

Fact Sheet

ADHD

General Overview

"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)

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.

ADHD Inattentive	ADHD Hyperactive -Impulsive
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 aspect of a task	Difficulty staying on tasks and competing them
Often forgetful in daily activities	Difficulty waiting for turns
Seems unmotivated at times	Excessively impatient

OR, A COMBINATION OF BOTH

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

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- 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- May be withdrawn and go unnoticed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'
- Require help with 'self help' tasks
- Invades the personal space of others
- Is argumentative with other children
- Acts impulsively without considering the consequences.

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 plays
- Crashes into walls and floors
- May also exhibit Sensory Integration Disorder (the brain's ability to organise stimuli and recognize 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
- May also exhibit expressive language problems
- Speech may lack fluency and be disorganized
- 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

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- Lack of attention contributes to poor listening habits (Jones, 1998:29)
- Skilled practitioner is required to ensure appropriate testing for individual cases
- Unable to follow simple instructions.

Cognitive Development

- Learning difficulties may result from inability to focus or pay attention
- Often experiences difficulty thinking before acting
- May be unable to stay 'on task' for long enough to complete it – easily distracted by sounds or visual stimuli
- May be unable to finish or complete a desired task in an appropriate way eg. Direct refusal to pack toys away and complete game
- May be disorganized and unable to start and finish a group task
- Difficulties concentrating and paying attention
- New tasks appear frustrating
- Delays in cognitive skills.

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 dependent on a variety of factors such as environment, length of time child care 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.

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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 etc
- 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 etc.

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- Provide pictorial cues to accompany the routine so that children with ADHD/ADD can anticipate what comes next. Establish a routine for transitions i.e. when indoor play is about to finish, give the children a warning by playing music for them to tidy up to
- Use clear and simple instructions, ensuring instructions have been understood before giving more.

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' behavior
- 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.

Resources

Deiner, P.L. (1993)

Umansky, W. and Hooper, S. (1998)

Gilbert, P. (1996)

Kozma, C. & Stock, J. (1993)

Resources for Training Children with Diverse Abilities – Birth through Eight, Harcourt Brace
Young Children with Special Needs – Third Edition New Jersey, USA: Prentice Hall
The A-Z Reference Book of Syndromes and Inherited Disorders – Second Edition, Stanley Thomes (Publishers) Ltd: United Kingdom
Caring for Every Child – Ideas to Meet Diverse Needs in Child Care. Funded by the Commonwealth Department of Human Services and Health: Sydney



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