■ A plethora of information and resources, as well as media representation and labelling, may lead teachers to believe they need to be a specialist to deal with children who have attention deficit hyperactivity disorder

ART PARTNER-IMAGES/GETTY

What schools need to know about ADHD

Andy Bloor BA(Hons) MEd FHEA Senior Lecturer in Primary Education (SEN, Inclusion and Diversity), Canterbury Christ Church University, UK

It is an (erroneous) generalisation to think that all schools panic or are apprehensive when they hear that a child in the school has attention deficit hyperactivity disorder (ADHD). This is as outmoded a stereotype as the GP who hands out methylphenidate too frequently.

However, it can still be said that many teachers may feel ill equipped to support a child with ADHD. There is a growing voice in some children's disabilities lobbies (most notably in the dyslexia lobby[1]) that says that all trainee teachers should have mandatory training in particular conditions. It is a compelling argument when figures such as 15–20% (of children have dyslexia and related specific learning difficulties) are used.[1] As a lead in special needs in university-based initial teacher education (ITE) myself, I am aware of students' concerns around such high- incidence conditions as dyslexia, ADHD and autism. I am also aware that when I empower our students to understand the complexity of supporting children with any special educational need or disability (SEND), I also help to reduce any potential anxiety in them as teachers.

The 'specialist' myth

I believe the root cause of this anxiety – an anxiety that can also be replicated in more experienced teachers already working in schools – is based around one flawed philosophy: that there is a specialist pedagogy for children with a SEND.

This specialist pedagogy approach has been discussed in detail by many academics, and the phenomenon is still witnessed in schools. One only has to talk to a school's special educational needs co-ordinator (SENCo) to hear accounts of discussions about children who were described as 'one of yours' by the class teacher, thus showing the teacher who negates all responsibility for the child with a SEND in their class. I propose, however, that this approach is fuelled by a belief in teachers that you have to be a specialist to support a child with a SEND. This then leads to the question 'Where does this belief come from'?

Resources

I would suggest there are a few possibilities. First, one only has to see the plethora of books on 'how to support a child with "x" problem in your classroom'. Put bluntly, there is an industry out there that wants to provide answers to a problem; therefore, it is in its best interests to ensure that the problem is clearly identified. I speak as someone who has just published such a resource, but I would hope that my resource would be seen as just that: a resource to be drawn on, not the golden answer to an indeterminate problem. Box 1 suggests some useful resources.

Media reporting

Another potential explanation may be found in the media's reporting of ADHD. Unfortunately, too often the image portrayed shows the 'darker side' of ADHD: for example, the inability to see consequences and the subsequent frustration when 'things go wrong again'. Children and families are in crisis due to undiagnosed or mismanaged ADHD. Teachers do not live in a vacuum and seeing ADHD portrayed from this perspective can strike fear into those with little previous experience of supporting a child with ADHD.

Labelling

A third potential reason for teachers believing they need to be a specialist to teach children with a SEND is the power of the label. A child may be quite effectively supported before a diagnosis, but after being diagnosed with ADHD they are likely to be viewed differently – before they simply lacked attention or were hyperactive, but now they have a medical condition. There are many positive effects of labelling, such as the protection that it can often provide to the child and family, especially if the child's difficulties are now reframed as a disability. There may also be financial support available, and the child may be given more time to work on tasks in school.

A diagnosis can be a liberating (and even vindicating) process for a parent. For teachers, however, it may lead to disempowerment – the difficulties the child has in the classroom are now pathologised. Whereas the child used to be given 'run-around' time when they were clearly hyperkinetic, now there is a medical diagnosis to be considered. Is this what the child psychologist would suggest? Will it be contrary to the medical advice or even cause the child harm? Many professionals may consider this hard to believe, but it is a true fear for many teachers. After all, a teacher would not be expected to create support strategies for a child with any other physiological condition. It is clear that sociological neurodevelopmental conditions (or as Norwich[2] prefers, the biopsychosocial conditions) are supported as much through behavioural and social intervention as they are through pharmacological methods. However, this can certainly lead to the belief that specialist pedagogy is required to support children with ADHD.

What schools need to know

Moving on to the crux of the issue – what do schools need to know? This can be broken down into two categories: what the school as an organisation needs to know and what teachers as individual professionals need to know.

Schools as an organisation

A school needs to be mindful of a number of issues, some with legal implications. First, a child with formally diagnosed ADHD is classed as having a disability. In the UK, for example, this means they have a protected characteristic under the Equality Act 2010.[3] This means that the school must ensure that it is making 'reasonable adjustments' under the act to ensure the child with ADHD has suitable access to the school (in the broadest sense possible). For example, if a child is punished for impulsive reactions to situations – such as pushing in a queue at lunchtime – and the school is unable to show how it is supporting the impulsivity aspect of the child's ADHD, it may well be found in breach of the act. It is also worth remembering that, as ADHD is often hereditary, the parents of the child may themselves have ADHD and, therefore, have the same rights.

