

# GUIDELINES FOR EDUCATORS

## WORKING WITH ADHD STUDENTS





# CONTENTS

<u>Introduction: ADHD as a Problem and its Role in School Drop-out.....</u>	3
<u>1. Identifying Children with ADHD (signs, symptoms; its specific characteristics for the adolescents; the diagnostic test).....</u>	5
<u>2. Organizing the Classroom Environment Specifically for Children with ADHD.....</u>	10
<u>3. Building Teacher-Student Relationships; School Compliance; Avoiding Labeling.....</u>	13
<u>4. Recommendations on Introducing the Learning Material and Giving Home Assignments for Students with ADHD.....</u>	16
<u>5. Teacher’s Feedback for Encouraging ADHD Students’ Adaptive Behavior and Setting Certain Behavioral Limits.....</u>	20
<u>6. Teacher-Parent cooperation: some Psychological Tips for Parents on How to Deal with ADHD Children.....</u>	24
<u>7. Building Teacher’s Resilience (to prevent their emotional burnout).....</u>	26
<u>References.....</u>	28

## Appendix



## Introduction: ADHD as a Problem and its Role in School Drop-out.

**ADHD** is a polymorphic clinical syndrome, the main manifestations of which are impaired ability to control and regulate the child's behaviour, manifested by **motor hyperactivity, attention deficit disorder and impulsivity**.

With **ADHD**, hyperactivity, impulsivity and attention deficit disorder are so pronounced that they significantly hamper learning, social adaptation and the child's overall psychological development.

**ADHD** is a neuropsychiatric disorder, meaning that it is caused by biological features of the structure and functioning of the brain, not by poor parenting, food allergies, environmental factors, etc

**ADHD** is one of the most common behavioural disorders in children. According to various studies, the prevalence of **ADHD** in different populations ranges from 3 to 20% according to DSM-IV criteria. That is, at least one in thirty children has **ADHD**, which means that there is at least one such student in every classroom.

Unfortunately, despite this prevalence, this disorder is often undiagnosed or diagnosed late or incorrectly - and therefore, most children do not receive timely and appropriate care, which leads to undesirable secondary problems and psychosocial consequences, including school maladjustment, school dropouts, impaired psychological development, and significant behavioural and social problems both in childhood and adulthood.

Although the causes of the disorder are biological, the child's developmental prognosis and future depend primarily on psychosocial factors. In the case of negative interaction with the social environment, a child with **ADHD** may develop manifestations of psychosocial maladjustment, i.e. behavioural problems in the form of aggressive, oppositional and antisocial behaviour; lack of social and communication skills; academic failure at school; and as a result, negative self-esteem, impaired personality development, and concomitant mental disorders.



It is worth noting that most of these secondary problems are not a sentence for the child and can be corrected with timely, competent help and support from the child's microsocial environment (family, school, team). Based on a large number of studies and accumulated clinical experience, modern, evidence-based treatment protocols have been developed that can significantly reduce the severity of symptoms and prevent secondary complications, and thus improve the overall prognosis of the family, child, and society.

Awareness of the neuropsychological characteristics of a child with **ADHD** is extremely important for teachers, as it is a prerequisite for an appropriate pathogenetic concept of upbringing, education and assistance to children with **ADHD**.

Despite the fact that the **causes of ADHD** are **biological**, the main **modulating factors** that affect the manifestations of **ADHD**, the child's psychological development, the likelihood of

secondary complications, and the child's prognosis in general are psychosocial, and they can play both a protective (protective, resource) and an adverse (negative, didactic, psychotraumatic) role. These factors include the characteristics of the child's family, the quality of his/her relationships with relatives, the characteristics of teachers, the social environment of peers and the school (Batley 1996).

**ADHD** is a biopsychosocial disorder by its nature, and it is the complex interaction of biological factors, individual psychological characteristics of the child and his or her social environment that determines the dynamics of the child's development and prognosis. Therefore, assistance to children with **ADHD** should be biopsychosocial, and must include the involvement of teachers and modification of the learning environment to maximise the desired result, that is positive self-realisation of a child with **ADHD**.



# 1. Identifying Children with ADHD (Signs, Symptoms; its Specific Characteristics for Adolescents; Diagnostic Test)

The role of teachers is often crucial in the early detection of ADHD. It often happens that due to lack of public awareness of ADHD, many children are not diagnosed in a timely manner, are not referred for appropriate help, and are not provided with appropriate support strategies at school.

The behaviour of a child with ADHD is highly variable. In different environments such a child can behave very differently, as the child's behaviour is not controlled by internal rules, but is a reaction to external stimuli and factors that are present "here and now". This is the reason why in one environment, ADHD symptoms will be very pronounced and the child's behaviour will be "problematic", and in another, not at all.

It is worth remembering that no two children with ADHD are alike, as this disorder has many faces and a wide range of possible manifestations and consequences for the child's future. However, due to the peculiarities of the school environment, it is at school that the manifestations of ADHD can be most obvious.



