



# ADHD THROUGH THE SCHOOL YEARS.

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# What is ADHD?

A neurodevelopmental condition.

Symptomology- Inattention, Impulsivity and Hyperactivity- executive functioning and working memory.

Emotional regulation- developmental delay 2-3 years.

Myth of over-diagnosis.

Comorbidity.

A Attention.

D Deficit? Dysregulation. (hyperfocus)

H Hyperactivity.

D Disorder? Condition

# Two key themes....

Increasing academic independence.

Increasing self-consciousness.

# How does ADHD progress through the school years?

Experience of education to date.

Depends upon the demands made on the individual by their environment.

Self management or coping strategies learned, mental health, social skills, self-esteem and environmental factors.

# The Adolescent brain.

Pushing at the boundaries.

More high risk behaviours – Prefrontal cortex-self-monitoring is developing last.

More extreme emotions.

Seeking out new experiences, risks, sensations-pronounced with ADHD.

Increased self-consciousness, possible feelings of inadequacy, mental health risks.

# Increasing challenges of school.....

Higher expectation of independence. More autonomy, less teacher oversight.

Executive functioning skills- the brain's ability to manage thoughts and actions- thinking about goals, consequences for actions, planning, evaluating progress and shifting plans as necessary.

*(Russell Barkley.)*

More demands on Time. Time management skills.

Study skills- Note taking, test taking, impaired working memory.

More difficult schoolwork, homework.

# The six key strategies.

1) Understanding what ADHD is and isn't.

2) Plan around Attentional arousal, Exercise, Reward, Mentoring, Concentration and building Competencies.

3) Support for Executive functioning. Assistive Technology.

4) Interventions to support Emotional Dysregulation.

5) Working with parents.

6) Celebrating Neurodiversity.



Intensive and structured daily exercise- mental health.

Movement reviews.

Attentional activation and arousal. “Look for the hooks,” (attentional arousal) what do you know already, find their questions- this becomes the lesson. Aim for engagement at all times, structure with variety. Movement based learning activities.

Supported reward. (Dopamine- Reward- Motivation- Persistence.)

# Support for Executive Functioning.

The Environment. Peripheral distraction. Externalisations. *“Externalise what is not happening internally.”* Graphic organisers.

Tactile resources. Assistive technology. Planning friendly.

Prioritise Working Memory (recall strategies) 3 Rs of memory- Repetition, Rehearsal and Review (Baddeley 2003) and Time Management.

Prioritise and externalise Self management.

Prioritise Talk with Structure.

Strategy Instruction.

# Preparing your child to return to school.

## Coping with Covid-19 and ADHD.

*(ADHD Ireland survey 2020.)*

45%- child's behaviour worse due to restrictions on movement/ social interaction.

62%- more challenging managing home schooling.

69%- more challenging managing child's anxiety and well being.

Survey of 2,111 young people under 25 with a history of mental health needs. (*Young Minds, March 2020.*)

32% agreed that the health crisis had made their mental health much worse.

51% agreed that the health crisis had made their mental health a bit worse.

Uncertainty.

Worries/ concerns about own/ others  
physical health, bereavement - lack of  
control.

Government guidelines. Restrictions.

No school. Being home schooled. Exam  
results.

## Challenges:

Lack of or limited open space.

Reduced face to face interaction.

Lack of clear school routine.

More time with family.

How prepared your child is/ will be to return to school will depend upon the following:

How they understand information and their ability to communicate.

Previous experiences.

How they typically cope with stress-resilience.

# What to look out for.....

Mood changes. Feelings of sadness or withdrawal or severe mood swings.

Intense feelings. Feelings of overwhelming fear sometimes with a racing heart or fast breathing.

Behaviour changes. For example, depressed children will often show more irritability than depressed adults, who more typically show sadness.

# What to look out for.....

Difficulty concentrating and working memory.

Loss of appetite.

Physical symptoms. Compared with adults, children with a mental health condition may develop headaches and stomach aches rather than feelings of sadness.

“Acting out”, for example, throwing tantrums, withdrawal.

Asking excessive questions or needing constant reassurance.



# What to look out for.....

Persistent complaints of “boredom.”

Changed sleep patterns, including over sleep and nightmares.

