

A resource booklet for SENDCOs, ALNCOs
and Additional Support Coordinators.



REFOCUSING ON ADHD IN EDUCATION

How can schools and colleges help
children and young people with
ADHD achieve their potential?



(Dyslexia friendly text)

This educational booklet was initiated and funded by Takeda. All material has been developed and delivered by the ADHD Foundation and reviewed by Takeda for compliance with the ABPI Code of Practice.





Introduction

Colin Foley – National Training Director
ADHD Foundation Neurodiversity Charity

Dear reader,

Welcome to “Refocusing on ADHD in Education: how can schools help children and young people with ADHD to achieve their potential?” We have produced this resource booklet for SENDCOs, ALNCOs, Additional Support Coordinators and members of Leaderships teams in schools and colleges with responsibility for Special educational needs and Inclusion.

I’m sure that you are all very experienced in working with children and young people with ADHD and you are keenly aware of the challenges and difficulties that learners with ADHD face in educational settings every day. However, the aim of this resource is to offer you a fresh perspective on this endlessly fascinating and often misunderstood neuro-developmental condition.

"The aim of this resource is to offer you a **fresh perspective** on this endlessly fascinating and often misunderstood neuro-developmental condition."

Let's start by considering how we talk about ADHD.

As the lead practitioner for learning support in your school, the terminology that you use can have a powerful effect upon how learning differences are viewed by your colleagues. ADHD is a ‘neurodevelopmental condition’, one of a collection of conditions that come under the umbrella of “special educational needs”, now more frequently referred to as **‘Neurodiversity’**.

What does this mean?

Neurodiversity, a term coined in 1998 by the sociologist Judy Singer, is the term that is used to describe naturally occurring variations and differences in the human brain and its functioning. This does not relate in any way to overall intelligence or IQ. By using the term Neurodiversity, we recognise that these variations and differences are normal, rather than 'deficits'.

Adopting this term can have real benefits for the children and young people within your school as it can help to reduce stigma and promote a more strength-based approach to learning, academic progress and attainment. Stigma stops people talking about sensitive issues and learning needs, and it can deter children, parents, and education colleagues from asking for support. When we frame the challenges of neurodiverse children and young people as 'differences', we open up the discussion to explore the child's strengths as well.

We have to begin by taking a strength-based approach. I was a drama teacher in secondary schools for many years. My students with ADHD were some of the best students that I taught. A student who could work fast, think on their feet, give creative responses, be impulsive, talk a lot and move was an asset in my classroom. Of course, there were challenges- learning lines, rehearsing the same piece repeatedly, but overall, I taught many young people with ADHD who were regularly highly engaged, comfortable and happy in that environment.

Too often professionals identify physical hyperactivity in children first and perceive this as the essence of ADHD and something that needs to be managed and controlled. Does this sound familiar? Do you have colleagues who often talk about learners with ADHD negatively? Do you have colleagues who have little patience for learners who are always "on the go?"

We're not all teaching the Creative Arts but if we take a strength-based approach, if we reflect and ask ourselves the questions - what is this learner prepared to engage in? What do they like to do, how do they like to work? Which environments, tasks and activities work with their neurology and not against it? Then we can begin the exciting journey to discover how we, as individual educational professionals, can work from the strengths of the child.

Let's consider the basic overarching strategies - how we can adapt our space, which activities we plan and the ways in which we present material to activate and arouse the attentional system of a learner with ADHD; helping them to hold in their working memory and embedding the information into their long-term memory. Complimenting this, a strength-based approach is the starting point of this journey with ADHD learners, and the aim of this booklet is to offer some ideas for you along the way. I hope you find it useful.



- 2** Introduction
- 6** What is ADHD?
- 9** The ADHD Brain
- 12** Supporting a diagnosis
- 14** Interventions and treatments for ADHD

- 18** Myths about ADHD
- 22** Comorbidity
- 24** Executive functioning
- 28** Tips for enhancing your classroom environment
- 30** Top ten tips for an ADHD-friendly classroom
- 41** References



What is ADHD?

ADHD is a neurodevelopmental condition affecting 5% of the UK population. The three main features of the symptomology of ADHD are Inattention, Hyperactivity and Impulsivity.

However, not all children and young people with ADHD will experience challenges in all of these areas. This is represented in the three classifications of different “types” of ADHD within the ICD 10 and APA Diagnostic Manual (DSM V), described on the next page:

(Attention Deficit Hyperactivity Disorder)

Predominantly Inattentive Type

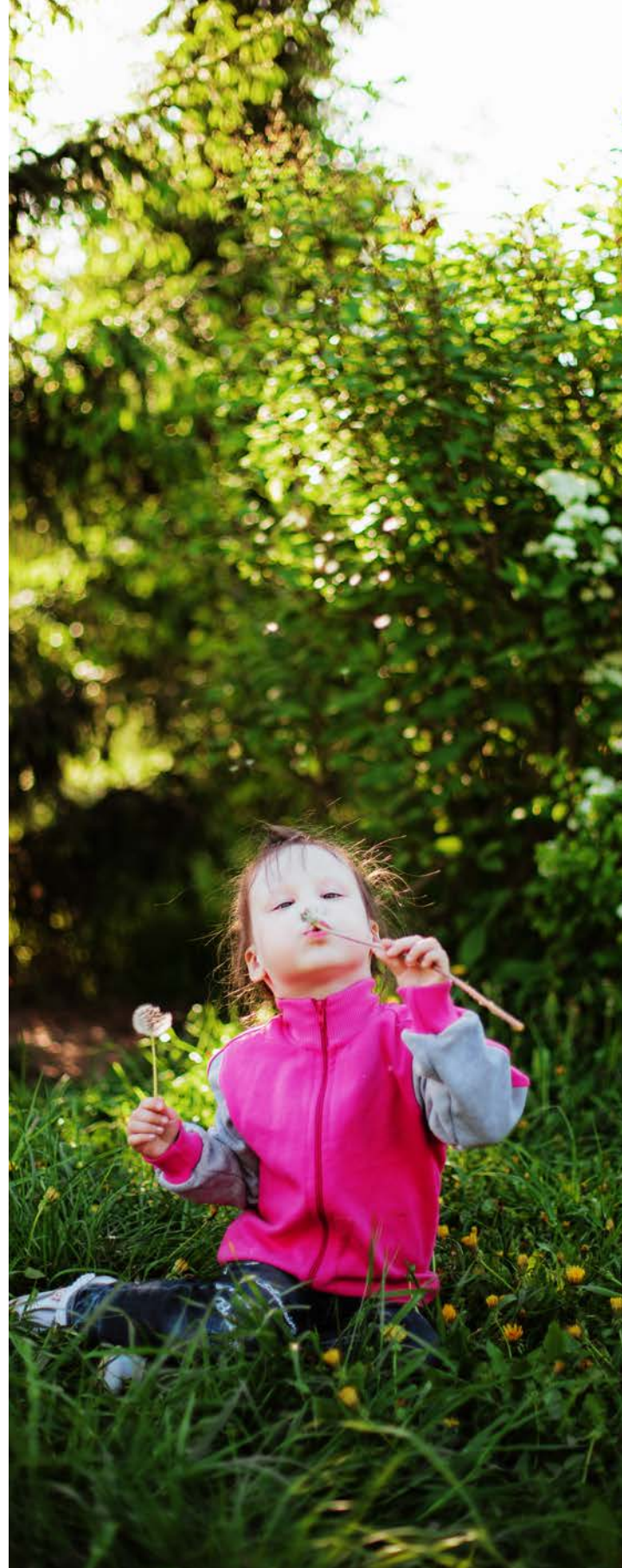
Formerly known as ADD (Attention Deficit Disorder). Difficulties with the Attentional system, focus, concentration and staying on task being the most significant impairments and not usually presenting with difficulties as a result of physical hyperactivity or impulsivity.