# KEY SYMPTOMS OF ADHD

**01**

motor hyperactivity and difficulties in restraining oneself in situations where it is necessary to sit/silence for a longer time

impaired concentration, especially in situations where there is no interest or many distractions

**02**

**03**

impatience (thus, it is difficult to wait, not to interrupt others, etc.)

impulsivity (tendency to act without assessing the consequences of behaviour, risk)

**04**

**05**

difficulties in self-organisation (in particular, forgetfulness, frequent lateness, disorganisation, etc.)

difficulties in maintaining motivation, especially for tasks that are not interesting and do not lead to immediate results

**06**

These manifestations in the areas of hyperactivity, inattention and impulsivity are much more pronounced than in peers and lead to disorders in various areas of life (learning, relationships, etc.).

**A number of different ADHD assessment tools can be used (see Appendix).**

However, teachers should be careful about making a diagnosis of ADHD on their own and preferably delegate this function to competent professionals, given the risk of error, as motor hyperactivity and inattention can be symptoms of many other childhood disorders.

The consequences of having ADHD are problematic behaviour in the classroom and at school in general, problems with school performance and relationships with classmates and teachers.

It is important to note that children with ADHD do not have completely absent frontal cortex executive functions, and it is not true that they will not mature at all with age. They also go through the process of age-related maturation, but compared to their peers, the degree of development of functions is always somewhat lower than that of a biologically younger child.

### *In adolescents*

Adolescence is a natural continuation of the previous stages of a child's development and, accordingly, a continuation of problems or, conversely, the experience of overcoming them. In addition, it is an age that itself contains a component of the inevitable age crisis. Therefore, it can be a particularly challenging time for families and teachers in terms of conflict over rules and expectations for student behaviour.

The emancipatory aspirations of an adolescent, his or her need to behave independently and do "adult" things, combined with the inability of a person with ADHD to assess the risks and consequences of their actions, can lead to new undesirable manifestations of problematic behaviour, such as alcohol and drug abuse, driving without permission or while intoxicated, etc. The frequency of accidents, road traffic accidents and offences is also increasing.

Another task of adolescence is the discovery and integration of sexuality, which, due to impulsive, ill-considered actions, can have undesirable consequences for some adolescents with ADHD, including unplanned pregnancy, sexually transmitted diseases, etc.

For those children who have had many secondary problems since the previous age stage, difficulties with academic and social performance, self-esteem, social isolation and the experience of rejection in adolescence can lead to the development of depression and related substance abuse or suicide attempts. As for the symptoms of ADHD, adolescence is characterised by a certain pathomorphosis and modification. In particular, there is a significant decrease in motor hyperactivity.

Unfortunately, other symptoms of ADHD, although they may ease with the age-related maturation of the brain, remain in the future. These include *impulsivity, problems with self-organisation and planning, attention deficits, and emotional control*. The resulting problems in social relationships (in particular, communication difficulties), learning and self-organisation of behaviour in general also continue. However, the significance of these problems in adolescence is somewhat different. Since relationships and self-affirmation among peers are much more important for adolescents than for primary school children, it is clear that unpopularity, loneliness and the experience of rejection or ridicule will be perceived much more difficult. Accordingly, the risk of aggressive behaviour in response or the risk of seeking membership of an antisocial group increases. For some adolescents, this can lead to more

"internalised" problems, such as depression or social phobia, etc. The same applies to academic failures, such as repeating a grade or dropping out of school. For many adolescents these failures mean that they have no prospects for higher education, a profession, or even completing secondary school

Given this slightly different pattern of symptoms, including the absence of severe motor hyperactivity, most adolescents with ADHD who are not diagnosed at an early age have low chances of receiving a proper diagnosis and appropriate treatment. In addition, if adolescents with ADHD do come to the attention of mental health professionals, it is usually with secondary problems such as depression, aggressive behaviour, alcohol abuse, etc. Behind the mask of these disorders, it is not easy to spot ADHD and, accordingly, to provide specific help.

When working with children with ADHD, it is important that teachers are clear about their tasks and see their work with the child in the context of the child's development and preparation for adulthood.

At the same time, the general goals should be individualised and aimed at achieving specific tasks in working with each child.

**Instructional video:** <https://youtu.be/ehvhjWe1kjs>





## Teachers' goals in working with children with ADHD and their parents:







## 2. Organizing the Classroom Environment Specifically for Children with ADHD

**Children with ADHD need frequent, immediate, effective rewards for good behaviour and negative consequences for problematic behaviour.**

The behaviour of children with ADHD is determined by environmental factors more than by internal rules, directives, etc. Therefore, the first way to influence the behaviour of a child with ADHD is to organise the environment accordingly. The notion of organising the environment goes beyond the physical space and therefore must meet the following requirements.





