

Working with

# children

diagnosed with Attention Deficit Hyperactivity Disorder (revised)



Supporting teachers, leadership teams and professionals in primary and junior secondary schools

First published 2011, revised 2018 by Psych4Schools Pty Ltd  
 PO Box 558, Richmond VIC 3186 Australia  
[www.psych4schools.com.au](http://www.psych4schools.com.au)

ACN 143 954 287 ABN 13 143 954 287

ISBN 978-1-921908-43-9

Copyright © Murray Evely and Zoe Ganim 2018

All rights reserved. No part of this ebooklet may be reproduced, transmitted or otherwise made available by any person or entity, including internet search engines or retailers, in any form or by any means, electronic or mechanical including printing, photocopying (except under the statutory exceptions provisions of the Australian Copyright Act 1968), recording, scanning or by any information storage and retrieval systems or otherwise without the prior written permission of Psych4Schools Pty Ltd. Any person who does any unauthorised act in relation to this publication may be liable to criminal prosecution and civil claims for damages.

**Warning** This ebooklet is not intended as a substitute for professional consultation with a qualified practitioner. It is intended simply to provide generic advice and guidance for teachers and other professionals to access and utilise. You should not act on the basis of anything contained in this ebooklet without first obtaining professional advice specific to your circumstances. The advice contained in this ebooklet does not cover all the individual issues that may arise for any person on any particular day. We endeavour to provide information sourced from reliable research and experience. It is believed to be accurate and current as at the date of publication. No warranties or representations are made regarding the quality, accuracy or fitness for purpose of any content in this ebooklet.

Front cover image: iStock\_000013725377 Inner photo of girl: iStock\_000015405853

Disclaimer: Licensed iStock photos are used for illustrative purposes only, the persons depicted in the photos are models.

Cover design: Keith Lucas Design Pty Ltd

Freelance editor: Keith Rees

In-house editor: Christine Evely

Consulting psychologist editor: Anthea Rees

Summary of the Licence to Use and Reproduce Digital Educational Materials

You are granted a license to use this ebooklet on the terms set out in this Summary and the Terms and Conditions of Use available here and on the Psych4Schools website, see [www.psych4schools.com.au](http://www.psych4schools.com.au)

Publisher:	Psych4Schools Pty Ltd
Product Type:	ebooklet
Product:	Working with Children diagnosed with Attention Deficit Hyperactivity Disorder (revised)
Authorised users:	As per your subscription data
Authorised uses:	View and interact with this Product online. Print the Product in unaltered form for personal use or if you are a teacher or school staff member to review its suitability for your teaching. Use this Product in line with Part VB and Section 183 of the Australian Copyright Act (1968) provided you have a licence to do so administered by Copyright Agency Limited (CAL). You must ensure that any use of this Product is subject to inclusion in any CAL notifications (such as Electronic Use Statements).
CAL	Certain uses of this website by Australian educational institutions are allowed by Part VB of the Copyright Act if the institution is covered by a remuneration notice with Copyright Agency Limited (CAL). For information about Part VB visit <a href="http://copyright.com.au">copyright.com.au</a> and <a href="http://copyright.org.au">copyright.org.au</a> . Under Part VB, educational institutions covered by a remuneration notice with CAL may do the following with a 'reasonable portion' deemed to be 10% of this material, for educational purposes: Save a copy Print Photocopy a printout Upload to a learning management system or intranet Display on an electronic whiteboard or other screen Email to a student or colleague Distribute to students or colleagues on a CD-ROM or USB Make changes or repurpose
Other uses	This licence is granted in addition to the statutory licence scheme and other rights administered by CAL that allows schools and other licensed users to use the Product in certain circumstances. The rights granted in this licence exclude and do not overlap with CAL's administration but enable use beyond it. The user may do the following with up to 20% of the material from each Product: Store, print, reproduce, modify, adapt or personalise key strategies in relation to individuals or groups of students. Share by any means key strategies with other teachers, parents or relevant health professionals. Provide a single hard copy of the Product to a parent or teacher in regard to their child or student.



## Children with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)(revised)

ADHD is a neurodevelopmental disorder which can have lifelong implications. It is the most commonly diagnosed mental health disorder in school-aged children. The Australian population survey on the mental health and wellbeing of children and adolescents reported the incidence as follows<sup>1</sup>:

Age	Boys	Girls
4 – 11	11%	5%
12 -17	10%	3%

### Understanding ADHD

For children with ADHD the pattern of inattentive, impulsive and hyperactive behaviours is far more prevalent than in other children of the same age. These behaviours have a significant biological basis and the symptoms of ADHD are persistently evident at home, school and across all other areas of these children's lives. ADHD is often associated with negative long-term outcomes including poor mental health and impaired social, academic, and occupational functioning.

ADHD is not a developmental phase or the result of poor parenting. There is overwhelming evidence that the brains of children with ADHD, particularly in the frontal lobe region, are 'wired' differently from their non-ADHD peers. These children have problems with executive functioning—that is, their ability to evaluate a situation, plan and take the required action, and adjust these actions as needed, is often impaired. ADHD also affects the ability to focus and maintain attention. As a result, ADHD can significantly impede learning, as well as social and general functioning. Academic performance, peer relationships, self-esteem, mood and personal organisation may also be compromised.

ADHD can co-exist with other mental health disorders. Some children with ADHD also have a diagnosis of one or more of the following:

- learning disabilities
- communication disorders
- anxiety
- oppositional defiant disorder
- conduct disorder, and
- depression.