Hyperactive/ Impulsive type

Difficulties with Impulse control and physical and mental hyperactivity being the most significant impairments and not usually presenting with difficulties as a result of attentional dysregulation.

Combined type.

There are difficulties in all three areas - inattention, physical and mental hyperactivity and impulsivity.



How might inattention, hyperactivity and impulsivity present in an educational setting?

Let us consider elements of the diagnostic criteria for each area:

Hyperactivity

- Lots of physical energy and movement, for example, fidgeting, rocking, turning on chair.
- Leaves chair when expected to remain seated.
- For younger children, running about and climbing on things when it is inappropriate to do so.
- Excessive talk.

Impulsivity

- Blurts out answers prematurely.
- Cannot wait.
- Interrupts or intrudes on other's activities.
- Tasks that require stillness are challenging.
- Bouts of undirected energy followed by periods of indolence or tiredness.

Inattention

- Doesn't pay attention to details.
- Maintaining and sustaining attention on activities to their completion.
- High levels of distractibility.
- Doesn't seem to be listening when spoken to directly.
- Difficulties remembering and following instructions.
- Forgets elements of a task.

The ADHD Brain

ADHD is associated with lower levels and utility of the neurotransmitters dopamine and noradrenaline.

Dopamine is closely associated with reward, motivation, emotional regulation, memory, and learning.

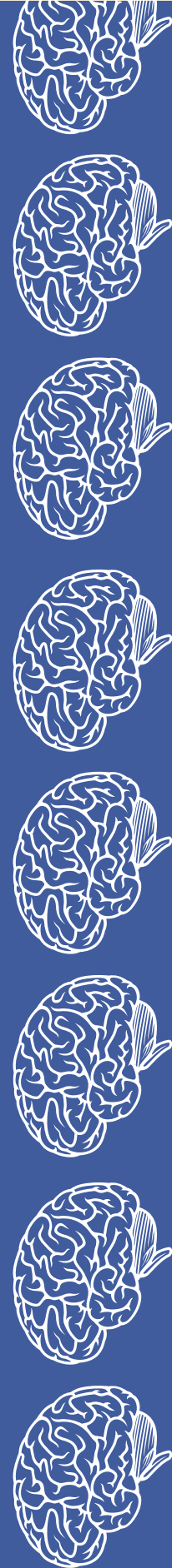
We all naturally need dopamine – especially when engaged in tasks that require sustained concentration. We also produce dopamine when we exercise, eat, experience intimacy, listen to music we like and when we experience novel situations and novel learning.

When we understand the role of dopamine in the brain, then we can understand why children and young people with ADHD can be highly distractible, constantly seeking new stimuli and experiences and presenting with difficulties with activities that they are not particularly interested in.

The ADHD brain also has greater capacity for visual imagery; some researchers suggest this could be a compensation strategy for poor working memory. Another example of this instinctive adaptability is that children with ADHD can be hyper-active, because moving increases the production of dopamine in the brain which in turn supports learning, memory, motivation and mood regulation.

Discussion points for your colleagues:

- How might our understanding of the ADHD brain influence how we plan lessons?
- Do we need to consider planning for a range of learning experiences in lessons and prioritising novelty in our delivery?



Learner Anxiety

The developmental delay in the brain of a child with ADHD can be as much as two or three years, so the child may appear less mature than their peers (1); they may develop certain learning competencies later than their peers - which may impact on their self-confidence as a successful learner.

The forgetfulness associated with ADHD can result in frequent mistakes and omissions in academic tasks. Prior learning is also more easily forgotten. This can lead to frustration and low mood. Learner anxiety will compel the brain to produce stress hormones, such as adrenaline and cortisol. As a result, Learner anxiety can have a significant impact on the child's learning, academic attainment and long term mental health (2).

Putamen

Helps with learning, memory, and regulating movement

Cerebral cortex

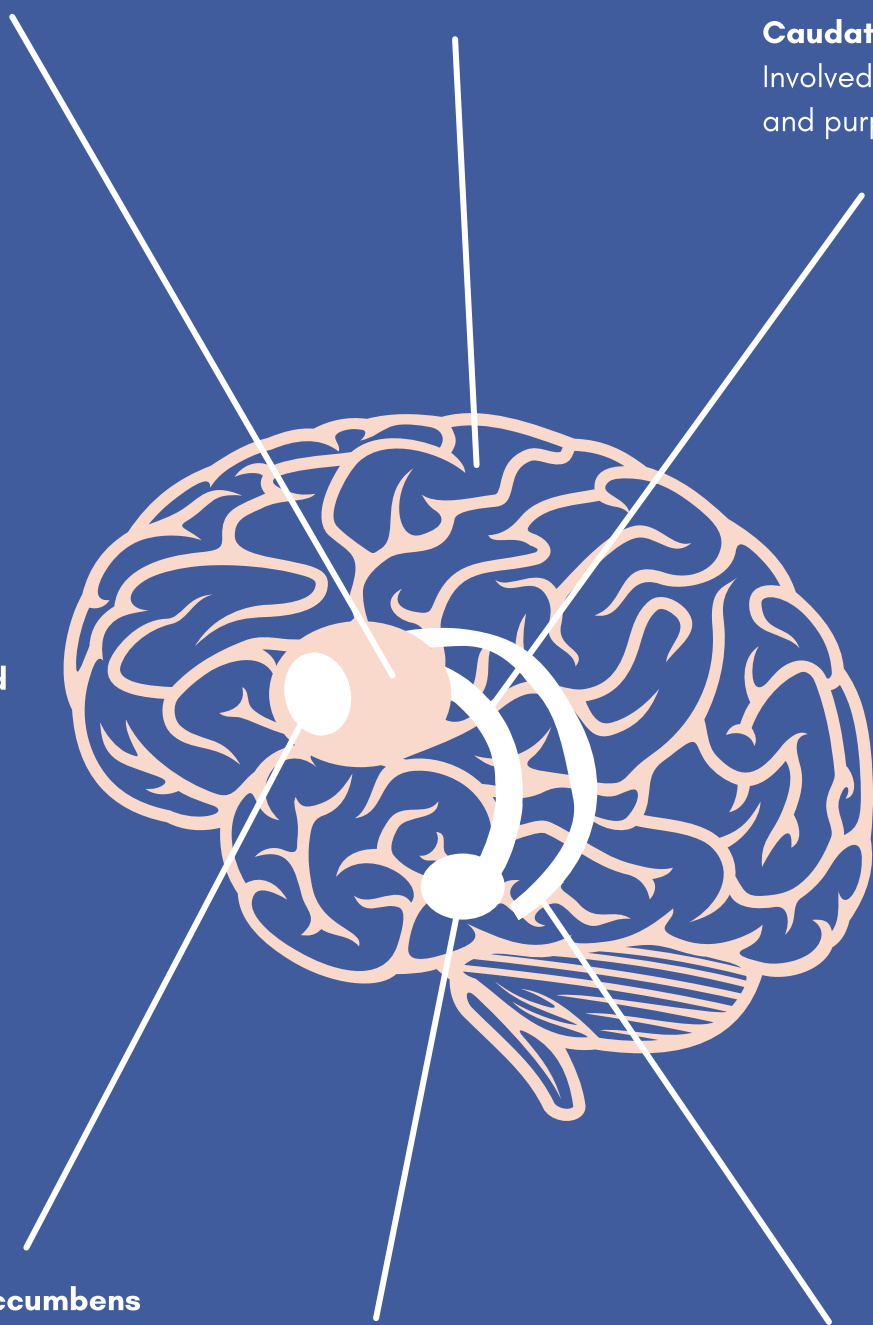
Important for self-management. Some parts of this outer layer take longer to mature in ADHD children, and may not be organised effectively