- 1** the environment should be clearly structured, understandable and predictable for the child


-  it should operate according to clear rules. There should be clear signs and reminders to the child about the required behaviour

**2**
- 3** in a supportive environment it should be as interesting as possible, and thus help to reduce problems with inattention


-  in a supportive environment, desirable behaviour should be encouraged by immediate, frequent and meaningful rewards, and problematic behaviour should result in immediate, meaningful negative consequences

**4**
- 5** the environment should be organised in a way that anticipates and prevents problems


-  it is very important that the "structuring" of the environment is clear to the child and that the basic rules of behaviour are clear, visible, and visually embodied (on the wall or on the desk); that the child understands why these rules are important and knows the consequences of following or breaking them

**6**
- 7** having clear and predictable school day schedules can also greatly facilitate the child's functioning


-  a child with ADHD needs external cues, clues and signals to guide his/her behaviour, and it is important that the environment is rich in such cues and that the teacher is an effective 'regulator'

**8**

Staying close to the child gives the teacher the opportunity to use eye contact and appropriate gestures to guide the child to the desired behaviour without having to say anything.

Other ways of signalling to the child can be more general and addressed to the whole class, e.g. when the noise level is too high, switching the lights on and off, ringing a small bell, etc.

The teacher should optimally be mobile and be able to move freely around the classroom during the lesson. In order to effectively guide students and influence their behaviour, it is important for the teacher to understand the role of his or her simple presence, an accessible distance to the student, as often, just approaching the teacher is enough for the student to "wake up" and start doing what is supposed to be done. At school, there are fewer opportunities for radical changes than at home, but you need to modify the classroom creatively within the limits of what is possible. It is advisable to have the child sit closer to the teacher and away from possible sources of distraction (window, cupboard, etc.). It is good when a child sits with a peer who is a model of good behaviour, and vice versa, it is undesirable to sit two children with behavioural problems next to each other.

**Instructional video:** <https://youtu.be/DCIfNaskXhM>



### **3. Building Teacher-Student Relationships; School Compliance; Avoiding Labeling**

It is important for teachers to understand that they (and the school as a whole) teach children about life, and this requires not only academic knowledge, but also the ability to build relationships with people, the ability to cooperate, to create a center of mutual respect, respect for everyone's rights, and awareness of responsibility towards each other.

In the deepest context, education is really about shaping a person's personality, nurturing the values of humanism, democracy, and justice.

A positive relationship between a teacher and a child is extremely important. This is the foundation of education and behavioural guidance, so it is really important for the teacher to know the child, understand his or her special difficulties, not to personify the child's behavioural problems, believe in him or her, and want to help.

The relationship that will develop between them depends on the teacher's attitude to the child and the relationship determines the child's motivation to cooperate, learn, behave properly, etc.

Despite the fact that much depends on the teacher's personality, this does not diminish the need for certain actions and efforts by the teacher to build positive interaction with the child, because good relationships are not something that happens by itself, but something that can be built.



## Very specific ways to build good relationships are the following:

1

Greeting your child in person every day



2

Using different opportunities to communicate  
(e.g. during a break - "How are you? How was your weekend?")



3

Non-verbal expressions of positive attitude  
(e.g., an approving smile, an encouraging gesture, etc.)



4

Attention to the child, kindness, support



5

Noticing and celebrating the child's successes (including in front of the class), positive personal traits and abilities



6

Avoiding humiliating criticism, incorrect forms of remarks, etc



7

Emotional, creative, exciting lessons with the involvement of children, their active participation in the lesson, encouraging cooperation



A great danger is the perception of a child with **ADHD** as "defective" or inferior because of his or her disorder; stigmatisation and prejudice against a child with **ADHD** as incorrigible, "evil" in nature, genetically programmed for aggression and antisocial behaviour.

It is important to help a child with ADHD find his or her place in a team where each person is valued, where everyone has their own abilities and limitations, and therefore can complement each other and become a team. Negative labels, comparisons of "who is better", etc. should be avoided.

It is important to encourage cooperation and mutual assistance between children, rooting for each other's success, and the realisation that a good team gives the best results when "we both win if we cooperate, and together we can achieve much more than we can do on our own".

It is necessary to create opportunities for children to work in subgroups towards common goals, as well as to learn to cooperate and be a team member. Therefore, it is important to turn learning tasks into opportunities to work together on a specific "project", involve everyone in it, distribute responsibilities and help each other. This gives children the opportunity not only to discover the team model, but also to learn important social skills and apply them immediately (communication skills, joint problem solving, conflict resolution, mutual assistance, etc.)



## 4. Recommendations on Introducing the Learning Material and Giving Home Assignments for Students with ADHD.

Children with ADHD have difficulties in all those situations when they need to organise their activities in accordance with a certain internal plan, monitor the timing and phasing of this plan. They have very common problems with time management. Mostly, children with ADHD have difficulty studying, organising independent and timely completion of lessons or homework, packing their bags for school in the evening, and getting ready in the morning.