Behaviours returning to those of a younger age (regressing), for example, bedwetting, throwing tantrums, or becoming clingy.

Risk-taking behaviours, less concern for their own safety for example, fighting or playing with unsafe items.

Avoidance.

# What can we do.....

1) Prioritise their mental health- daily routine which includes physical activity, sleep, diet, giving to others, time alone if needed, doing things just for fun, building competencies, time with you alone if needed, encourage connection with peers.

2) Talk- encourage sharing of feelings, anxiety is normal, what support is there, right place? Be honest about your feelings, name them, model the response, adjusting to a “new normal,” have they experienced change before?

# What can we do.....

3) Access support- Stay connected with professional support services/ charities.

4) Stay connected with school- New rules, distancing, hygiene, explain them, rehearse, ask about arrangements for your child, including in lessons, where you up to with home schooling? Transition visit? Online? What's the "check in" procedures?

5) "Letting off steam" activities at the end of the school day- start rehearsing now?

# 9 Memory strategies.

## 1) ENCOURAGE QUESTIONS AND MAKE LEARNING EXCITING.

Encouraging your child to ask questions helps ensure he or she is developing a deeper comprehension of the topic. Your response.

## 2) CREATE RHYMES AND SONGS.

Help your child make a rhyme, poem, or song from the information he or she is learning. Our brains are wired to remember music and patterns.

## 3) ENCOURAGE ACTIVE LEARNING.

Have discussions about different topics, asking your child what he or she thinks. This encourages students to keep the information in their minds for longer periods.

# 9 Memory strategies.

## 4) USE VISUAL AIDES.

Create flashcards that include words or images—these can be used for matching exercises or to practise word definitions.

## 5) HAVE YOUR CHILD MAKE HIS OR HER OWN EXAMPLES.

Connecting material in a meaningful way helps your child remember the information.

## 6) CREATE MIND MAPS.

Building connections between words and topics helps children actively engage with the material and develop a deeper understanding, which is an important part of memory.

## 7) MAKE A LIST OF KEYWORDS FOR AN IDEA OR SUBJECT.

Create a word list and use it to build associations between each of the words and concepts. The more distinct the associations, the easier they'll be for your child to remember.

# 9 Memory strategies.

## 8) ASK YOUR CHILD TO TEACH YOU

Encourage your child to explain the information he or she is learning to you (or a sibling or friend). Make it a challenge to see how much he or she can remember if appropriate.

## 9) USE ALL THE SENSES

Use sight, touch, and sound—read aloud, look at pictures, have a conversation, and use props. This helps engage your child with the material in more than one way, making it easier to connect with the material.

# Assistive Technology.

**Text-to-speech** software. This allows children to understand written material they are presented with and to proof-read or check their own work.

**Mind mapping** software. This is specifically designed to allow children to plan their work more effectively.

**Scanning software and hand reading pens.** These allow the user to store and listen to the text found in books and other documents.

**Spell checkers** that automatically make corrections to written communications.

**Speech recognition** software. This allows children to dictate or talk to a computer that uses software to convert this to text.

**Smartpens** - used to write text, but which track the text being written and recreate the notes in digital form. The pen can then record and replay or upload the text to a smart phone, PC or tablet to allow further processing or electronic distribution.

# Assistive Technology.

## **E-Readers.**

Without ads, notifications, or games or other common distractions, users can easily keep their focus without any interruptions. Can also include text to speech feature that allows people who have difficulty reading listen to the actual text.

## **Electronic Math Worksheets.**

Helps to organise, align numbers, and solve math-related problems.

## **Proofreading Software.**

To help with spelling, grammar, punctuation, word usage, and sentence structure.

## **MathTalk.**

Speech recognition software which precludes keyboard use, comprehends technical vocabulary and transcribes in mathematical notation appropriate for trigonometry, algebra and calculus.



# Assistive Technology.

**Clicker 7:** a reading platform that allows children to create webs of words and emoji-like pictograms, or diagram entire projects. Effective for visual learners

**Co-writer:** a programme which transcribes speech and predicts intended words and phrases, interprets writers' meaning even when they misspell words and conjugate verbs incorrectly.

**Dragon:** For children who find mouse use and keyboards challenging- can transcribe natural speech at speeds of up to 160 words per minute.