It is critical that these children are assisted at home, at school and in other community settings to form a positive self-concept and a belief that they have abilities that are valued. It is also essential for them to learn that their behaviours can be managed through self-regulation and assistance from others.

<sup>1</sup> Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M, Ainley J., Zubrick SR (2015) *The Mental Health of Children and Adolescents*. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra



## Behaviours

At school, these children may exhibit behaviours that can be categorised as predominately inattentive, or predominantly hyperactive, impulsive or challenging <sup>2</sup>.

### Inattentive behaviours

- Being easily distracted by others
- Distracting themselves from the task at hand
- Actively avoiding academically challenging schoolwork
- Having difficulty staying on tasks perceived as requiring effort or prolonged attention
- Making simple, careless mistakes
- Having difficulty listening when spoken to
- Having difficulty following instructions
- Having difficulty starting and finishing a work task
- Having difficulty organising themselves for a task
- Frequently losing objects such as books, drink bottles, pens, jumpers

### Hyperactive behaviours

- Fidgeting or jiggling with hands, feet, and objects
- Having difficulty remaining seated during a task
- Being excessively physically active and repetitive—running around, climbing, swinging on chairs
- Having difficulty playing quietly
- Always being ‘on the go’
- Talking excessively and often loudly
- Being restless and irritable

### Impulsive behaviours

- Having difficulty taking turns
- Making impulsive comments
- Having difficulty waiting for instructions
- Frequently interrupting conversations or games
- Generally, acting without thinking about the consequences
- Making personal comments without apparent awareness of others’ feelings (possibly feeling remorseful after)
- Claiming to be ‘bored’ by academic tasks
- Being unable to delay gratification and needing immediate rewards.

---

<sup>2</sup> American Psychiatric Association. (2014). *Diagnostic and statistical manual of mental disorders (5<sup>th</sup> ed.)* Washington, DC: American Psychiatric Association.



## Challenging behaviours

People often incorrectly perceive these children to be deliberately defiant, rude or lazy. The way they are perceived and treated, and their own judgments about their abilities, can give rise to additional symptoms and challenging behaviours in the classroom and at home. These can include:

- moodiness
- anxiety
- stubbornness
- lack of self-confidence
- a tendency to be easily frustrated
- aggression
- difficulty making and keeping friends
- oppositional behaviour
- breaking classroom and school rules.

## ADHD and gender

A diagnosis of ADHD is currently twice as common in boys than in girls. However, it may be that females have been under-diagnosed.

ADHD in girls can be especially problematic for peer and social relationships, particularly with other girls. Teachers and parents report that girls display more verbally impulsive behaviours such as making inappropriate comments, frequently interrupting conversations or not listening carefully, and sending and posting electronic texts and messages impulsively.

## How is ADHD diagnosed?

A paediatrician, neurologist or child psychiatrist typically diagnoses ADHD. Psychologists are also commonly involved in diagnosis and treatment. Diagnosis is made using a range of observations, surveys and clinical interviews with parents, teachers and the child. Symptoms must have been present prior to the child turning seven and have persisted over a six-month period. Symptoms must also be present in more than one setting, for example, school and home.

## Is ADD the same as ADHD?

Some children are diagnosed with Attention Deficit Disorder (ADD). Children with ADD are less hyperactive than those with ADHD but are just as inattentive. Children with a diagnosis of ADD are less likely to display challenging behaviours or social difficulties but will have difficulty maintaining attention. They are often identified as daydreamers. These children's behavioural problems are more likely to be overlooked by their parents and teachers.

## ADHD and sleep problems

Behavioural sleep problems affect up to 70% of children with ADHD. Sleep problems exacerbate the daily functioning difficulties of children with the diagnosis. There is evidence that when children's sleep habits and patterns are managed (for example, by effective bedtime routines or using relaxation techniques) along with standard clinical care, daily functioning improves.<sup>3</sup>

---

<sup>3</sup> Congress paper, Mulraney, M., The Sleeping Sound with ADHD Study, APS National Congress, 2016. Murdoch Children's Research Institute



## ADHD and anxiety

Anxiety affects the majority of children with ADHD, and can manifest as general anxiety, social anxiety or separation anxiety. Anxiety contributes to poorer functioning for children with ADHD, affecting their ability to sustain attention, daily functioning, behaviour, school attendance and family functioning.<sup>4</sup>

## ADHD and oppositional behaviour

Up to 40% of children with ADHD may also have Oppositional Defiant Disorder (ODD). This disorder is characterised by negativity, hostility, and defiance. This childhood disorder is typically diagnosed by a paediatrician, psychiatrist or psychologist.<sup>5</sup> A *behaviour support plan* should be devised to help manage challenging behaviour and to promote self-application to tasks. In addition, implement strategies to build social skills and encourage pro-social activities to help promote peer acceptance and reduce any aggression.

## ADHD and learning

Concentration difficulties, organisational problems, impulsive behaviour, anxiety and forgetfulness can all affect the way a child learns at school. It is important that a comprehensive educational assessment is undertaken and learning abilities are fully assessed to enable appropriate strategies to be put in place to support learning.

## ADHD and effort as punishment

Children with ADHD are often more sensitive than other children to the cumulative effects of punishment and failure<sup>6</sup> than typically developing children. They are also less likely to be given a second chance by teachers. Some children with ADHD view others as hostile and perceive life as unfair as a result of early non-success at school.

