2023), Topping (2023) and Young *et al.* (2021) suggest there may be long waiting lists within the NHS, due to many reasons with COVID-19 being one, that leads to the child not getting the correct support they require for a prolonged amount of time. Similarly, NHS Wales (2023) suggests that some families will be advised to seek private support in order to help their child if the waiting lists are too long. This is a luxury that not all families will be able to afford, unfortunately (Zhao *et al.*, 2019). Furthermore, NHS Wales (2023) and Craig *et al.* (2016) suggest that in order to seek the help of a specialist some families may need to travel, which costs money and time that not all families will be able to afford to do.

Despite the challenges of obtaining a diagnosis Owens (2020) suggests there are many benefits for the child when having an accurate diagnosis of ADHD. This can help the child understand why they may have certain challenges or difficulties (Hamed, Kauer and Stevens, 2015). Similarly, Hinshaw and Ellison (2016) suggest it can help their parents and teachers better understand their needs and how they can

provide appropriate support and develop strategies for them to manage their symptoms and thrive.

Impact of barriers on children with ADHD

According to French, Sayal and Daley (2019) a child with ADHD may face many cognitive barriers which can affect their everyday life due to the way their brain works. Haegele and Hodge (2016) suggest the medical model of disability can help to explain some barriers a child may face when in school. The medical model of disability suggests that the barriers a child may face are caused by their condition (Retief and Letsosa, 2018). A child with hyperactive and impulsive ADHD may find it difficult to focus on a task in school, they may get distracted easily (Sayal *et al.*, 2018). Drifte (2013) suggests that within the early years many 'typical' classrooms are busy, with lots of colour and prints on the wall. This can be distracting for many children, even more so for those with ADHD (Drifte, 2013). McDougal *et al.* (2023) believes this can impact a child's well-being and academic performance, as it will be challenging for a child to absorb and retain information presented by the teacher, leading to gaps in their understanding.

As previously mentioned, some teachers may not have much experience or knowledge when it comes to working with children with ADHD, therefore, Poznanski, Hart and Cramer (2018) suggest it can be challenging. Similarly, McLeskey *et al.* (2017) reports that it can be difficult for them to understand and address the specific needs of these children. However, Kennedy (2016) believes that teachers should be open to new training when possible to adapt their teaching strategies in order to create a supportive and inclusive classroom for all children.

Flavian and Uziely (2022)'s study to determine if teachers' attitude towards children with ADHD affected the inclusion of these children in the classroom found that teachers who have prior experience of children with ADHD were more understanding of the challenges they face in the classroom, than those with no experience.

According to Armstrong *et al.* (2017) children with disabilities are often the target of discrimination from their peers. Peasgood *et al.* (2016) states that children with ADHD may already feel different from their peers due to the way their brain works and their impulsiveness, which can impact on their self-worth and confidence.

Furthermore, many schools in the UK report they require more training and resources to develop strategies to promote positive attitudes towards children with disabilities (Armstrong *et al.*, 2017).

Another barrier a child with ADHD may face can be explained by the social model of disability, which states that a child's ability is limited by their environment, not by their ALN (Connors and Stalker, 2014). Children spend up to 30 hours a week in school, therefore, Shore, Cleveland and Sanchez (2018) and Black-Hawkins (2017) consider it vital that the school environment is suitable and inclusive for all children. Galloway (2018) suggests that some schools may be better equipped to cater for children with an ALN than others. Similarly, Foreman and Arthur-Kelly (2017) suggest that schools who invest in specialized staff and prioritize inclusive education will be able to cater to ALN better. However, Welsh Government (2014) believes it is down to the discretion of the head teacher on which areas to prioritize with their budget. Therefore, Waters (2023) believes if the headteacher is passionate about ALN then there will be more money spent on appropriate resources, specialized staff and training in this field to reflect the inclusive ethos of the school.

According to Moore *et al.* (2017) if the school does not have appropriate resources, support systems or trained staff to help support children with ADHD then this could have a negative impact on the child and their well-being. Similarly, Silverman, Iseman and Jeweler (2021) believe this could lead to the child feeling isolated and misunderstood and cause a decline in their self-esteem.

Support Strategies for Children with ADHD

According to Mastoras *et al.* (2015) in order to support a child with ADHD there are strategies that can be adopted. One strategy is for the teacher to establish a structured routine and a schedule in the form of a visual timetable for them (Rutherford *et al.*, no date). Foster-Cohen and Mirfin-Veitch (2017) believe this can help provide a sense of stability and predictability for the child. The photo on the poster from Amazon (no date) is just an example of what a visual timetable can look like. The visual timetable can include different pictures, symbols and words which will represent the different activities throughout the day (Rutherford *et al.*, no date). Cardillo (2017) suggests that the child can get involved in the creation of their visual

timetable, which can help them develop a sense of ownership and control over their daily routine when in school. In addition, McDougal *et al.* (2023) suggests that having a visual timetable can help the child to understand and anticipate what will happen next, allowing them to transition between activities more smoothly.

Buli-Holmberg and Jeyaprabathan (2016) suggest that having a structured routine when in school for a child with ADHD can have its strengths and weaknesses. Having a visual timetable of their school day can help the child develop a sense of independence (Cirelli *et al.*, 2016). However, Fletcher *et al.* (2019) suggests that teachers must consider the unique child when planning their support strategies. A strategy may work for one child with ADHD, however, that does not mean it will work for all children with ADHD (Snowling, 2013).

Similarly, DuPaul and Langberg (2015) suggest that a child with ADHD may find it difficult to adhere to a rigid schedule. Furthermore, a structured schedule does not always address the individual needs of every child, therefore, Radford *et al.* (2015) considers it important that teachers are flexible and make adjustments to reflect the unique strengths and challenges of each child with ADHD, ensuring they take an equitable approach. Connor (2018) considers it important that teachers review and update the visual timetables often as the child's schedule will naturally evolve overtime. Brodzeller *et al.* (2018) believes when reviewing the timetable with the child, this provides an opportunity to reinforce the child's understanding and promote independence.

Conclusion

In conclusion, ADHD can pose many unique challenges for each individual, with the diagnosis process being a challenge in itself (NHS, 2018). However, French, Sayal and Daley (2019) suggest that with the right strategies, the barriers previously mentioned can be managed effectively. Rutherford *et al.* (no date) suggests by providing personalized support and implementing structured routines, teachers can empower children with ADHD, by fostering their strengths and supporting them to reach their full potential. Furthermore, if a whole school approach is taken to promote understanding and acceptance, Wearmouth (2017) believes this will create an inclusive environment for children with ADHD to thrive.

Question

You mentioned using a visual timetable as a strategy to support children with ADHD. What is another strategy that you would consider?

Answer: Thank you. Another strategy that can be considered according to Ross and Randolph (2016) is by limiting the distractions within the classroom. As previously mentioned, Drifte (2013) suggests that the typical early years mainstream classroom is very busy, with bright colours all over the walls. This can be very distracting and over stimulating for children with ADHD (Lawlor, 2019). Sommerfeld (2021) suggests that teachers can take influence from Reggio Emilia classrooms, which are all neutral colours with minimal distraction. According to Wien (2015) these classrooms allow for a child centred approach, leading to individualized learning and accommodations to support the unique needs of every child. Furthermore, Westerberg and Vandermass-Peeler (2022) suggest that Reggio Emilia classrooms usually incorporate the outdoors as part of the learning environment which helps to create a calm and focussed environment, which can help to promote better concentration by reducing sensory overload. By minimalizing visual distractions, children with ADHD will have a better chance of staying on task according to (Drifte, 2013).

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