The main recommendation can only be an interesting, "multisensory", "frequent frame change" presentation of educational material in the classroom, active involvement of children, a clear structure with a fairly frequent change of tasks and activities. And only of secondary, but nevertheless important issue is the strategy of reducing extraneous stimuli, for example, to put the child on the first desk, preferably not near the window, etc. Studies have shown that even in a sensory "sterile" classroom, if the teaching style is not interesting and stimulating, the child will be distracted; and even if there is nothing to distract them, their attention will simply shift to the inner world.

Children with ADHD have great difficulty doing something that is not very interesting or enjoyable (homework, housework, cleaning toys, etc.) and often give up, do not finish the task, or resist it altogether. Here, you need to be able to either make the task interesting or find an additional way to reward the child to motivate them to act (for example, if you do your homework well, you can go for a walk).

Due to the inability to inhibit impulses and think before acting, children's actions are often not timed, or, as neuropsychologists say, children with ADHD have a very narrow internal window of time, i.e., they have no time to look into the past or predict the future when they act.

Awareness of the central deficit in the behaviour of children with ADHD caused by a narrow window of internal time also shows the only pathogenetically sound mechanism of influence on these children: *in order to influence their behaviour, it is necessary to be "close" to the child, ensure close monitoring of their behaviour and organise a system of rewards and punishments that operates in the "here and now", motivating the child to take appropriate actions.*

A child with ADHD needs immediate, frequent and strong rewards and punishments that are meaningful to him or her, and this is the only way to keep his or her behaviour on track.





## Strategies to reduce problems with inattention:

**A**

the main way to reduce inattention problems in the classroom is to make lessons interesting and engaging

**B**

children with ADHD have problems with inattention not because they cannot concentrate, but because they find it difficult to keep their attention on something that is not interesting to them

**C**

for a child with ADHD to focus on work, the lesson should be structured like a cartoon. i.e. structured, with an interesting plot and sequential unfolding of events, with frequent changes of activities, the possibility of active involvement of children in the lesson, using visual examples and practical tasks

**D**

the best way to present information is in a "multisensory" way, bright, emotional, etc. At the same time, in order not to "overstimulate" a child with ADHD, it is important to follow clear rules of behaviour in the classroom and often encourage the child (for example, praise, smile, gesture) for good behaviour, attentiveness and activity

During the lesson, the teacher can use small "tricks", such as intriguing children with open-ended questions, using humour, telling stories and giving interesting examples. If the teacher is enthusiastic and emotional, this also makes the lesson brighter, more interesting, and attracts the attention of students. Active involvement of children in the work, dialogue with them, the use of visuals, colourful handouts, interesting tasks presented in small parts, and not all at once, are also effective tactics.

You can use colour highlighting or laser pointer projection to focus attention on the text you need.

It is also effective to use audio and visual "attention grabbers", such as ringing a bell, clapping hands, raising a hand, turning on/off lights, pointing to an icon or written rule of behaviour, etc.

A short minute of exercise in the middle of the lesson can be extremely beneficial. Alternatively, a minute of listening to music, imaginative exercises, etc. could be an option.

When it is clear that a student with ADHD is tired and on the verge of collapse, you can give him or her a "special" individual task, such as to bring a magazine, to provide chalk, etc., which provides an opportunity to move, and, accordingly, to "switch" and relax.

Another way to relieve a child's need for movement is to allow him or her to hold and manipulate a certain silent object (plastic toy, rubber ring) during the lesson, as long as it does not interfere with the lesson.

The use of modern learning technologies such as computer-based tasks, educational films and slides can be helpful. Many children with ADHD do not have such problems with attention when working with learning tasks on a computer. For children with co-occurring dysgraphia, the ability to complete written assignments on a computer can also make them easier to complete.

Another tactic is the multisensory presentation of the material, taking into account that some children perceive information better by sight, some by hearing, and some (in particular, most children with ADHD fall into this group) by tactile and kinesthetic, and therefore it is advisable to use different forms of work with educational material: both verbal (story, song, poem), visual (diagrams, schemes, drawings, films), and tactile-kinesthetic (visuals, construction sets, movement games, dramatisation, experiments, field trips, etc.). The teacher can take into account the individual characteristics of children and group them accordingly to perform certain tasks that are different for each group and correspond to the peculiarities of children's perception of the material, etc.

The individual choice of tasks for a child with ADHD also plays a role, sometimes they can be somewhat smaller in size, or they are not given all at once, but in turn, or offered to choose from. Accordingly, it is important to frequently reward the child for attentiveness and activity, and in case of distraction, redirect the child to work with an appropriate gesture or word.

The attention of a child with ADHD is usually much better in one-to-one situations. This can be exploited by recommending additional one-to-one sessions and by involving classmates or older students to help the child (older students can become mentors for younger students with learning difficulties).



