

Strategies Used To Support A Child With ADHD

Edmund et al. (2013) states ADHD stands for attention deficit hyperactivity disorder. Deiner (2011) states that the frontal lobe of the brain is different in children with ADHD as the right prefrontal region of the brain would be smaller.

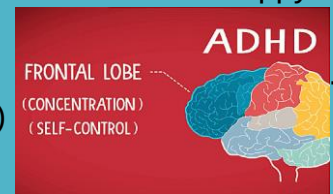
Strategy One

Rief (2016) states visual supports are beneficial for practitioners to use with children who have ADHD, as children are able to manage and control their emotions and to also motivate their use of self-control. Similarly, Rogers (2017) agrees as visual supports enable children to be aware of what is happening next, this can be done by using pictures to illustrate the activities or challenges the child must complete within a set time frame. However, Mash and Wolfe (2012) disagree as visual supports must be used as and when and to not be over used, as a child with ADHD may become too aware and too familiar with the visual aids and they may not abide by them as much as they should if they were used less frequently. Daley et al. (2011) agrees as children with ADHD recognise routine, however visual aids should be changed to allow children not to be distracted and to also keep them aware and interested in new activities.

Strategy Two

Barkley (2008) states when working with children who have ADHD positive feedback is beneficial as children may find some tasks tedious or unrewarding of which they will find something else to do, to ensure children stay occupied with a particular task it is essential to praise the child throughout. Similarly, Daley et al. (2011) states positive feedback from a practitioner working with a child who has ADHD is beneficial, as it allows the child to feel valued and have increased self-esteem, as the child would feel that the task is rewarding. However, Gabbittas (2011) states practitioners should not always use positive feedback whilst working with a child who has ADHD, as the child must stay engaged in the activity. Furthermore, Heinrich et al. (2016) states practitioners should find a balance between positive feedback when rewarding a child, as it is known for positive feedback to be as equally important to not use it. However, Linuma (2015) states visual aids can be a disadvantage for children with ADHD as they can get lost or misplaced which can cause the child to feel unhappy and stressed.

(Source: WebMD, 2018)



Barriers

Rapport et al. (2008) states children with ADHD are not always provided with the same practitioner, this can be challenging for both the child and the practitioner as they are not both aware of each other. However, Beltran et al. (2013) states that learning support assistants do not feel confident when working with a child who has ADHD, this is due to the lack of training where they are working. Cooper and Hughes (2012) state children with ADHD need increased space for movement, this is to ensure the child has the room to move around to burn energy when required. However, Hyche and Maertz (2014) state not all settings have increased space, this would impact the child as they would not be able to calm down appropriately or to have quiet time.

Equal Opportunities and Inclusive Practice

Inclusive practice allows children who have additional needs to learn with all other children, this is beneficial as children get support from their friends. However, Warnock (1978) disagrees as children who have ADHD should not attend a mainstream school, as not all children with additional needs are suited for mainstream schools.

Conclusion

- Visual supports are beneficial if used correctly (Rief, 2014).
- Children should attend a mainstream school (Warnock, 1978).
- Not having same practitioner is a barrier (Rapport et al., 2008).

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