Teachers should be aware that if a child with ADHD is reluctant to begin a task, or gives up easily, the task may require more effort than the child feels they can manage. The more demanding a task, the more help will be needed for the child to persist. Simple but frequent rewards, such as smiles or words of encouragement, can help children with ADHD to stay on task. The same can be said for typically developing children, but children with ADHD, are more sensitive to repeated experiences of failure and are more likely to miss opportunities for success. Teaching these children to adopt a growth mindset can be highly beneficial (see [Carol Dweck's work on Growth Mindsets](#)).

## Vulnerable transition times

The transition from pre-school to primary school and primary to secondary school are high-risk times for students with ADHD. Children can become anxious and disengaged from school during these periods of change. In pre-school the main manifestation of ADHD is hyperactivity whereas in primary school inattention becomes more obvious. In the early years of secondary school

<sup>4</sup> Sciberras, E., Managing Anxiety in Children with ADHD using Cognitive Behaviour Therapy. Lancet Psychiatry 2014.

<sup>5</sup> Raisingchildren.net.au The Australian Parenting website, Oppositional defiant disorder (ODD): children 5 -12 years. [http://raisingchildren.net.au/articles/oppositional\\_defiant\\_disorder.html](http://raisingchildren.net.au/articles/oppositional_defiant_disorder.html)

<sup>6</sup> Evidence for increased behavioral control by punishment in children with attention-deficit hyperactivity disorder E. Furukawa, B., Alsop, P., Sowerby, S., Jensen, G., Tripp The Journal of Child Psychology and Psychiatry, September 2016.



inattention, impulsivity and poor planning persist, and fidgeting and restlessness are common. Behaviour can deteriorate and learning can plateau or deteriorate at these times. During the transition to secondary school increased hyperactivity and conduct problems have been associated with an increased likelihood of suspension. Teachers need to closely monitor transition plans for a student moving to secondary school.

### **Treatment and management**

There is no cure for ADHD. Behaviours are commonly managed through tailored behaviour management programs for parents, teachers and the child, in combination with stimulant medication. The need for medication is assessed and monitored typically by a specialist such as a paediatrician, neurologist or child psychiatrist, in consultation with the child's GP, parents, teachers, psychologist and other allied health professionals. There is also a non-stimulant medication available.

### **Lifetime implications of ADHD**

Up to 80 percent of children with ADHD will continue to display symptoms of this disorder throughout adolescence and into adulthood. However, with appropriate support and intervention during childhood, many people with a diagnosis of ADHD will learn to manage their symptoms into adulthood and develop successful careers. Equally, some children with ADHD, particularly those with a co-existing learning or mental health condition, may find it difficult to maintain employment without a high level of support from family members or community agencies.



## Strategies to support the child with ADHD

Teachers can use a number of strategies to support the child with a diagnosis of ADHD.

- **Follow recommendations made by the child's specialist, doctor or psychologist.**
- **Develop an individual learning plan** focusing on the child's passions, interests, strengths and weaknesses. Review and update the plan at least each term.
- **Communicate regularly with the child's parents.** Where possible, work as a team to set firm and consistent boundaries at home and at school. Be mindful that in some cases one of the child's parents may suffer from ADHD. If required, refer the child's parents to the school psychologist to assist them to apply consequences for non-compliant behaviour and rewards for appropriate behaviour.
- **Develop a classroom behaviour management plan.** Use incentive systems to apply rewards for appropriate behaviour and consequences for non-compliant behaviour.
- **Ensure compliance with any medication.** Many children with ADHD may have to take medication at school as prescribed by their paediatrician, neurologist or psychiatrist. Ensure that medications are taken discreetly and privately with one designated staff member according to school procedures. This needs to be done without attention being drawn to the child through loudspeaker announcements or whispered comments that may be overheard by peers. Some medications can be prescribed in slow release form that may remove the need for medication to be taken during school hours.
- **Enquire about the child's sleep.** As previously mentioned children with ADHD often have sleep problems. The child's behaviour and general functioning can be improved by improving sleep quality.<sup>7</sup> If the child is having difficulties going to bed, falling asleep, or feeling tired in the mornings encourage parents to see a psychologist, or pediatrician to help assess and treat the child's sleep problems. For further information see the [Sleeping Sound with ADHD research](#).

### Improve concentration and reduce attention 'drifting'

A child's attention can improve through limiting physical distractions, helping the child to self-regulate their attention, teacher prompting, and organisational support and assistance.

#### How the teacher can help

- **Reduce physical distractions around the child's work area.** Children with ADHD are often attracted to external stimuli or new activities and can be preoccupied with enjoyable activities. To help curb inattentiveness, assess and modify the child's workspace. Reduce visual distractions such as the view through windows or line of sight to colourful wall charts or distracting displays. Ensure the child is not seated next to a main thoroughfare and has their back to thoroughfares and doorways to limit distraction. If possible, give the child the opportunity to work at two workplaces: beside independent workers who are not likely to be influenced by students who are distractible, or facing a wall with limited visual distractions as close to the teacher as possible.
- **Seat the child close to good role models** who are unlikely to be easily distracted.
- **Encourage the child to notice how other students work** and to consider emulating their concentrated approaches to work tasks.
- **Reinforce efforts to maintain concentration and stay on task.** Use praise or other reinforcements such as house points or stickers. Positive reinforcement is most effective when

<sup>7</sup> Hiscock, H., Sciberras, E., Mensah, F., Gerner, B., Efron, D., Khano, S., Oberklaid, F. Impact of a behavioural sleep intervention on symptoms and sleep in children with attention deficit hyperactivity disorder, and parental mental health: randomised controlled trial. *BMJ (Clinical research ed.)* 350: 1 – 14, 2015





it immediately follows desired behaviours such as concentrating for 10 minutes. It may help to have a digital clock, egg timer or visual timer on the child's desk. Visual timers with 60-minute clocks show the time diminish as time elapses, reminding the child to work towards task completion, see [www.spectronicsinoz.com](http://www.spectronicsinoz.com)