## Learning, Self-organisation and Time Management Skills Development Assistance.

One of the main deficits of children with ADHD is the impaired ability to self-organise and plan their own behaviour. It is the deficit that is often at the root of academic difficulties, as learning requires self-organisation, discipline, and planning. Therefore, the role of teachers is not only to teach children academic skills, but also to help them develop these skills.

Therefore, it is important for teachers to direct students' attention to organising their workspace, recording homework properly, planning necessary actions, and organising their time.

It is important to help students develop **habits of self-organisation**, i.e. writing down tasks, setting priorities, making time plans, and sticking to what is planned.

For students with ADHD it can be particularly difficult to solve long-term, large tasks. They will need help to divide a larger task into smaller parts, to do them one at a time, and to stick to a certain time frame. Therefore, it is important for teachers and parents to work together to help children organise themselves.

Just as it is important for teachers to make sure that homework is written down (for example, at the end of the lesson, students can be asked to check with their neighbours to see if they have written down their homework), it is also important for parents to help their children prepare for school, do their homework, and pack their bags for the next day. Children can be helped with this by so-called **checklists**, i.e., a list of things to take. The child should check and tick off the list whether he/she has taken everything.

Different ways of self-reminding can help prevent frequent problems with forgetting, e.g. various kinds of notes pinned in a visible place, using a timer, a mobile phone or computer reminder system, etc. It is also important to help children develop a sense of time. It is recommended not only to have a wristwatch, use a timer, but also to use other visible symbols of time, such as hourglasses, written hints on the board about how many minutes are left until the end of the test, etc.

Given that due to difficulties with concentration and lack of self-organisation, it is difficult for children with ADHD to complete the amount of work that is usually available to most of their peers on time, it is also generally recommended to reduce the amount of written work both in class and for homework.

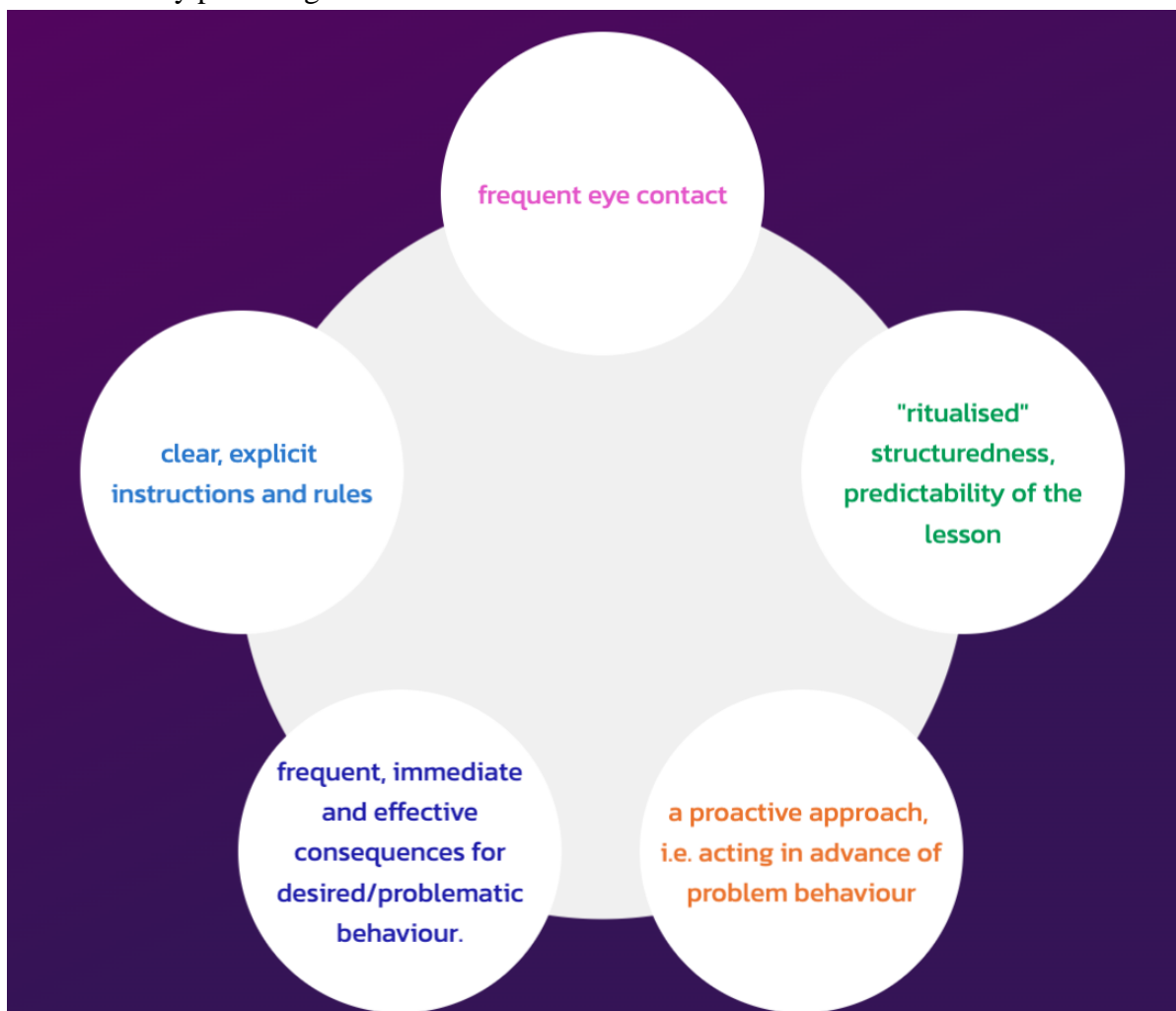
Doing homework is one of the biggest challenges for both children with ADHD and their parents. And parents may need to acquire certain competencies and methodological advice from teachers.

