



Submission to Minister for Education and Skills 26/05/2015

The Irish National Council of AD/HD Support Groups is an umbrella organisation for the AD/HD support Groups through-out the country. The Support Groups operate at a local level and provide services such as information, advice and emotional support to the families of children with AD/HD. Some also operate a telephone help-line and organise activities such as seminars and summer camps. INCADDS as the national organisation is responsible for the co-ordination of these support groups. INCADDS also provides information to the Minister of Health and Children and the Minister of Education and Science on the disorder.

It is the core mission of INCADDS to ensure that the difficulties for sufferers of AD/HD are minimised by the development and promotion of early diagnosis; the promotion of appropriate and comprehensive person-centred treatment; and by raising awareness of the disorder so that its sufferers will be better understood. In addition, AD/HD want to ensure that the families of sufferers of AD/HD are adequately supported so that they in turn can support their children and relatives.

Attention Deficit Disorder

According to the Joint Oireachtas Committee on Health and Children report (1999), there is good evidence that AD/HD has a biological basis, is strongly familial and is caused by a genetic abnormality. The report goes on to say that 'even though the exact cause of AD/HD remains unknown, we do know

that AD/HD is a neurological-based medical problem and is not caused by poor parenting and diet' (page 10). The latter has often been blamed in the past for the behaviour of a child suffering from this disorder, a fact that has often lead to feelings of guilt and inadequacy amongst parents and siblings for whom dealing with the behaviour of a child suffering from AD/HD can be extremely difficult. In 1980 the diagnosis of AD/HD was first recognised in the Diagnostic and Statistical Manual of the American Psychiatric Association as being characterised by the attention skills that are developmentally inappropriate, impulsivity, and in some cases, hyperactivity. (Joint Committee on Health and Children, 1999).

Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (AD/HD) is characterised by

- Specific Learning Difficulties
- Speech and Language problems
- Dyspraxia (i.e. clumsy, butter-fingered and poor physical co-ordination skills)
- Oppositional Defiant Disorder
- Conduct Disorder
- Mood Disorders
- Low Self Esteem

However, like many disorders, ADD and ADHD are defined by a set of behavioural characteristics of which no single one is diagnostic. The severe form is marked by chronic behaviours with onset in the pre-school years. Milder forms first manifest themselves about the age of 7 years. AD/HD is one of the most common disorders in childhood. It is highly prevalent – it is thought that it affects between 1% and 5% of children (Working Group on Child and Adolescent Psychiatric Services, 2001) and it affects 3 to 4 times as many boys as girls. In addition, it is thought that the number of children whose difficulties are best understood in terms of AD/HD is likely to increase substantially in the coming years. AD/HD can interfere with development in a variety of areas and is relatively persistent across settings such as home, school and leisure time activities. (Joint Oireachtas Report, 1999, p. 9). Children suffering from AD/HD are frequently described as being anti-social, hyperactive or unintelligent, while parents are incorrectly criticised for their 'poor parenting'. This can and does lead to problems such as low self-esteem, demoralisation, problems with peer relationships and even childhood depression. In adults, the consequences of living with AD/HD can lead to problems with self-confidence, social difficulties, job related difficulties, the inability to form and maintain relationships and depression.

The Working Group on Child and Adolescent Psychiatric Services (2001) recommend a comprehensive approach to the management of treatments that requires inputs and co-operation from the patient, the

parents and the school. Treatment of AD/HD is best provided, the Working Group states, by a multi-disciplinary team. Effective treatment generally requires a multi-modal approach which includes the following components:

- Early assessment/diagnosis and formulation of a management strategy
- Behaviour management training
- Special educational support at school
- Medication when appropriate
- Support for families

The outcome for sufferers of AD/HD who are diagnosed and treated is very positive. However, the survey carried out for the Joint Oireachtas Committee on Health and Children (1999), indicated that there was a substantial time lapse in the age the problem was first presented to a professional and the age of diagnosis for a substantial number of children.

In addition, services for children and adults with AD/HD are seriously deficient. Parents report a hugely disparate experience with professionals dealing with the disorder, with some stating that their experience was overall a positive one but others reporting that some professionals do not even have basic information on the disorder. Furthermore, many parents have reported on the inadequacy of treatment and facilities for their children, with some having to fight in the courts to have the rights of their children met. Finally, many parents also noted the lack of co-operation between professionals from different disciplines such as GP's, Psychologists, Teachers, the Gardaí and the Judiciary.

The support for young adolescents attending Secondary School is very poor, they have only very infrequent visits to the C.A.M.H.S. teams with very poor outcomes. The service is very clinical with little or no understanding of the young adolescents trying to cope on a daily basis.

To Address Academic Skills

- If reading is weak: provide additional reading time; use "pre-viewing" strategies; select text with less on page; shorten amount of required reading; avoid oral reading. If the child also has dyslexia or dyspraxia difficulties, they should be referred for specialist support.
- If oral expression is weak: accept all oral responses; substitute display for oral report; encourage student to discuss their new own experiences; pick topics easy for students to talk about.
- If written work is weak: accept non-written forms for reports (i.e. displays, oral, projects etc.); accept use of typewriter, word processor or tape recorder; do not assign large quantity of written work; test with multiple choice or fill-in questions. Do not insist on neatness and redoing untidy work this will alienate the child from writing. For younger children, teaching basics like pen grip,

letter flow and size are essential- A specialised approach may be needed with an occupational therapist.