- **Develop predictable classroom routines** and tell the class about changes to the routine in advance.
- **Use visual supports such as pictures, charts and organisational planners** to help reduce the burden of verbal instructions. A visual reminder allows the teacher to simply point, to indicate the next step or activity. Encourage the child to check the planner for what to do next.
- **Where appropriate, provide one-to-one assistance with a teacher's aide or assistant, volunteer, peer or older buddy to help redirect attention.** Ensure the support person works with other students in the group to avoid the child feeling 'different' or targeted. Note, education departments and other authorities do not generally provide additional funding for children with a single diagnosis of ADHD.

### How the child can help themselves

Help the child to recognise that their attention has 'drifted' and have them re-focus by;

- **Encourage the child to use *the flashlight technique*** where they switch on their 'attention engine' in their mind and shine a 'virtual flashlight' on the task, the teacher and the teacher's voice to help focus their attention.
- **Laminate a prompt card** for the child's work space to refer to when they or the teacher notices that attention has drifted. Activities that use muscle movement can help the child to focus their mind on the task at hand, for example, squeezing a stress ball, tapping or jiggling (without noise or distraction to others), fingers, hands or feet.
- **Work with the child to make a laminated individual on-task chart.** Tailormade charts can provide a visual guide to motivate on-task behaviour. Use the charts for selected classes or parts of the day to help the child regulate their attention. Psych4Schools members can access in the in the package titled 'For the classroom' the link [Student self-monitoring time on task chart \(10min/4min\)](#). It provide boxes for the child to tick off once they have worked on-task for 10 minutes. This is followed by a 4 minute (or less) 'brain break' or other favourable activity. The chart lists appropriate 'brain breaks' and favourable activities the child can choose from. With younger children it may be preferable to limit the choice of brain breaks to 3 preferences per day or week. Use a digital clock, egg timer or visual timer to set achievable on-task work periods, such as 10 -15 minutes, or longer time as the child becomes more able to apply themselves.
- **Carefully position a short strip of mirror tape** on a 45-degree angle in front of the child at their work place as a self-management prompt. The mirror allows the child to see themselves move when they are distracted. Tell the child that each time they see their reflection move in the mirror it's a reminder that they need to direct their attention back to their work. Monitor the mirror's use to avoid it becoming a distraction in itself.
- **Use a whole class prompt to remind** students to remain on task. The prompt could be a quiet bell, a smiley face that pops up on the board at set times, several quiet claps, or flashing torchlight. Inform the class that when they hear or see the prompt they should note what they are doing and to redirect their attention back to their work if needed.



## Adapt the way you give instructions

- **Use the child's name frequently** to focus the child's attention.
- **Promote eye contact.** For example, use the phrase 'eyes to me' as a method to prompt all children to attend to you in preparation for listening to an instruction. Alternatively, have children turn on their 'attention engines' and shine their 'virtual torchlights' on you.
- **Use clear, concise language** as needed, emphasising key words.
- **Give short instructions** rather than instructions with multiple parts.
- **Check that the child has understood the instruction.** Watch to see if the child is following the instruction. If not, ask the child to repeat the instruction and explain what they have to do next.
- **Repeat instructions.**
- **Allow time for the child to comply.**

## Modify classroom tasks

- **Reduce task duration.** Reduce the amount of time the child is expected to work on an activity. For example, have the child complete only the odd-numbered questions. This may effectively halve the task without significantly altering the breadth of content exposure.
- **Break tasks into smaller steps.** Children with ADHD will have difficulty completing a large task. Breaking a task into steps helps to make it more manageable. Some children may benefit from having the lower half of a worksheet covered until they complete the top half or being given one worksheet at a time. It can be helpful to set time limits for each step and remind the class how much time they have left. For example, 'You have 10 minutes left ...5 minutes ....2 minutes' and so on. The child may need one-to-one verbal prompting to stay on task.
- **Be flexible,** if necessary, allow the child to fiddle with something like a stress ball. The muscle movement can help the child to focus on the task or the instruction.
- **Increase tasks that provide immediate feedback.** Children with ADHD respond well to immediate feedback on their performance. Computer games can be a good option as they are typically high-interest and provide this feedback. Other useful resources include [www.mathletics.com.au](http://www.mathletics.com.au), [www.spellingcity.com](http://www.spellingcity.com), Word Shark, academic board games and quizzes.
- **Give 2-4 minute 'brain breaks' between activities.**
- **Incorporate movement and physical activity within class activities.** There are many ways you can increase the child's physical activity in the classroom.
  - **Incorporate movement-based mathematics activities.** For example, have the class walk around the room while you call out questions such as 'Sit down if your birthday can be divided by 3', or ' $5 \times 7 = 35$ . Sit down if you think this is correct.'
  - **Channel hyperactivity into a purposeful activity.** Assign the child a classroom role that involves physical movement and is related to their interests. For example, choreographing a class dance for 10 minutes at the end of the day once a fortnight, coaching the class soccer team in one area of expertise or reading to a beginner's class once a week.
  - **Have the class perform high-energy activities for a short period before beginning a task.** For example, ask the class to stand behind their chairs and do 5 star jumps quietly before sitting to complete a writing task. This can help to release energy and focus the child.