## 5. Teacher's Feedback for Encouraging ADHD Students' Adaptive Behaviour and Setting Certain Behavioural Limits

### Principles of managing the behaviour of children with ADHD at school.

A child with ADHD needs more intensive external monitoring and guidance of his or her behaviour. That is why it is recommended that the child should sit closer to the teacher, so that it will be possible to monitor more closely and to "guide" the child more easily with a look, a gesture, a verbal instruction.

Given that ADHD is a disorder of controlling and managing one's own behaviour, the role of the teacher for such a child is to direct his or her behaviour in the right direction. This can be done by providing:



It is not always possible for a teacher to provide the necessary amount of attention and assistance to one child with ADHD, because there are many other children in the classroom and they all have their own special needs. That is why it is important for teachers to have a "minimum package" of interventions for ADHD, which are presented in this section and allow them to reduce the child's behavioural problems, which often cause significant stress for teachers, "disruption" of lessons and subsequently school dropout.

Although behavioural management strategies initially require additional time and effort to implement, over time they significantly improve the situation in the classroom and in the lesson, and allow teachers to perform their role more effectively. These methods not only help to reduce problematic behaviour in the classroom and improve academic performance, but can be applied to all children and improve the quality of the teaching process in general.

It is very important that other children understand that if a child with ADHD needs special attention and help from the teacher, it is because he or she has difficulties and needs extra attention. It can be explained to classmates that the behaviour of a child with ADHD is not due to the fact that they are deliberately "naughty", but because they have difficulties that are manifested by excessive activity.

**Children with ADHD need frequent, immediate, effective rewards for good behaviour and negative consequences for problematic behaviour.**

You should always start with rewards and rely upon them in the first place. First of all, this is verbal praise. This is a gesture of encouragement. They can have a great impact on a child with ADHD.

Peers can also be a significant source of social encouragement. For special success and effort, the whole class can applaud (and, of course, not just for the child with ADHD), shake hands in a gesture of congratulation.

The teacher also has many more options than just a verbal compliment. For example, it can be a written praise in the diary, an expression of gratitude to parents orally, by phone, at a parent-teacher conference. You can introduce a system of points that can be converted into certain privileges at school or at home.

The principles of rewarding the child for the desirable behaviour should be applied to the whole class, if possible, to avoid negative reactions from peers about the "special status" of the child with ADHD and to motivate all children to engage in desirable behaviour.

Rewarding methods can be applied not only individually but also to the whole class. For example, the points earned by students can be added to a common bank, and when a certain amount is reached, the whole class gets a certain trip to the cinema, a certain activity that is desirable for everyone.

Such systems motivate all children to encourage desirable behaviour in each other, they turn the class into a team, and accordingly, the desirable behaviour of a child with ADHD receives clear encouragement from peers, and, accordingly, problematic behaviour does not find support (remember, often one of the mechanisms for the development of problematic behaviour is its social encouragement by peers, such as, for example, "clowning" in class).

Of course, the possibility of collectively earned privileges does not exclude the possibility of using a more individualised system, for example, a point system can operate

individually and each student can earn points that can be converted into individual privileges, spent at an auction at the end of the week, etc.

Intermediate between individual and whole-class rewards there can be "group" privileges, whereas children work in subgroups, a kind of mini-teams, and thus earn a privilege for their team. Privileges can also be some interesting games, activities, a slightly reduced amount of homework, etc. There are many similar techniques described (Rief, 2005), but the point is not so much in the specific techniques, which can be invented and creatively modified by teachers and children, but in the general organisation of the environment, where there are clear rules, modelling of desired behaviour, and a general atmosphere of encouragement that is both at the level of social rewards and additional privileges, etc.

**As well as rewards, a child also needs frequent, effective and immediate negative consequences for significant violations of the established rules.**

It is important to remember that not all forms of negative behaviour require a negative consequence. Minimal violations can be ignored or a warning can be given. It is only in the case of repeated or more serious infringements that a warning is given about possible punishment if the behaviour does not change, and only then a specific negative consequence is imposed. It is important for the student to feel that the teacher is firm and decisive, and there will be a specific negative consequence for his or her inappropriate behaviour. At the same time, the teacher should apply this negative consequence calmly, firmly, without emotional humiliation of the student, but rather as a method of education.