Caudate Nucleus

Involved in decision-making and purposeful behaviour

Front of head

Back of head



Nucleus Accumbens


Involved in mood, motivation, and experiencing pleasure

Amygdala

Plays a key role in emotional control and prioritising action

Hippocampus

Important for long-term and working memory



Identifying a child and supporting a referral for a clinical assessment and diagnosis

If you feel that a child or young person in your school may have undiagnosed ADHD, it is important to observe the child closely, over a period of time, in a range of different settings and undertaking a variety of tasks. The challenge for us is to distinguish between what is typical child development or evidence of neurodiversity.

Many children will experience difficulties at times with, for example, impulsivity or inattention. Similarly, we need to understand the symptomatology of ADHD 'characteristics' in order to be able to distinguish the condition from other learning differences, for example, Autism or Dyslexia. Therefore, we need to identify if the difficulties associated with ADHD are consistent and occur in more than a single setting; context is important.

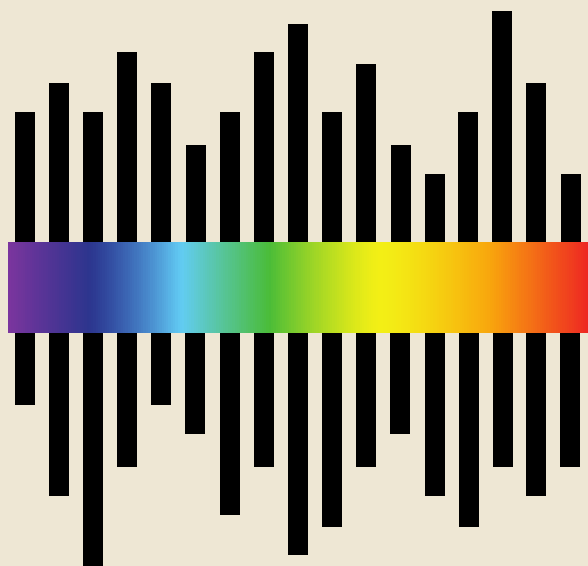
This also means that we need to involve parents and carers in the conversation at this early stage. A child who is inattentive in a classroom due to high levels of learner anxiety, may well behave very differently at home where the source of the anxiety is not present. The characteristics (symptoms) of ADHD that we have explored earlier, will be evident at home as well as school. Gaining the knowledge and experience of parents and carers can provide much information about possible neurodiversity, for example, sleep difficulties which are commonly associated with ADHD.

ADHD is a spectrum of differences that can vary across the lifespan.

These differences can become more apparent in certain contexts and, therefore, should be viewed as a variable spectrum of competencies and abilities and not viewed as a 'linear' concept of mild, moderate or severe impairment. Our brains are as unique as our fingerprints.

It is advisable to adhere to the UK Special Educational Needs Code of Practice and Equality Act of 2010 and offer supportive interventions immediately. – do not wait for a formal diagnosis before making accommodations and differentiating for the child's learning needs.

When the referral has been made, the process towards diagnosis may well involve the special needs co-ordinator, form teacher, pastoral leader, school nurse and the parent. The child's teacher(s) will be asked to provide information on the child's attainment, progress and behaviours in school.



Teachers are most often called upon to complete a 'Connor's rating Scale', an observational questionnaire. This observational rating scale will inform us about how brain functioning is impacting on the child's observed behaviour, at home and in school. There are also objective computer-based cognitive functioning screening tools such as the 'QB Check' which has an 86% degree of accuracy and informs us about the child's brain functioning.

The two methods combined are the recommended best practice model for screening a child for ADHD in schools. At this stage, it is important to consider the uniqueness of every child and how their presentation of ADHD will be unique to them. Academically gifted and talented children, for example, are often overlooked. All the research states that early identification and intervention are vital if the child is to achieve their potential and enjoy good health.

The clinician will arrive at a diagnosis based upon their professional assessment, a developmental and psychiatric history of the child and the observations and reports from both the family and the school. The eventual diagnosis will be confirmed based upon whether the child has met the diagnostic criteria which we partly explored on the previous page. These symptoms must have been present before the age of 12, at both home and school and for the duration of at least six months.

Interventions and Treatments for ADHD



Supporting parents and carers:

Many schools now offer Parenting programmes in partnership with charities and agencies that support families affected by ADHD and other neurodiverse needs. These can take the form of support groups or online training opportunities. Parents/ carers want the best for their children. However, some parents/ carers do not understand why their child might be different.

Consequently, many parents/ carers will be anxious that their child will be stigmatised because of their ADHD and will require support. Most NHS Trusts provide some form of parenting support. Contact your local NHS for information and local Charities who are increasingly commissioned by schools to offer on site support groups for parents.

Providing support in school:

Here are some key points to remember.

1. 'Enable' the child with effective teaching and learning.
2. 'Enable' colleagues by ensuring the school workforce is trained to understand and support children with neurodiversity such as ADHD.
3. 'Enable' parents to be informed and engaged in their child's education and well being.
4. Celebrate neurodiversity in the school community - challenge stigma, stereotyping and all forms of exclusion by educating the school community about neurodiversity. Schools can actively participate in annual events such as Neurodiversity Celebration Week - (www.neurodiversity-celebration-week.com) and the 'Neurodiversity Umbrella Project': (www.adhdfoundation.org.uk)





The National Health Service states that treatment should be 'multi modal' employing a range of strategies to ensure the child thrives physically, psychologically and academically.