- **Use ‘body in’ or ‘hands on’ learning approaches that require movement.** For example, when learning the concepts of area and perimeter, have children measure buildings or aspects of the playground before performing the calculations.
- **Send the child (and peer/s) on appropriate and purposeful errands** such as taking a note to the front office or collecting lunches from the canteen.
- **Schedule core academic subjects earlier in the day.** On-task behaviour of children with ADHD progressively diminishes throughout the day.<sup>8</sup> Depending on school protocols and timetable constraints, be prepared to allow more computer time, enquiry-based and ‘rich’ learning tasks as the day progresses. These activities allow the interests of the learner to be better followed.
- **Help the child to develop creative ideas.** Some children with ADHD struggle to think of and organise ideas. The teacher might need to prompt children to start writing or have a class ‘ideas bank’ which lists topic suggestions, opening sentences, or interesting pictures to help the child make an early and successful beginning to creative tasks.
- **Encourage a ‘growth mindset’.** Individuals who believe that intelligence, skills or talents can increase with effort are more able to persevere through difficult work tasks, than those with a ‘fixed mindset’ (who believe intelligence, skills or talents are fixed traits).<sup>9</sup> Encourage a growth mindset by praising:
  - **Specific strategies the child used successfully** to get started and/or complete a task (‘You did really well because you took your time and didn’t rush’).
  - **Progress** with tasks. (‘You’ve read three new books this term. Well done’).
  - **Hard work and effort.** (‘The spelling practice you’ve been doing with your Dad has really paid off. Well done’).

Praise strategies and effort rather than natural abilities or the end result. That is, avoid comments like, ‘You’re really good at this’ or ‘Well done you got them all right’. For more information see [Can praise cause students to underperform?](#) or watch Carol Dweck’s [TED talk ‘The power of believing you can improve.’](#)

## Modify homework

- **Check homework instructions.** Ensure the child has recorded homework tasks correctly or been provided with clear written instructions. Also check that the child understands the requirements and has appropriate requisites (books, pens, diary). Teachers can help by having a set day or days when homework is distributed. Parents can help by checking that completed homework is placed in the school bag.
- **Divide homework into manageable components.** Teachers might simply use highlighters to break the task into two or three parts, so the child can tick off each section as it is completed.
- **Set realistic, achievable goals with the child.** Set either a time limit for an activity or a desired number of questions to be completed accurately. Write the goal in the child’s diary and have the parents or the child mark whether the goal was achieved. Give praise when the child meets each goal. You might like to keep a tally of the goals achieved and provide a small reward once a pre-agreed target is met in a fortnight or month.
- **Ask parents to reward the child at home for goal attainment.** Work with parents to provide the child with agreed rewards once homework is completed. The rewards need to be

<sup>8</sup> Reif, S.F. (1993). *How to reach and teach ADD/ADHD children: Practical strategies and interventions for helping students with attentional problems and hyperactivity*. New York: Centre for applied research in education.

<sup>9</sup> Dweck, C. (2006). *Mindset: The new psychology of success*. Random House: USA.



predetermined and agreed to by the parent and child. Rewards could include an additional story read by the parent at bedtime, a sticker, a healthy snack, additional game time, a weekend movie or soccer game, a hot chocolate with Dad, or praise from a parent or relative by phone.

## Use behaviour management to promote cooperation

- **Develop a whole-school management plan for the child** if necessary, so all teachers can be consistent and supportive. The plan should highlight the child's strengths and weaknesses and indicate appropriate management strategies. All teachers need to be tolerant and flexible in their approach to assisting the child. See examples on the Psych4Schools website of student management plans.
- **Develop a behaviour management plan or chart in conjunction with the child.** Ensure all teachers, including elective and casual relief teachers, use the plan to ensure consistency. These techniques are more effective when the child has a role in deciding how they would like to be supported and the consequences for inappropriate behaviour. Use stickers, a congratulatory note home to parents or other rewards at the end of a day or week. If using a behaviour management chart that is completed after each subject or block, ensure spaces are also provided for teacher feedback about behaviour during the transition between classes and during recess and lunch.

## Use strategies to reduce oppositional behaviour

- **Highlight relevant behaviours or rules that are expected *before* you begin an activity.**
- **Remind the child about the next favourable activity.** Know the activities the child likes and remind them one will be available once the task is completed. It is preferable to use an activity that will occur that day rather than one that won't occur for weeks. When using withdrawal of a favourable activity as a consequence, do not withdraw all the activity; tell the child they are at risk of missing part of the activity.
- **Remain calm and in control.** Know what helps you to keep calm and use these strategies to remain in control of your emotions and the loudness of your voice. You are a role model for managing frustration and annoyance.
- **Use planned ignoring of low-frequency behaviours.**
- **Effectively manage low-level disruptive classroom behaviours.** For further information see pages 15 – 17 in the Psych4schools ebooklet, **Working with children who are unmotivated and disengaged in the classroom.**
- **Provide an ultimatum with a choice of options.** For example, 'You can either pack up your things now or stay in at the start of lunchtime and pack them away.' Options are about alternatives, but the task or request remains the same. Another example of an option is saying 'You can sit on the mat or on the chair here with the group' or 'Pick a partner and get a puzzle or a board game to work on together' as an alternative activity.
- **Provide the child with a warning.** For example, 'I asked you to join us on the floor. I won't ask again. Please join us here now or you will lose some of your computer time this afternoon.' Ensure the consequence is in line with the child's behaviour management plan. Do not state a consequence you cannot implement. Keep consequences small and manageable.
- **Have steps to support the management plan** that suits the child's needs. Examples include:
  - Approach the child (as closeness and proximity can work as a containment factor).
  - Gain eye contact – If necessary, bend or squat to the child's level.