Punishments at school can be as follows: verbal or written reprimands, loss of privileges (e.g., the opportunity to run in the corridor during a break or participate in some pleasant activity for the class), being forced to sit at a desk (during a break) for a certain number of minutes which corresponds to the number of reprimands for violating the rules of behaviour in class, or "corrective" work at the end of lessons.

There may also be some intermediate system of registering remarks, such as a remark card, where the teacher puts a mark, and then the corresponding number of remarks leads to specific consequences, such as a written note home, or the loss of several minutes of privileged activities, etc.

A similar system works when a child or a group of children is given a certain system of points "in advance". Each remark leads to a loss of points. At the end of the day, depending on the number of points remaining, there is an opportunity to receive a particular privilege, but the privileges are divided into groups of more desirable and less valuable according to the number of points remaining.

For serious behavioural infractions (fighting, cheating, etc.), more severe negative consequences may be necessary, such as a call to the principal, house arrest, long-term loss of privileges, etc. Of course, this should be done to help the child, not to intimidate and reject him or her. It is important to realise that just a few days of absence from school is often an ineffective punishment, as staying at home may be desirable for the child and not act as a method of punishment.



Paying attention to the child's behaviour and applying consequences is necessary not only during a lesson, but also during a break, as this is often when various "adventures" take place. Therefore, it is equally important to establish rules and find a way to monitor and regulate behaviour during breaks.

**Being proactive and anticipatory is the best way to manage the behaviour of children with ADHD.**

Sometimes behavioural problems can be so severe that specialised interventions are needed both at home and at school, targeted behavioural therapy programmes (and often individual and family therapy), and effective collaboration with mental health professionals who work with children with behavioural disorders.



## 6. Teacher-Parent Cooperation: some Psychological Tips for Parents on How to Deal with ADHD Children

The family of a child with ADHD needs support and help. The success of therapeutic interventions and the child's life prognosis depend on family factors and the effectiveness of the partnership between parents, teachers and healthcare professionals.

Teachers are perhaps the most intensive and long-lasting supporters of children in their development, and it is therefore important that this support includes a component of good interaction with the child's parents.

Teachers need to be familiar with ADHD, know its manifestations (especially in the school environment) and be able to address sensitively and explain their child's characteristics to parents without judgement, but in a way that helps parents understand their child's special needs and motivates them to seek help from competent professionals.

The role of teachers can also be very important in the initial psychoeducation of parents. Given that teachers spend a lot of time with their child, and if they have a positive relationship with parents and their trust, parents may be particularly open to teachers. In this case, teachers should be especially careful to explain the child's characteristics to the parents, not to stigmatise the child, not to label him/her as "abnormal", etc. It is important to emphasise that ADHD is a child's peculiarity that creates a number of difficulties for him or her, and therefore he or she needs specific help and support, but despite this, the child has many positive traits, abilities, is generally perceived positively by teachers, etc. Such a conversation about the child's characteristics can bring parents and teachers closer together, build trust between them, and contribute to the formation of an effective partnership:

The basis of behavioural management for children with ADHD is frequent, immediate, strong and varied rewarding for desired behaviour. Teachers cannot always physically implement such a system of rewards at school. Therefore, a possible effective complement/alternative to school rewards may be the option of receiving rewards at home for points earned at school. The teacher evaluates the child's behaviour, activity, and attention in class every day, and parents reward the child at home based on established "standards" or apply negative consequences in case of inappropriate behaviour.

Parents should reward their child for having good class work, not having any behavioural comments, absence of negative verbal feedback from teachers, grades that partially reflect the child's diligence, etc.

Conversely, a behavioural remark should be accompanied by a consistent method of punishment at home (e.g., an evening without a walk, no TV and no entertainment). If a point system is used, parents should also establish a certain differentiated system of rewards and punishments, i.e., a certain amount of points equals certain rewards, and the amount less than the minimum brings punishment (for example, 50 points per day equal 30 minutes of watching



a favourite TV series, 30 points - 1 episode, less than 20 points - deprivation of a walk, etc.; or points are added and accumulated for some valuable reward.

Given the frequent pathological forms of punishment (physical violence, emotional rejection, judgement of the child, etc.), it can sometimes do more harm than good, so it is important for teachers and parents to be true partners and to share the same approaches to education and behavioural management. If parents are having difficulties or need additional help, teachers can provide counselling or refer them to specialised programmes for children with behavioural disorders.



## 7. Building Teacher's Resilience (to prevent their emotional burnout).

Teaching and raising children with ADHD is a challenging task for teachers, that requires motivation, specific knowledge and professional competence, as well as considerable energy expenditure.