Recommended treatment interventions include:

Medication

Medications can be of two varieties – stimulant medications and non-stimulant medications. Medication must be reviewed every 6 to 12 months as the child is growing and developing.

School feedback on whether the medication is working effectively is crucial – schools must therefore provide constructive and sensitive feedback to the parents and the child's doctor. It may also be appropriate to ask the child how they experience the medication and whether it is helping them so the clinician can change the type of medication or the dose as the child matures.

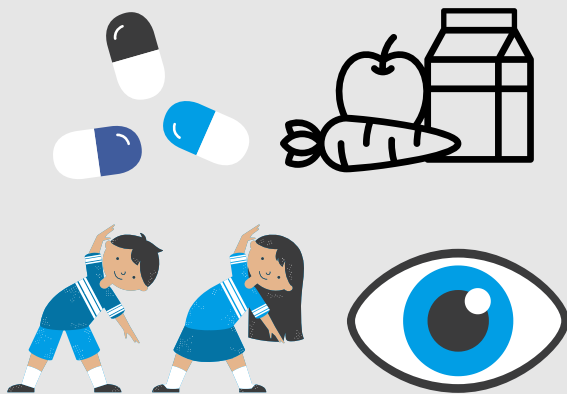
Clinicians advise that medication is taken with food and children should be allowed a water bottle during lessons as the medication can cause a dry mouth. Medication, however, should not be the only strategy employed to manage ADHD successfully.

Cognitive Behavioural Therapy (CBT)

This type of psychological therapy is helpful because it focusses the child on 'goal driven' changes and daily practical strategies, for example, exploring how they think about their world, themselves, and how they approach tasks, decisions and regulating their emotions.

Eye Movement Desensitisation & Reprocessing (EMDR)

Originally used to treat depression, anxiety and trauma, EMDR is increasingly used to support those with ADHD to manage anxiety.



Daily Exercise

Access to sport and physical exercise should be a key part of any personalised learning plan for children with ADHD, however, team sports may not be right for every child and other opportunities for cardiovascular exercise should be available throughout the school day.

Nutrition

A healthy balanced diet, prioritising breakfast and including sufficient amounts of protein-based foods. Protein offers a better use of energy derived from food than carbohydrates.

Stress Reduction / Emotional Regulation strategies

- Slow deep breathing exercises - ideally practiced several times a day.
- Yoga
- Progressive muscle relaxation
- Meditation
- Biofeedback computer games are increasingly accessible and affordable tools to help children develop skills for emotional regulation.

Myths About ADHD

A number of myths have arisen about ADHD which can negatively impact upon how educators perceive the condition in classrooms.

Myth Number One: “Children with ADHD cannot pay attention”

The reason for this enduring myth is in the title of the condition itself- Attention Deficit Hyperactivity Disorder (ADHD) and yet ADHD is an umbrella term which encompasses a range of features and presentations. The language within the name itself can be perceived as overly negative and misleading and there is no better example of this than the concept of an “attention deficit.”

The word “deficit” implies that children and young people with ADHD cannot pay attention. Certainly there can be significant challenges within the attentional systems of children with ADHD, but this doesn’t automatically mean there is a “deficit of attention.”

In fact, some researchers argue that people with ADHD have an “excess of attention,” that they are easily distracted, will pay attention to too many things at the same time and have difficulties regulating their attentional systems towards a specific task, activity or subject (3).

People with ADHD can also “hyperfocus” upon activities, tasks or subjects that they are extremely interested or engaged in. This means that they will pay attention to that activity for long periods of time to the exclusion of everything else around them (4). This then cannot be described as a “deficit of attention.”



Discussion points for your colleagues:

- How do we know when a child with ADHD is really engaged?
- Do we know what the individual child hyperfocuses on? Can we bring elements of this into our planning?



Myth Number Two: "ADHD is all about physical hyperactivity."

a) "Wiggly little boys who can't keep still, can't shut up and can't wait their turn."

The quote above came from a teacher who was attending a course that I delivered on ADHD several years ago, when I asked her to describe ADHD for me. This is still quite a common response from people. Many people think of hyperactivity first when they consider ADHD and can see physical hyperactivity as a problem to be contained and controlled in classrooms.

However, it is important to understand the reasons behind physical hyperactivity and to consider hyperactivity as both mental and physical. Recent research has identified that the reason why a child with ADHD moves so much is in order to focus and concentrate (5). Physical movement compensates for under arousal or underactivity in some areas of the brain associated with ADHD. By moving, the child stimulates and increases the dopaminergic activity in their brain. This then helps them to arouse their attentional system towards the task in hand and supports their ability to sustain their focus upon that activity.

Discussion points for your colleagues:

- When we understand that the child with ADHD needs to move in order to learn, how does this change the way in which we plan our lessons?
- What opportunities are there within lessons for physical activity and movement?
- Have your team been trained in using a range of movement-based learning approaches?
- What facilities and resources are there within your school to provide opportunities for physical activity through the school day, for example, during break and lunchtime?

"ADHD is all about physical hyperactivity."

b) As well as physical hyperactivity, it is important to recognise that children and young people with ADHD also experience mental hyperactivity. This means that, at times, they can experience the intermittent ability to be hyper-focused when interested and challenged and unable to start and sustain tasks which are less stimulating. For some learners with ADHD, their brain can move between different subjects and ideas at a fast pace.

Clearly, this would present difficulties in many tasks that are set in classrooms and with general distractibility but this can present opportunities as well. Educational research has shown us that, in some contexts, impulsivity can be a strength (6). Working with the neurology of children and young people with ADHD can lead to success in a variety of activities, for example, lateral thinking tasks, activities involving a fast-paced generation of ideas and in some aspects of creativity.

Discussion points for your colleagues:

- Are opportunities being created in classrooms in which mental hyperactivity is valued?
- Are we including such activities to enable learners with ADHD to "shine" and raise their self-esteem, which will help them to feel more resilient to the activities in classrooms which would be more challenging?





Myth Number Three: "ADHD is a condition that affects more boys than girls."

One of the reasons for this myth is that, in the UK currently, girls are diagnosed less than boys with ADHD. Referrals to clinicians for ADHD is significantly higher for boys than girls. This means that large numbers of girls and young women with ADHD are not being identified and their ADHD then goes untreated (7). This can have a variety of outcomes including emerging mental health difficulties through childhood and into adolescence and overall educational underachievement.

There are several reasons for this. Firstly, there has undoubtedly been a historical perception of ADHD as a male condition. Secondly, twice as many girls than boys with ADHD are diagnosed with Predominantly Inattentive type of ADHD (see page 7) than the other types. If there is too much emphasis placed upon physical hyperactivity as the sole indicator of ADHD, then girls who do not present with that profile can be missed. Thirdly, recent research evidence suggests that girls can be more successful in masking and/ or suppressing their ADHD symptomology, thus making it difficult for educators to identify (8).