- Talk gently but with intent.
- Provide a choice. For example, firmly tell the child they have a choice: they can either come to the mat now, or miss five minutes of computer time at the end of the session.
- If the child at this point is not coping with the request, tell the child they have two minutes to make their choice.
- Check back with the child in two minutes.
- If they choose the desired choice, thank them.
- If the child does not choose the desired choice, implement the consequence.
- **Use hand signals and signs**, if appropriate. Work with the child to develop several hand signals that indicate positive approval (thumbs-up), 'stop and think' (raised index finger), 'I noticed cooperative behaviour' (horizontal pointing finger) and 'stop' (open palm raised towards the child).
- **Provide immediate feedback.** Children with ADHD often have difficulty noticing connections between behaviour and consequences. It can help for them to understand the connection between cause and effect when the effect is immediate. Effective consequences include:
  - time away or time out
  - partial withdrawal of privileges
  - partial withdrawal of favoured activities
  - completing a reflection sheet. This is a set sheet or journal for reflections where the child records the situation that occurred and lists a better alternative or decision. For a child with ADHD a reflection sheet should be a simple template with sentences to be completed and boxes to be ticked.
  - writing a simple apology letter (to themselves, a parent or teacher, another child). This can be done quietly with those children from grades two upwards to lower secondary levels. With younger children, the teacher might scribe for part of the task, or a proforma apology letter, might be useful.
- **Catch the child on task, 'being good' or acting in a pro-social manner.** Use descriptive praise when you see the child acting in a pro-social way. For example, 'Sam, I like the way you asked for help' or 'Thank you, Paige, it was very kind of you to help Akol.' Reinforcing appropriate social behaviour amplifies it as positive, thus promoting pro-social behaviour, rather than the constant negative reinforcement associated with correcting poor behaviour.
- **Actively develop and teach a class code of behaviour**, or rules which are introduced at the beginning of the year, Frame rules as positive statements. For example, 'In our classroom we speak kindly to one another. Revisit the rules regularly throughout the year in classroom discussions and use praise and hand signals to reinforce pro-social behaviour.
- **Teach the whole class 'stop-think' behaviour**, and strategies that encourage children to 'think' before they act. Programs such as 'Stop Think Do' have been developed for use in the classroom to teach whole-class impulse control and to promote positive behaviours. See <http://www.stophinkdo.com> for information.
- **Use time-out sparingly. It is most effective to reduce reinforcement of acting out behaviour.** For example, when the child's behaviour is making other children laugh, time-out is a way of removing a child from a socially reinforcing situation.



## When the child exhibits agitated behaviour, irritability or anger outbursts

Implement agreed and predetermined procedures with the child, and other staff and the principal.

- **Remain calm.** A steady, calm voice can reassure the child and help you to think clearly and reason quietly with the child.
- **Do not talk too much.** Keep your language meaningful, short and clear.
- **Avoid power struggles** by giving the child one or two previously arranged acceptable choices. For example, you may ask the child if they want to go to the 'calm corner' or another pre-designated calm space.
- **To help the child calm down:**
  - **Allow the child to sit on a beanbag by themselves** in the 'calm corner', 'reading corner' or at a desk or table in the classroom to listen to calm music using headphones. Alternatively, they could use the computer for a set period, squeeze a stress ball, hold a light plastic worry bead or similar sensory object.
  - **Avoid 'badgering' or pressuring the child** to return to usual activities or to discuss their inappropriate behaviour too soon. Let the child indicate via an agreed signal when they are ready to discuss or return to the usual program.
  - **Encourage the child to have a sip of water** from their drink bottle or to take one or two responsible buddies to drink from the outside taps.
  - **Suggest the child do a quiet activity from their individual workbox.** Have a range of previously arranged tasks from jigsaws and crossword puzzles, drawing and illustrating, to mathematics sheets and literacy exercises.
  - **Suggest the child take two responsible peers for a walk** around the school oval or agreed location if appropriate.
  - **Give the child a '10-minute cool down' card** that allows them to go to a designated seat in view of the classroom or another area such as a 'buddy' teacher's room, coordinator's office or deputy or assistant principal's office with the goal of returning when feeling calm. To make a '10-minute cool down card' laminate a square of coloured or patterned paper. You may like to put a picture of a calming activity on the card. Speak to the child, or whole class about the cards and when they can be used. Leave the cards on your desk or the child's desk so they can be easily accessed when needed. Monitor use of these cards to ensure they are not abused.
- **If the child is violent** exercise your occupational health and safety responsibilities and duty of care obligations to all students. Calmly direct the class to stand and quietly leave the room and to assemble at a pre-determined designated area or to go to your buddy teacher's classroom. Immediately inform the principal or appropriate senior staff member of your actions and keep the child in view and safe.
- **Choose the time to follow up an incident carefully.** Discuss consequences for unacceptable behaviour when the child is calm and can think and talk rationally. If using a behaviour management chart that is completed after each subject or block, ensure spaces are provided on the chart for teacher feedback about the child's behaviour. Review the plan regularly.
- **Consider implementing a short 'debrief' before school** as a means of sorting out or allowing the 'off-loading' of any problems or concerns from the morning or the previous night at home. The aim is to implement short-term solutions to issues before the school day begins. This five or 10 minutes is also important in establishing a quiet, calm and safe start to the school day.



- **Teach relaxation calming techniques** such as taking three deep breaths, counting to five, saying 'relax, relax' to self or getting a sip of water from their drink bottle or from the outside taps, before returning and starting the day in a designated 'calm area'.

