

Attention Deficit Disorder (ADD or ADHD)

General Overview (updated 2018)

“Attention deficit is a disorder that affects children from the first months of their lives through their school years, through adolescence, and into adulthood.”

Jones (1998:2)

ADD is characterised by symptoms of inattention, impulsiveness and hyperactivity to degrees that are considered inappropriate to the child’s age and stage of development. ADD can generally be classified into two types, being the inattentive type or hyperactive-impulsive type. If both symptoms are present then the diagnosis is a combined type.

Below is a table from Jones (1998:3) comparing the two types of Attention deficit disorder.

<u>ADHD Inattentive</u>	<u>ADHD Hyperactive-Impulsive</u>
Often an easy, mellow baby	Often hard to console, colicky as baby
Tends to have lower verbal interaction	Excessive talking
Daydreamer	Physically active
Greater difficulty paying attention to the main aspects of a task	Difficulty staying on tasks and completing them
Often forgetful in daily activities	Difficulty waiting for turns
Seems unmotivated at times	Excessively impatient

OR, A COMBINATION OF BOTH

Along with the three essential features of the attention disorder, children may also exhibit difficulties with short-term memory, visual motor integration, insatiability, inconsistent performance, and social difficulties. At times a discrepancy exists between intellectual ability and actual productivity and children with ADHD often exhibit a lack of production rather than an inability to learn.

Jones (1998:3)

Developmental Areas

Children may display some of the following characteristics

Social and Emotional Development

- May become easily upset and frustrated with him/herself or others
- May exhibit inappropriate behaviours that result in negative attention from peers
- As a result of negative interactions with others, child may develop a low self esteem
- May exhibit inappropriate behaviours in order to gain attention
- May be withdrawn and go unnoticed
- May seem 'immature'
- Requires help with 'self help' tasks
- Invades the personal space of others
- May be argumentative with other children
- Acts impulsively without considering the consequences
- May attempt to leave class or group activities
- May have problems taking turns

Physical Development

- May experience difficulty with visual-motor integration
- Often experiences difficulty tuning out excessive stimuli in the immediate surroundings
- Poor motor co-ordination
- Exhibits delays in fine motor skills
- Body may appear to be in constant physical motion
- Enjoys participating in rough and tumble play. May show disregard for their own safety and safety of others.
- Crashes into walls and floors
- May also exhibit sensory integration disorder (the brain's ability to organise stimuli and recognise information coming through all the senses)

Language and Communication Development

- May require professional speech and language evaluation
- High percentage of preschool age children may exhibit speech and language problems
- Speech may lack fluency and be disorganised
- May lack ability to control or predict consequences of their words and say inappropriate things at the wrong time (Jones, 1998:29)
- Lack communicative control
- Listening skills are often poor
- Lack of attention contributes to poor listening habits (Jones, 1998:29)
- Unable to follow simple instructions
- May interrupt or talk excessively.

Cognitive Development

- Has difficulty focusing on tasks – easily distracted by sounds or visual stimuli
- Learning difficulties may result from inability to focus or pay attention
- May be unable to finish or complete a desired task in an appropriate way e.g. direct refusal to pack toys away and complete game
- May become overwhelmed or frustrated with new or challenging tasks.
- May be forgetful. Might forget instructions or be prone to losing things.

ADHD Inclusion Strategies

Each child diagnosed with **ADHD** will be different and individual. It is important to gain information from the parents as to what characteristics of **ADHD** their child displays. It is important to work closely with the parents as well as any additional support specialists e.g. therapists who may be involved with the child. It is also important to gain an understanding from the parent as to what is the most important aspect of their child attending your service. What is it that parents hope to gain from using your service? The following inclusion strategies are just some examples which may be applied to support the inclusion process. This list is only the start and it is dependant on a variety of factors such as environment, length of time child is in care, child's interest, likes, dislikes, skills already achieved. The strategies are divided into developmental areas however some strategies overlap and assist in a variety of developmental areas.

Social and Emotional Development

- Support children's social development by recognising and positively reinforcing their successful social interactions.
- Talk with the group about appropriate social behaviours in a positive way and provide picture cues to prompt children's language e.g. sharing, listening, keeping hands and feet to themselves.
- Be consistent in your disciplinary interactions with the child.
- Focus on what the child can do and provide opportunities for the child to engage in experiences that they are really interested in. This helps to build their confidence and self esteem.
- Maintain a calm environment that promotes emotional security through consistency.
- Planned relaxation & quiet activities can assist children in maintaining a calm state.

Physical Development

- Provide opportunities for children to challenge themselves and expend excess energy.
- Provide obstacle courses and outdoor experiences such as throwing bean bags at a target. These opportunities allow children to expend energy and aggression while developing hand-eye co-ordination and motor planning skills.
- Experiences that enhance visual motor integration such as fine motor tasks including pre-writing skills may be helpful.
- Use strategies such as playing soft music or redirecting to a quiet activity when the child becomes over-active.

Language and Communication Development

- Provide a plan for the daily events/routine and discuss this with the child so they know what comes next e.g. morning greeting, outdoor play, morning tea, music, indoor play, lunch, rest.
- Provide pictorial cues to accompany the routine so that children with ADHD/ADD can anticipate what comes next. Establish a routine for transitions e.g. when indoor play is about to finish, give the children a warning by playing music for them to tidy up to.
- Ensure the child gives eye contact before giving them information. Use cues such as saying the child's name or saying 'are you ready to listen?' before giving a key instruction.
- Use clear and simple instructions, ensuring instructions have been understood before giving more. Asking them to repeat the instruction after it has been given can be a useful way to check they have heard and understood.

Cognitive Development

- Set achievable goals and tasks for the child that they are capable of achieving.
- Ensure experiences provided are within the child's capacity for maintaining attention.
- Use teaching techniques that avoid the possibility of making mistakes to build confidence and use strategies that prevent any tendency for 'switching out' behaviour.
- Remind children of routines regularly.
- Give instructions that the child is able to understand.
- Reinforce learning with concrete representation.
- Avoid tasks that frustrate the child.

Reference

The Royal Children's Hospital Melbourne (updated 2012) **ADHD – An Overview**
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