- If Maths is weak: allow use of calculator; use graph paper to space numbers; provide additional maths time; provide immediate correctness feedback and instruction via modeling of the correct computational procedure.
- Younger children may be overwhelmed to see a full page of Maths problems - consider using a "Maths window" that will display only one problem, helping them to focus better.
- Older children may find sentences in Maths confusing. Sequential learning in algebra, long division and fractions all cause difficulties. The child with ADD/ADHD may require extra support with these concepts.
- If English literature is weak: for the older child - discover what works and focus on strengths. Be proactive and creative to stimulate interest. For example, when studying Shakespeare, a video or CD may be available.
- If exams are likely to present problems: children with specific difficulties may be eligible for special examination arrangements at Junior and Leaving Certificate. More intensive coaching in revision and exam techniques may be required.

To Address Attention Difficulties

- Seat the student in a quiet area near the teacher, and near a good role model, mindful of not isolating the child from the rest of the class, or inadvertently stigmatising the child by seating arrangements.
- Consider appointing / identifying a "study buddy" - someone who will work well with the student with ADD/ADHD, and if possible could provide support in note-taking. Increase the distance between desks and ensure eye contact when giving instructions.
- Shorten assignments or work periods to coincide with span of attention e.g. use a timer, enabling the student to see an end to work. Give assignments one at a time to avoid work overload and allow extra time to complete assigned work. Follow difficult tasks with preferred tasks. Look for quality rather than quantify during class time and remember this when assigning homework.

To Lessen Impulsiveness

- Expect the unexpected and anticipate pro-actively.
- Set up behaviour contracts with the student, to cover areas both in class and during free time. Supervise closely during transition times.
- Instruct the student in self-monitoring of behaviour i.e. hand raising, calling on the student only when hand is raised in appropriate manner, and praising accordingly.
- Ignore minor inappropriate behaviour, comments and questions.
- Increase immediacy of rewards and consequences using time-out procedure for misbehaviour. Use "prudent" reprimands for misbehaviour i.e. avoid lecturing or criticism and attend to positive behaviour with compliments.
- Remind the student to check over work product if performance is rushed and careless.
- Be aware that Impulsiveness may be a response to a difficult interaction or situation.

To Minimise Excessive Motor Activity

- Allow student to stand at times while working, provide alternative seating where possible.
- Provide opportunities for "short breaks" i.e. running errands etc.
- Provide short breaks between assignments.
- Supervise closely during transition times.

- Give extra time to complete tasks (especially for students with slow motor tempo).

To Manage Mood Variations

- Frequently compliment positive behaviour and work product. Look for opportunities for student to display leadership roles in class-
- Review instructions when giving new assignments to make sure the student understands the task. Look for signs of stress build-up, and provide encouragement or reduced workload to alleviate pressure and avoid temper outburst.
- Liaise frequently with parents to learn about student's interests and achievements outside of school. Send positive notes home - as this will boost the student and the parents.
- Encourage social interactions with classmates if the student is withdrawn or excessively shy.
- Make time to talk alone with the student, and try to spend more time talking to student who seem pent-up or display anger easily.
- Look for ways of providing brief training in anger control, encourage student to walk away, use calming strategies.

To Improve Recall

- Consider using a multi-sensory approach i.e. seeing, saying, writing, doing, Visualization, mnemonics and memory techniques are worth trying.
- Role-playing activities can help with recall and are usually considered to be fun.
- Computer-assisted instruction will help.

To Improve Organisation

- Assist pupil with personal organisation e.g. regularly check desk and notebook for neatness.
- Ask for parental help in encouraging organisation and send daily/weekly progress reports home. Facilitate students to have extra set of books at home, if possible.
- Reward tidiness rather than penalise sloppiness. Be willing to repeat expectations. Do not penalise for poor handwriting if visual deficits are present, and encourage learning of keyboard skills to address this.
- Allow students to tape record assignments or homework.
- Arrange for peer support.
- Keep worksheet format simple and keep materials needed to hand.
- Give assignments one at a time and assist students in setting short-term goals,

To Encourage Compliance

- Praise compliant behaviour and give immediate feedback. Ignore minor misbehaviour.
- Seat the student near the teacher and use teacher attention to reinforce positive behaviour. Use "prudent" reprimands for misbehaviour (i.e. avoid lecturing).
- Set up a behaviour contract with the student and Implement a classroom behaviour management system. Instruct the student in self-monitoring of behaviour.

- Punishments such as "100 lines" cause more difficulties for children with ADD/ADHD . Short specific assignments involving some degree of learning or additional practical tasks may be more beneficial.

Assemblies

- Be aware that assembly is usually a vulnerable time for a student with ADD/ADHD, as it is not as closely supervised as regular class-time. The student may be susceptible to bullying, fidgeting or may have difficulty settling down. Arrange for the student to be monitored from a distance when attending assembly.
- Introduce a calming-down period just before assembly starts. Keep assembly short; understand how difficult it will be for some students to sit quietly without fidgeting. Ignore minor disturbances caused by the student fidgeting - they cannot help it.
- Consider allowing the student to have something to fidget with, such as a stress toy.

Signed by *Rosemary Kavanagh*

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