## Involve the child in implicit social skills development

Because ADHD is highly correlated with social rejection and interpersonal conflict it is important to proactively teach and reinforce pro-social skills.

- **Spend a few minutes each day teaching social communication with the whole class.** Social communication activities for one to five minutes a few times per week with the whole class, can be more effective than a separate program in teaching the child age-appropriate social skills. It can be useful to use one quick exercise from a social skills program each day, or ask one question such as, 'What can you do if your friend doesn't want to play with you today?' Have students discuss in pairs and share with the class.
- **Insist on turn taking.** Play games that increase awareness of turn-taking behaviours. Use a prop or 'talking toy', an actual microphone, or other similar object during class discussions, where only the person holding the object is allowed to speak.
- **Point out when the child is intruding on someone's personal space.**
- **Notice and comment on pro-social behaviour immediately.** Catch the child being helpful, kind, taking turns or any other pro-social action and comment immediately on this behaviour. Comments such as, 'I like the way you waited your turn' or 'Thank you for helping Danny with his work' affirm pro-social choices. Also comment on examples of pro-social behaviours from the child's peers, as they provide the child with role models.
- **Use social stories.** Social stories were originally designed for children with a diagnosis of autism, but they can be used effectively with all children. These stories teach children new social skills and can assist them to understand the perspectives and motivations of other people in particular situations. These stories can be tailored to suit the specific needs of the child. For more information about social stories see [Carol Gray's website](#).
- **Select media segments** from G-rated programs or series, or selected excerpts from Teacher Tube, ABC ME, Australian Children's Television Foundation, or British Children's Television Foundation. Choose clips that explore issues such as family conflict and relationships and friendship. Use the clips to talk with the child or the whole class about choosing a pro-social behaviour to solve future problems. Where a psychologist or special education teacher is available, classroom teachers may wish to request support for these media-based teaching sessions.
- **Promote peer relationships.** Talk privately with the child about strategies for specific difficulties; for example, suggest ideas to 'repair' a friendship or ways to speak to others softly rather than loudly. See the Psych4Schools ebooklet '*Children who have difficulty making friends*' when it becomes available.

**Refer the child to a social skills group.** Some schools, university psychology clinics, community health centres and other community organisations have psychologists or social workers who teach social skills to groups of children. These groups focus on teaching the child to interact with others in a socially acceptable, cooperative and enjoyable way. Ensure parental consent is obtained for all participants and the school endorses the program.



## Improve organisational skills

- **Teach the child that everything has a place.** Help the child to develop good organisational habits, to help them avoid losing objects such as books, drink bottles, pens, keys, jumpers and classroom materials. Insist that items used or borrowed are returned to their storage place immediately after use, rather than later.
- **Use visual charts or checklists to identify** what is needed for each different activity for the day. On the classroom timetable, include a checklist of the materials typically requested for each subject, such as a calculator for mathematics, scrapbook for project work, hat and snack for recess, reader and homework folder in the bag at the end of the day. Assist the child to use the checklist to get organised at the beginning of the activity, until they develop independence. For younger children, it may be helpful to include pictures of items. The older child might have a checklist on the inside cover of their workbook or diary listing required materials for each subject. If parents have a copy of the timetable they can remind the child before school of the items needed that day.
- **Assign a buddy to prompt the child.** Choose a responsible and tactful classmate to remind the child about what is needed for the next activity or task. It can be helpful to choose a number of different buddies for class work and elective subjects such as art and sport.
- **Involve the child's parents.** Work with the child's parents to develop independence around getting organised for school. Help the parents to design an organiser for home use.

## Summary

ADHD can be highly disruptive for the affected child and others in the classroom. This ebooklet explains the condition and proposes a range of strategies to help minimise the associated disruption. The particular strategies, or combinations of strategies, adopted will depend on the individual needs and wellbeing of child and others in the classroom. Early and consistent application of management strategies will provide optimum support to affected children.





## Resources

### Books for teachers and psychologists

- Greene, R. (2014). *Explosive Child: A new approach for understanding and parenting easily frustrated, chronically inflexible children*. US: Harper Collins.
- Dawson, P & Guare, R. (2009). *Smart but scattered: The revolutionary 'Executive skills' approach to helping kids reach their potential*. Guilford Press.
- Dweck, C. (2016). *Mindset: The New Psychology of Success*. Random House: New York, USA.
- Pfiffner, L. (2011). *All about ADHD: The practical guide for classroom teachers*, 2<sup>nd</sup> edition. Scholastic Professional Books, 2011
- Rief, S. (2016). *How to reach and teach children and teens with ADD/ADHD*, 3<sup>rd</sup> edition. Wiley.
- National Health and Medical Research Council (2012). *Clinical Practice Points on the diagnosis, assessment and management of Attention Deficit Hyperactivity Disorder in children and adolescents*. Commonwealth of Australia.  
[https://www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/mh26\\_adhd\\_cpp\\_2012\\_1209\\_03.pdf](https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/mh26_adhd_cpp_2012_1209_03.pdf)

### Books for children

- Hoopmann, K. (2008). *All dogs have ADD – Great for explaining ADD and ADHD to children*. UK: Jessica Kingsley Publishers.
- Nadeau, K.G. & Dixon, E.B. (2004) *Learning to slow down and pay attention: A book for kids about ADHD*, 3<sup>rd</sup> edition. USA: American Psychological Association.
- Stumpf, T. (2014). *Journal of an ADHD kid: The good the bad the ugly*. Woodbine house.
- Taylor, J.F. (2013). *The survival guide for kids with ADHD*. Minneapolis, United States: Free Spirit Publishing Inc.

