

Keeping you informed

Children with AD/HD: Best Practices for Promoting Positive Behaviour

AD/HD Awareness Month is celebrated every October, with events and activities happening all across the country and now, around the world.

The Facts about AD/HD

AD/HD is a neurodevelopmental condition that begins in childhood and can continue across the lifespan. It is characterised by symptoms of inattention, hyperactivity and impulsivity. Three types of AD/HD can be diagnosed through behavioural analysis, as an inattentive type, a combined type and a hyperactive/impulsive type. The type of AD/HD diagnosed depends on the most predominate set of symptoms.



Inattentive behaviours can include:

- does not seem to hear you when you ask them to do something (needing to ask a number of times to get a response)
- not following through on what you ask, despite agreeing to do so (e.g. put your bag away)
- easily distracted from a task by noises or own thoughts (hard to keep attention on the task at hand)
- daydreaming in class so that important instructions or teachings are missed
- not following safety instructions (e.g. “Stop the scooter at the corner”)
- losing important belongings (e.g. school jumpers, library books, lunch boxes, travel passes, school permission notes, phones and chargers)
- forgetting to bring homework books home
- forgetting to do homework or return homework to school
- not looking after important belongings (e.g. homework or school photos crushed in school bag, lids left off glue)
- starting a task but not completing it, often due to getting distracted or bored
- messy and disorganised bedroom (e.g. drawers and doors left open, rotting food in old lunchboxes)

- leaving doors and windows unlocked if last to leave home (teenagers)
- losing track of time and regularly running late / poor sense of time.

Hyperactive behaviours can include:

- running off at school
- climbing up furniture, trees, fences in an unsafe manner despite being asked not to do so (preschool, primary school)
- not remaining seated in the classroom
- constant chatter or talking too loudly and at the wrong times
- interrupting other people's conversations because unable to wait
- difficulty getting to bed, staying in bed, or getting to sleep at night
- throwing things in the classroom without thinking (e.g. balls) and therefore breaking windows or furniture by accident.

Impulsive behaviours can include:

- being disruptive in class, perhaps trying to entertain people
- starting an activity without thinking through the consequences
- rushing through activities without doing them properly in order to get them done (e.g. homework)
- impulsively speaking without realising the comment might be inappropriate
- difficulty keeping secrets when asked
- difficulty tolerating boredom (opting for stimulating activities)
- getting excited about something new then quickly losing interest
- difficulty persisting with activities that require commitment and practice unless very interested (e.g. learning an instrument or language, maths practice)
- overeating and making poor food choices
- smoking or drinking or impulsive sex (in teenage years)
- running up bills for excessive phone use or TV/music downloads
- careless spending of pocket money or other savings

- difficulty resisting the stimulation of social media, internet, TV and gaming
- engaging in risky impulsive activities, typically when revved up in the company of friends (e.g. train-surfing, shopping trolley joy-rides, shoplifting minor items).

The Australia Child and Adolescent Survey of Mental Health and Wellbeing (2014) found AD/HD to be the most commonly diagnosed mental disorder of childhood with 7.4 per cent of all children and adolescents diagnosed. This equates to 312,000 children based on the 2015 population.

Boys are more likely to be diagnosed than girls with a ratio of 4:1.

Many children with AD/HD experience executive functioning difficulties that impact their learning and behaviour at school. Children with AD/HD are often poorly organised, unable to sustain attention, find it difficult to stay motivated, are slow to finish tasks, have problems listening to instructions and have poor self-awareness. They struggle in both the classroom and the playground.

AD/HD in Schools

It is well known that school is a difficult place for children with AD/HD. Children with AD/HD tend to underachieve, have learning difficulties, are more likely to have school suspensions and suffer from low self-esteem.

It can be very difficult for teachers to differentiate AD/HD symptoms from poor behaviour. Inattention can look like refusal to listen, restlessness can be irritating to peers and impulsivity can cause conflict in playground games. The problem can be summed up by the phrase “won’t he or can’t he?” i.e. should the child be punished for poor behaviour or supported because they are struggling as a result of a disability.

It is well established that suspension, expulsion or exclusion from school is not effective in changing a student’s behaviour. Instead, teachers and schools should look at promoting positive behaviours in order to improve the behaviour of students with AD/HD in their classrooms.

Promoting Positive Behaviour

Most children with AD/HD require classroom and playground accommodations to function optimally. A well devised Individualised Education Plan can be helpful – the keys to success are providing more structure, routine and clear boundaries.

Young people with AD/HD can need more support with self-management and organisation, and can often have difficulty with social situations. Teachers should aim to control the delivery of their message to include peer or role modelling as well as low expressed emotion. Any strategy should avoid setting the young person with AD/HD up to fail, but instead should seek to engage before directing the young person.

Some practical teaching and learning strategies include:

- clear and concise instructions to enhance the ability to comply
- asking questions to actively engage the student
- being the teacher's assistant to help students participate in the lesson
- a daily routine that outlines timing and stretch breaks to assist with staying on task
- using a computer to help maintain interest and attention for longer and to add motivation
- breaking tasks down into small manageable pieces to be submitted at regular intervals, so that feedback can be given at all intervals
- for homework, good planning and communication with parents.

Teachers with students who have AD/HD should set clear rules and expectations and be generous with strategic praise. Students with AD/HD deserve praise for achieving seemingly simple things other children can do without much effort, e.g. staying in their seat or putting up their hand before speaking. Positive attention and reinforcement, in turn, promote positive behaviour.

For further information on managing AD/HD in the classroom, please visit our website www.adhdaustralia.org.au.

About the Authors

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Both are Board Members of [ADHD Australia](http://www.adhdaustralia.org.au), a voice for positive change for people living with AD/HD.



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