Helping a child with ADHD is also impossible without close cooperation between teachers and parents. Such cooperation requires additional time and effort.

Accordingly, performing these important tasks, along with organising the learning environment, teaching, building relationships with the child and his/her parents, and enforcing rules and boundaries, can be a challenge to the teacher's psychological resilience, and undoubtedly requires attention to prevent psycho-emotional exhaustion and burnout.

Psychological resilience is the ability to cope with life's challenges while maintaining, restoring, and nurturing mental health, social connections, and personal integrity.

In 2014, the American Psychological Association (APA) published 10 ways to develop resilience:



# 10 WAYS TO DEVELOP RESILIENCE



1

Maintaining good relationships with family members, friends, and others

2

Avoiding treating crises and stressful events as unbearable problems

3

Accepting life circumstances that cannot be changed

4

Setting realistic goals and working towards them

5

Readiness to take decisive action in an unfavourable situation

6

Search for opportunities for self-discovery after experiencing a loss

7

Developing self-confidence

8

Maintaining a long-term perspective and considering adversity in a broader life context

9

Maintaining a belief in promising prospects, positive expectations and visualising what you want

10

Taking care of body and spirit, regular exercise, attentiveness to your own needs and feelings



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## Appendix

### ADHD Assessment Tools

Acronym	Name	Age	Completed by
ADHD Rating Scale IV - Preschool Version	ADHD Rating Scale IV - Preschool Version	3 - 5	Caregiver/parent
Vanderbilt	NICHQ Vanderbilt Assessment Scale Diagnostic Rating Scale	6 - 12	Caregiver/parent Teacher
SNAP-IV	Swanson, Nolan, and Pelham (SNAP) Questionnaire – IV	6 - 18	Caregiver/parent Teacher
WURS	Wender Utah Rating Scale	18+	Self-report
ASRS	Adult ADHD Self Report Scale	18+	Self-report

#### ADHD Rating Scale IV - Preschool Version

The ADHD Rating Scale-IV obtains parent ratings regarding the frequency of each ADHD symptom based on DSM-IV criteria. Parents are asked to determine symptomatic frequency that describes the child's home behavior over the previous 6 months. The ADHD Rating Scale-IV is completed independently by the parent and scored by a clinician. The scale consists of 2 subscales: inattention (9 items) and hyperactivity-impulsivity (9 items). If 3 or more items are skipped, the clinician should use extreme caution in interpreting the scale. Results from this rating scale alone should not be used to make a diagnosis.

**The NICHQ Vanderbilt Assessment Scales are used to help diagnose ADHD in children between the ages of 6- and 12-years.**

**The Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS)** is a teacher-completed rating scale that can be used to assess the core and peripheral features of ADHD.

**The VADTRS** is a 43-item rating scale that is designed to obtain data from a child's teacher to assist in the diagnosis and treatment of ADHD. The scale is designed for use with children between the ages of 6 and 12. The VADTRS is available on the internet at no cost. The scale allows teachers to report the

presence of ADHD. The Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) is used to help in the diagnostic process of ADHD.

The VADPRS is a parent-completed rating scale that assesses symptoms of ADHD and common comorbid conditions in children between ages 6 and 12. The scale contains 55 items, takes approximately 10 min to complete, and has a third grade reading level. The scale contains all 18 criteria for ADHD from DSM-IV, which includes nine symptoms of inattention, six symptoms of hyperactivity, and three symptoms of impulsivity. The VADPRS also contains 8 items measuring symptoms of oppositional defiant disorder, 12 items measuring symptoms of conduct disorder, and seven items that screen for anxiety and depression.

**The Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP)** is a 90-question self-report inventory designed to measure attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) symptoms in children and young adults.

**SNAP-IV 26 Rating Scale. The SNAP-IV 26-item scale** is an abbreviated version of the Swanson, Nolan, and Pelham (SNAP) Questionnaire (Swanson, 1992; Swanson et al., 1983). Items from the DSM-IV criteria for attention-deficit/hyperactivity disorder (ADHD) are included for the two subsets of symptoms: Inattention (items 1–9) and Hyperactivity/Impulsivity (items 10–18). Also, items from the DSM-IV criteria for oppositional defiant disorder (ODD) are included (items 19–26) because ODD is often present in children with ADHD. The scale can be used by the parents and teacher of children and adolescents between the ages of 6 to 18.

#### **WURS (Wender Utah Rating Scale)**

The WURS evaluates adults with suspicion of attention deficit hyperactivity disorder based on symptoms that they might have experienced during childhood. This form uses the condensed, 25-item version of the scale, the one with the most relevant items for ADHD.

**Adult ADHD Self-Report Scale Screener (ASRS)** is one of the most commonly used self-assessment tools for adult ADHD. The ASRS was developed by the World Health Organization (WHO) and the Workgroup on Adult ADHD. This tool is meant to be used with people 18 and over and assesses for the most common symptoms of ADHD.