Discussion points for your colleagues:

- Does your team understand that there are the ways in which girls with ADHD can be hyperactive (for example, talkativeness, spontaneity) which are more socially acceptable and less challenging in classrooms and, therefore, their ADHD can be missed?
- Does your team need to look again at the criteria for Predominantly Inattentive type of ADHD and re-examine any of the girls in school in light of this?

ADHD rarely travels alone

The concept of 'comorbidity' or co-occurrence.

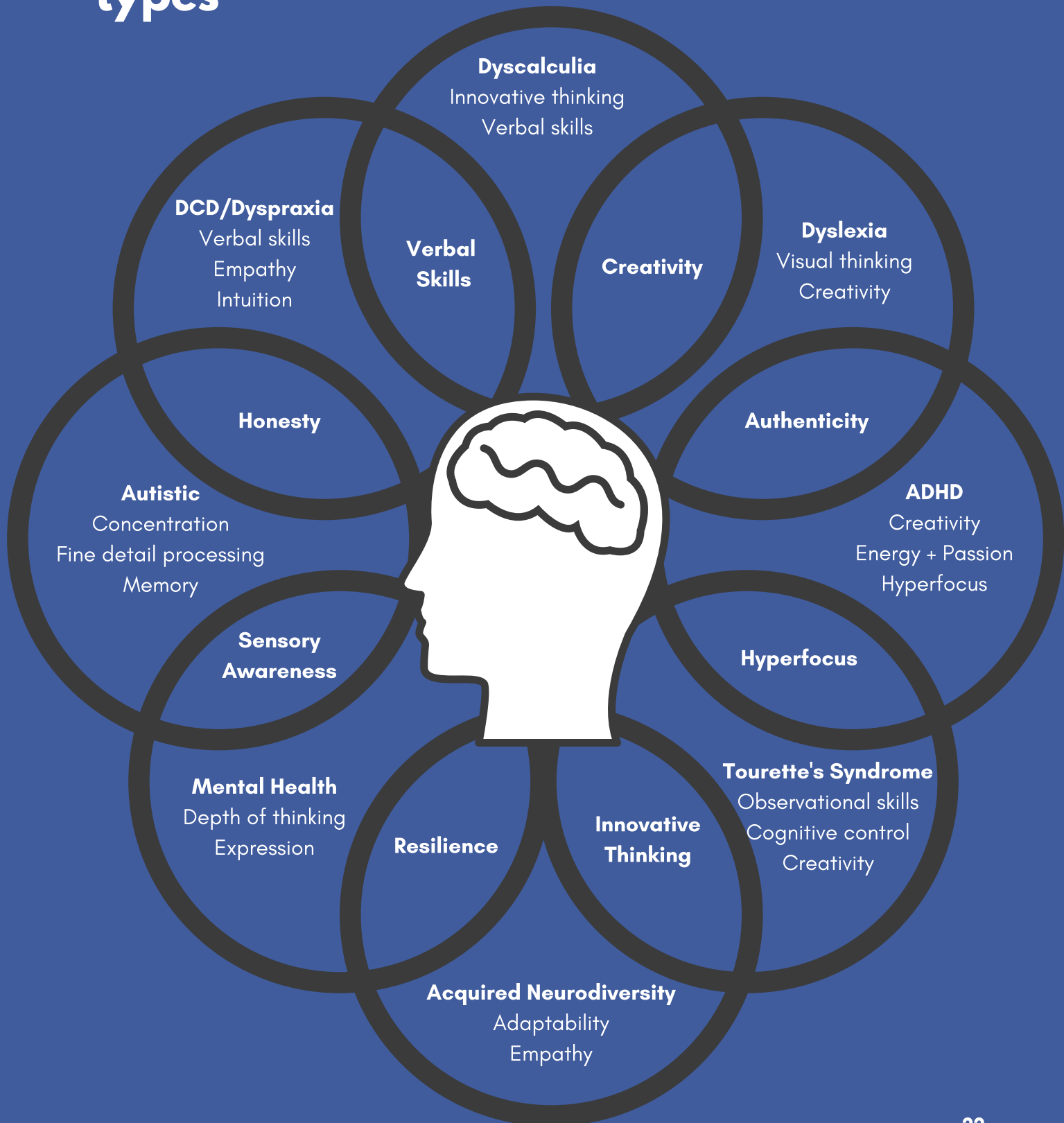
The medical definition of the term comorbidity means the presence of one or more additional conditions that co-occur with a primary condition. This is an extremely common feature of ADHD. ADHD is a highly comorbid condition.

In fact, it is the rule rather than the exception. Research estimates that up to 60% of children and young people with ADHD will have one or more co-occurring conditions (9). Dual diagnosis is the term we use to describe children and young people who have more than one diagnosed condition.

Discussion points for your colleagues:

- What are the current rates of dual diagnosis in your school?
- How confident do you feel about your colleague's ability to identify learning differences in children with ADHD, for example, the difference between reading or writing difficulties due to attentional dysregulation and/or Dyslexia.
- Does your team need to re-examine any children with ADHD in light of this?