### Websites

- ADDitude <https://www.additudemag.com/>

### Apps

- Time Timer app. <https://www.timetimer.com/products/time-timer-ios-app>

### Psych4Schools ebooklets

Excerpts of all ebooklets are available at:  
<http://www.psych4schools.com.au/free-resources/wwc>



- Working with children with learning disabilities
- Working with children with anxiety

The following resources are available only to Psych4Schools members in Packages at:

<http://www.psych4schools.com.au/members/moresources.html>

- Student self-monitoring time on-task chart (10min/4min)
- What parents can do to help their child with friendships
- Friendship questionnaire
- Learning difficulties screening tool for beginners

## Behaviour support and student management resources

- **Psych4schools Behaviour Support Strategies** - Lists of strategies that can be used in behaviour support plans for a range of issues including building resilience, anxious and worried students, and supporting the child who is bullied. These resources are available to Psych4Schools members at <https://www.psych4schools.com.au/members-area/resources/behaviour-support-strategies/> and an excerpt of these strategies is available to non-members at <http://www.psych4schools.com.au/free-resources/behaviour-support>
- **Bully Stoppers: Behaviour Support Plans.** Victorian Department of Education and Training. A comprehensive guide to writing effective behaviour support plans for students including step-by-step guides, questionnaires and templates. <https://www.google.com/search?client=firefox-b-d&q=%E2%80%A2+Bully+Stoppers%3A+Behaviour+Support+Plans.+Victorian+Department+of+Education+and+Training#ip=1>
- Rogers, B. (2011). *Classroom Behaviour: A Practical Guide to Effective Teaching, Behaviour Management and Colleague Support*. Sage, UK.
- White, L. (2012, December 1). 'No more lists of rules: Ask kids how they want to feel.' The Daily Good. Retrieved from <https://www.good.is/articles/no-more-lists-of-rules-ask-kids-how-they-want-to-feel> - How one class created a classroom charter.

## Resources for building resilience

**Websites** (Resilience programs marked with an \* are free)

- **Positive Education Schools Association website** <https://www.pesa.edu.au/>
- **Institute of Positive Education website.** <https://www.ggs.vic.edu.au/Institute>
- **Authentic Happiness** Approaches to happiness developed at the *Positive Psychology Center*, University of Pennsylvania  
[www.authentichappiness.sas.upenn.edu](http://www.authentichappiness.sas.upenn.edu)
- **Go noodle** – website with 100s of videos to get kids moving including mindfulness, stretching, dancing etc. <https://www.gonoodle.com/>



- **How to help children to flourish:** Resources developed by HandsOnScotland to help promote positive mental health (flourishing) for children and young people  
[http://www.handsonscotland.co.uk/flourishing\\_and\\_wellbeing\\_in\\_children\\_and\\_young\\_people/flourishing\\_topic\\_frameset.htm](http://www.handsonscotland.co.uk/flourishing_and_wellbeing_in_children_and_young_people/flourishing_topic_frameset.htm)
- **Kindness in the Classroom.** Resources by the Random Acts of Kindness Foundation  
<https://www.google.com/search?client=firefox-b-d&q=Random+Acts+of+Kindness+Foundation>
- **Smiling Mind\*:** Mindfulness meditation website and app with classroom resources for children aged 7+ and adults. [www.smilingmind.com.au](http://www.smilingmind.com.au)

### Website blogs and handouts

- Ganim, Z. (2011, July 19). *Resilience: What you think determines the way you feel.* Psych4Schools blog. <https://www.psych4schools.com.au/blog/resilience-what-you-think-determines-the-way-you-feel/>
- Evely, M & Ganim, Z (2015, May 27). 'Good teaching practice to help reduce anxiety – a few ideas.' Psych4Schools blog. Retrieved from <https://www.psych4schools.com.au/blog/good-teaching-practice-to-help-reduce-anxiety-a-few-ideas/>
- Evely, M. & Ganim, Z. (2012). 'What parents can do to help their child with friendships.' Psych4Schools handout (Available to Psych4Schools members only)  
<https://www.psych4schools.com.au/?mr-category=working-with-parents>
- Evely, M. & Ganim, Z. (2012, May 13). 'The foundations for building resilience.' Psych4Schools Blog. Retrieved from <https://www.psych4schools.com.au/blog/foundations-for-building-resilience/>
- Evely, M. & Ganim, Z. (2011). 'Relaxation: Deep abdominal breathing.' Psych4schools handout  
<https://www.psych4schools.com.au/?mr-category=working-with-children>

### Apps, videos and physical resources

- **Beyond Blue's SenseAbility video clips.** <https://www.google.com/search?client=firefox-b-d&q=%E2%80%A2+Beyond+Blue%E2%80%99s+SenseAbility+video+clips>
- **St Luke's Strength/Feeling Cards for Kids (K-12).** Help identify emotions or strengths and skills, for use in goal setting, exploring values, and ice-breaker activities  
[www.innovativeresources.org](http://www.innovativeresources.org)
- **VIA youth survey.** A survey that provides information to help understand the personality characteristics that make individuals authentic, unique and feel engaged  
<http://www.viacharacter.org/www/The-Survey>
- Evely, M. & Ganim, Z. (2014). *Psych4schools Social skills dice – 5 printable Social skills dice templates for students to make and use.* <https://www.psych4schools.com.au/members-area/resources/downloads/social-skills-dice/>

ISBN 978-1-921908-43-9