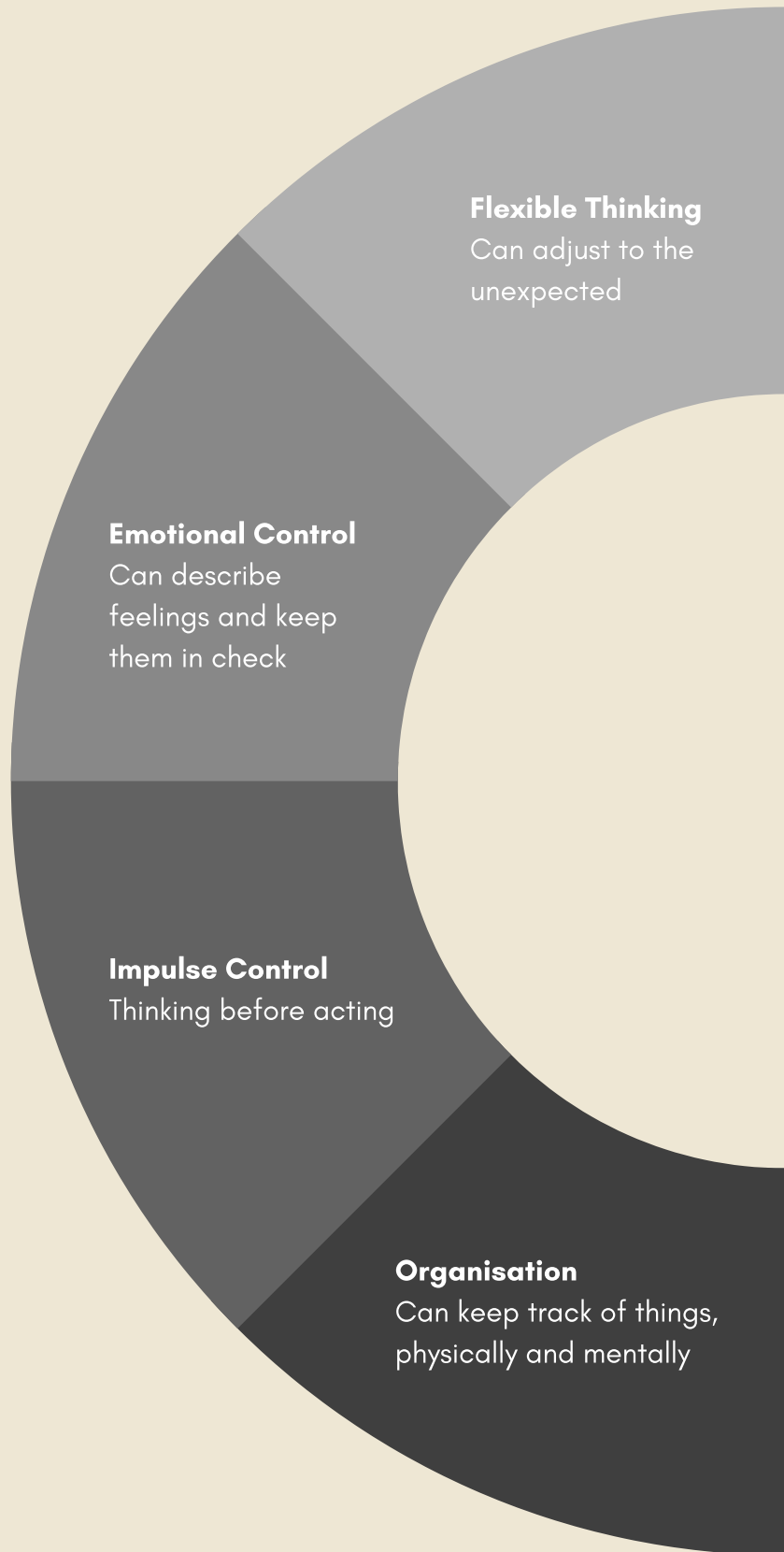
Some types and strengths of neurodivergent types

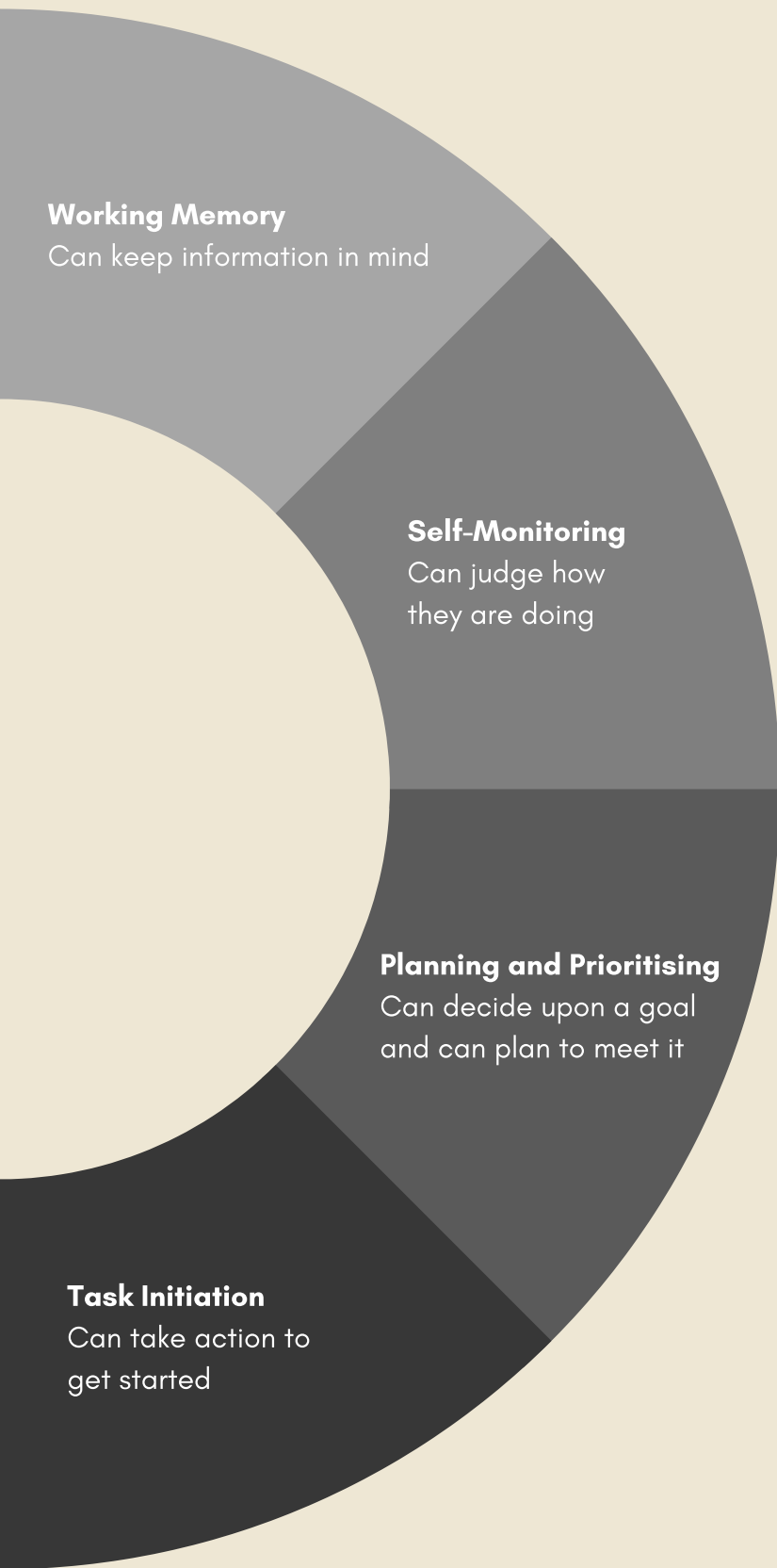


Executive functioning

The executive functions are sometimes referred to as “the management system of the brain.” These functions help us to control our impulses, attention and emotions, to set goals, plan, organise and then use goal directed behaviour to complete tasks. We use these skills in every area of our lives.

In neurotypical children, the executive functions develop quickly in early childhood, through adolescence and are still developing up to the mid-20s. For children who are neurodiverse, there is a delay in the development of the executive functions and they can often be challenging for people throughout their lives (10).





How can weaknesses in these areas present?

Impulse control – may say inappropriate things and engage in risky behaviour

Emotional Control – can overreact and find criticism hard

Flexible Thinking – gets frustrated when asked about something new or from a different angle

Working Memory – has trouble remembering instructions, even with supports

Self-Monitoring – surprised by a bad mark and gets upset

Planning and Prioritising – cannot decide what is important for completing a task

Task Initiation – has difficulty starting or working out where to begin

Organisation – loses train of thought as well as possessions

Working Memory

One of the most important executive functions is Working Memory.

Working Memory is the process by which we hold relatively small amounts of information in mind in order to execute cognitive tasks. This is different from short term memory. Short term memory stores information for a short time whilst working memory retains the information for a short period in order to do something with it, that is, to direct the information towards the completion of a task.

Working memory also helps us to transfer information into our long-term memory, which is the vast amount of information that we have saved throughout our lives. For further information about Working Memory go to:

<https://www.youtube.com/watch?v=Nls3wxRZEoE>

When we consider executive functioning and working memory difficulties, we can begin to understand how challenging school can be on a daily basis for children with ADHD.

Discussion points for your colleagues

- What supports are in place on a daily basis to help children and young people with ADHD to plan and organise their work?
- What is the importance placed upon supporting poor memory, particularly working memory, in lesson planning on a daily basis?

Working memory is critical for the following activities:

Information processing

Reading comprehension

Writing

Problem solving

Organisation

Retaining and following instructions

Retaining prior learning

Transferring skills and information

Effective oral communication

Mental arithmetic



Six top tips for developing your classroom environment

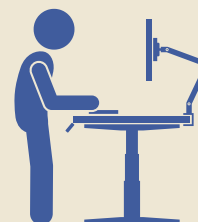
ONE

Seat the child with ADHD close to the teacher whilst reducing peripheral distraction as much as is possible, for example, away from the windows or doors.



TWO

Provide a range of resources to support attentional regulation, for example, standing desks, attentional tools or “tactile resources,” rocking chairs, privacy desk barriers, timers or ear defenders.



THREE

Explore creating a space for increased physical movement.



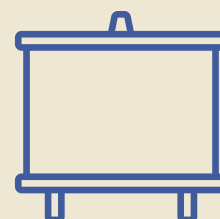
FOUR

Explore creating a low arousal, calming area with a degree of privacy to use when the child with ADHD is feeling overwhelmed or needs support to regulate their emotions.



FIVE

Ensure that the whiteboard is well lit with minimal surrounding peripheral distractions. All other visual displays to be clearly labelled and easy to access.



SIX

Well organised, uncluttered classrooms can help a child with ADHD to better navigate their environment, for example, easily accessible resources and equipment, with written labelling supported by visual representations.





The 10 rules for planning learning experiences for children with ADHD

Number 1: Establish routines

Children with ADHD need established daily routines with expectations clearly and regularly outlined to them.

Repeat directions more than once

Repeat directions more than once - write them on the board or as an externalisation on the child or young person's desk throughout the lesson.

Establish a clear daily classroom routine for the start and finish of lessons. The start of lessons needs to follow the same procedure - taking a seat, organising equipment etc.

Establish a clear daily classroom routine

Support organisation

Support organisation by providing lists, timetables, timescales and regular reminders. In secondary schools, write down homework in the young person's planner or use pre-prepared stickers - use visual reminders of what equipment needs to be brought to each lesson, keeping one copy in their school bag and one at home.

Ensure rules are unambiguous and written in a positive way. Revisit regularly with novelty in the delivery, e.g. making them into a quiz in one lesson, and a pairs talk activity the next time.

Display classroom rules prominently

Give directions clearly and visually

For example, numbered or colour coded lists or visual timetables. Always check if the child or young person with ADHD has a full understanding of the requirements of the task before moving on.

Share changes to the timetable or activities with the child or young person in advance to avoid confusion and anxiety.

Share plan changes in advance

ACTIVE LEARNING

COLLABORATION

ATTENTIONAL ACTIVATION AND AROUSAL

Number 2: Build engagement

Building engagement in the material is the most important consideration for the teacher at the start of a lesson. Research into what motivates children and teenagers with ADHD in classroom environments has placed engagement at the top of the list. Engagement will lead to motivation.

With motivation comes executive functioning, for example, wanting to read a chapter in a book to find out what happens in the story will necessarily involve the child in using their executive functions.

Engage with your pupils' interests

Shake things up

Use humour

Multimedia sources

Get your pupils moving

Pupils to present and share work

Give your pupils a say

Personal anecdotes connected to the subject

Use group work

"Gamify" the learning

Brain teaser or challenge questions

Allow for think time

Emphasise discovery and inquiry

Engage attention through challenge - "I wonder who can solve this?"

Look for the hooks - what they know, can relate to their lives, etc



Number 3: Talk at every stage of the lesson.

Why do some learners with ADHD talk so much?

'Excessive Talk' is featured in the diagnostic criteria for ADHD and is an important part of the learning process for learners with ADHD (11). Through talking, we are able to organise and sort our thinking into words. Talk is also critical for effective reflection. Therefore, include repeated structured talk activities to support comprehension and memory.

Number 4. Movement for attentional regulation.

Provide opportunities for the learners to get up and move.

Physical movement is an effective strategy to reenergise learners with ADHD especially after activities with a lot of executive functioning and/ or memory demands. It does not have to be a break in the flow of the learning. Remember the ADHD brain craves constant stimulation and novelty. Active, movement-based learning activities will help to retain engagement or arouse the attentional system if the learner with ADHD is finding it difficult to sustain their concentration.



Number 5: Support executive functioning and working memory.

Use the 3 Rs to support poor memory:
"Repetition, rehearsal and review."



Consider presenting the key information for the lesson through utilising novelty through a variety of different activities during the first part of the lesson in particular. The degree of novelty will activate and sustain the attentional system and the use of repetition will help to embed the information in the working memory of the learner.

- Adopt "when and then" approaches
- Use a timer to support turn taking group activities
- Use visual prompts to assist with time on task and the organisation of learner time
- Support transitions - count down to transitions within lessons, or develop movement systems (e.g. traffic lights or key phrases to manage movement between tasks and classrooms)



Number 6: Externalise what is not happening internally.

Graphic organisers help children with ADHD to gather their thoughts, hold them in one place externally and begin to organise or sequence them in order to then demonstrate their ideas or learning to the teacher.

When using graphic organisers, consider the following:

- 1) Sequential in design with each stage of the task represented clearly in order.
- 2) The overall goals or “the big picture” clearly recorded at the start and available to revisit throughout.
- 3) Set time scales for different parts of the activity, be flexible with this and be prepared to renegotiate.
- 4) A facility to support self- monitoring, for example, ticking off or highlighting the steps of a task completed.



Number 7: Create a ‘planning friendly classroom’ – invest time in the plan!

Provide learners with ADHD with a range of planning tools to experiment with, for example, mind mapping software, graphic organisers or task sheets. Observe and identify which resources are most accessible and then use repeatedly.

Include milestone review opportunities—keep talking about the plan, this will help to encourage the learner with ADHD to refocus their attention on the big picture and overall goals of the activity.

Praise, mark and reward effective planning. Introduce “planner of the week,” strategy boxes or a strategy wall.

Number 8: Support self- management

- When setting targets for the day or a lesson, consider externalising these. A visual representation which is kept on the desk can then be actively used throughout the lesson, for example, blocks of time can be ticked off or highlighted through each stage of the lesson when the child is meeting their target. This will support the child's ability to self-monitor their progress, a key executive functioning skill. Adopt "stop, think, do" approaches.
- Encourage all pupils to stop and think before talking- structure in "thinking time" to all activities, for example, waiting ten seconds or more before you accept responses in a discussion activity.
- Consider reducing the amount of hands up whole class questioning that is used. Set up pairs talking responses to teacher questions which allow the child or young person with ADHD to articulate their learning to a peer and not distract others by shouting out.



Number 9: Reduce 'learner anxiety'.

Be positive and patient

Understand and accept that when the child or young person shouts out or struggles to conform, their behaviour is not prompted by naughtiness: impaired self-regulation is a feature of ADHD.

Make sure that the child or young person knows your expectations and the boundaries. Avoid long conversations about what is right or wrong in their behaviour. Tell them what you want, focusing on the positives.

Communicate expectations and boundaries

Have positive expectations

When the child or young person fails to fulfil these, deal with the issue there and then and move on. Don't bring it up the following day. Start each day with a clean slate.

Allow the use of attentional tools or tactile resources, particularly, during teacher talk or prolonged listening activities.

Keep brains busy



**Give
feedback
carefully**

Some children and young people may struggle to acknowledge and accept criticism. This is sometimes called **Rejection Sensitive Dysphoria** or **Rejection Sensitivity**. The exact reasons for this are unclear but it could be linked to low self esteem or a response to perceived repeated negative comments from adults over time (12). When giving either oral or written feedback, start with specific positive praise. Lead into constructive criticism with neutral language, for example, “where I think you and I can move forward together is by.....” or “what I would like us to work on next is.....”

Allow “time out” if the child or young person needs to move or to practice self-calming strategies like controlled breathing.

Allow time out

**Communicate
expectations
and boundaries**

Make sure that the child or young person knows your expectations and the boundaries. Avoid long conversations about what is right or wrong in their behaviour. Tell them what you want, focusing on the positives.

Plan the lesson with a mixture of high and low demand activities. If there is a lot of emphasis upon memory or executive functioning skills, this will require a lot of mental and physical effort from a child or young person with ADHD, allow time for the child or young person to rebuild their energy levels through movement or through activities that place less emphasis upon memory and/ or executive functioning skills.

**Plan varied
lessons**



Number 10: Work with attentional dysregulation - not against it.

Minimise potential distractions.

Sit the child near you, near the whiteboard, at the front of the room for listening activities and solo work.

Use large type on handouts and remove any irrelevant visuals or images which may be distracting.

Gain and hold the child's attention. Use deliberate eye contact when speaking to the child or young person.

Break down each task into its smaller component parts.

Plan for a variety of multi-sensory experiences for the child or young person to address the "excess of attention."

Allow the child or young person to doodle, make notes or use graphic organisers whilst the teacher is talking to support concentration.

Monitor progress regularly throughout the lesson.

Be consistent and patient and give constant feedback when appropriate. As a general rule, if the child or young person is doing what you have asked them to do, back off and don't distract them!

Seat next to a good role model or learning buddy to help "fill in the gaps" when the child or young person with ADHD has not listened to all of the teacher's instructions or is struggling to remember prior learning.

Avoid timed tests; they are unlikely to be the most effective activity for finding out what the child or young person with ADHD knows.

Avoid lengthy self-directed project work in class or for homework: go for quality with structure and ongoing feedback.

Consider access arrangements for formal examinations- minimise stress, distractions and anxiety, use a separate room, allow movement breaks and research assistive technology to support, for example, planning or extended writing.



Resource Examples

DAILY PLAN

TODAY HAVE TOs

Time
estimated

Time available

TOMORROW HAVE TOs

Time
estimated

Time available

Before you begin:

1. Collect your tasks into a main list.
2. Review your calendar.



WANT TOs

Time
estimated

Time available

**Does anything
listed need to be
broken down
further?**

References

- 1) Pagan C (2021) *Is it immaturity or ADHD?* WebMD 7.5.21
<https://www.webmd.com/add-adhd/childhood-adhd/features/immaturity-or-adhd>
- 2) Miller C (2021) *What's ADHD (and what's not) in the classroom.* Child Mind Institute. 16.4.21 <https://childmind.org/article/whats-adhd-and-whats-not-in-the-classroom/>
- 3) Bozhilova N, Michelini G, Kuntsi J, Asherson P (2018) *Mind wandering perspective on Attention/hyperactivity disorder.* Neuroscience and Biobehavioural Review Volume 92.
- 4) Mate G (2019) *Scattered Minds. The origins and healing of Attention Deficit Disorder.* (Second edition) Vermilion. London
- 5) Gapin J, Labban J, Etnier J (2011) *The effects of physical activity on attention deficit hyperactivity disorder symptoms: The evidence.* Elsevier 8.4.21
<http://dx.doi.org/10.1016/j.ypmed.2011.01.022>
- 6) Merrell, C. and Sayal, K. and Tymms, P. and Kasim, A. (2017) *A longitudinal study of the association between inattention, hyperactivity and impulsivity and children's academic attainment at age 11.* Learning and individual differences. Volume 58.
- 7) Mowlem F, Agnew-Blais, J, Taylor E, Asherson, P (2019) *Do different factors influence whether girls versus boys meet ADHD diagnostic criteria? Sex differences among children with high ADHD symptoms.* Psychiatry Research. February 2019
- 8) Young S (2020) *Females with ADHD: An Expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/hyperactivity disorder in girls and women.* BMC Psychiatry.
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-020-02707-9>
- 9) Pliszka S (2011) *Treating ADHD and Comorbid Disorders.* Routledge. Abingdon.
- 10) Zeigler Dendy C (2017) *Teaching teenagers with ADD, ADHD and Executive Functioning Deficits.* Woodbine House. Bethesda.
- 11) Low K (2019) *Children with ADHD and Excessive Talking.* Very Well Mind 6.4.21
<https://www.verywellmind.com/adhd-and-talking-too-much-kid-wont-stop-talking-20739>
- 12) Bhandari S (2020) *What is Rejection sensitive Dysphoria?* WebMD 15.4.21
<https://www.webmd.com/add-adhd/rejection-sensitive-dysphoria>





info@adhdfoundation.org.uk

0151 541 9020

54 St. James Street
Liverpool
L1 0AB

This educational booklet was initiated and funded by Takeda. All material has been developed and delivered by the ADHD Foundation and reviewed by Takeda for compliance with the ABPI Code of Practice.



Job code: C-ANPROM/UK/ADH/0026. Date of Preparation: September 2021