Second, the school must ensure that there is effective communication with the external agencies that the child and parent work with. For example, without clear communication between the school and the clinicians prescribing any medication, accurate titration will be difficult. As many clinicians are aware, successful titration of medication requires careful monitoring, which for children can most usefully take place in school. Accurate observation of the child's

Box 1. Useful resources for teachers

There are a number of resources available to teachers that can help them manage pupils with ADHD.

Websites

- TESconnect. ADHD-friendly classrooms. www.tes.co.uk/teaching-resource/ADHD-Friendly-Classrooms-CPL-CPD-6189630/
- Lincoln ADHD Support Group. For teachers. http://lincolnadhd.org/for-teachers/

Books

- Kewley G, Latham P. *100 Ideas for Supporting Pupils with ADHD* (Continuum One Hundreds). London: Continuum International Publishing Group, 2008.
- Lloyd G, Stead J, Cohen D (eds). *Critical New Perspectives on ADHD*. London: Routledge, 2006.
- O'Regan F. *How to Teach and Manage Children with ADHD*. Hyde: LDA Learning, 2002.
- Rief FS. *How To Reach And Teach Children with ADD/ADHD: Practical Techniques, Strategies, and Interventions*, 2nd edn. New Jersey, USA: Wiley, 2005.

ability to engage with the curriculum and school life generally will be of vital importance. Since schools are where most children spend most of their day, accurate observations on behaviour from school staff are vital. Equally, if social care, educational psychologists or behaviour support services are involved, effective communication will be vital to ensure that the child has the co-ordinated approaches and messages that are so vital to their support.

Individual teacher responsibility

Both a school and individual teachers within it need to ensure that a child is in a supportive environment. ADHD is a contentious subject. If individuals within a school consider ADHD to be a 'made-up' condition that excuses 'naughty behaviour', it would be unhelpful if this coloured their support for the child or, in an even more damaging scenario, if this view was voiced outside a professional sphere. As with any support for any child with a SEND, the support or any specific interventions are only as powerful as the people who are engaged in the process. If any individual (especially one with a significant role in a child's life, such as the class teacher or parent) is dismissive of the support offered, it is unlikely to be effective.

Teachers need to be aware of the importance of collegiate working, especially with parents. Conducted in the UK, the 2009 Lamb Inquiry[4] highlighted that parents of children with a SEND often feel they have to fight for the rights of their child. Such a combatorial experience is exhausting for all involved and is unlikely to provide anything but confusion and anger for the child at the centre of it. It is vital that parents and teachers work together in a genuine and meaningful partnership to support a child with ADHD.

What specific strategies can support a child with ADHD? I created a list of recommendations in a previous article in *ADHD in practice*,[5] but will focus on one here as an illustrative point. First, look at the child's trigger points. What is it that makes them particularly vulnerable to not being able to work? What is it that may trigger their inattention, hyperactivity or impulsivity? Support strategies for other children may also be suitable for the child with ADHD. One strategy in primary schools is having a separate spot for the child with ADHD on the carpet near the teacher during carpet time. This is generally thought to be a good idea, but teachers should ask themselves 'Do the children need to be on the carpet?' All too often, especially in recent years, we have fallen into what I term the 'cult of the carpet'. Having the children on the carpet can be a very useful tool when trying to draw them in – for example, when reading them a story – but teachers should always ask themselves whether anything is gained by having the children on the carpet rather than seated at their desks. If the child with ADHD enjoys moving, then the kinaesthetic activity of moving around the classroom can be useful. However, for the child with inattention as their main difficulty, moving around the classroom would be detrimental to their learning. As with everything involved in supporting a child with ADHD, knowing the child and responding to them based on their needs is key.

Finally, teachers need to maintain a relentless sense of optimism. I know of teachers who have said that years after children have left school, they return to the school or meet their old teachers by chance and are full of praise such as 'You were the only one who believed in me' or 'You made all the difference: now I have an amazing job'. Teachers spend more waking hours with children than their own parents do during a working week. As such, a teacher's relationship with the child is naturally important. Yes: it is wearing to keep returning to the school each day with optimism that may be dashed before 10 am, but it is only with this optimism that we can show children with ADHD that we believe in them and in their capacity to cope with their condition and overcome the barriers to education that can often blight their schooling.

Conclusion

Dispelling the myths about ADHD is just the first step to ensuring children are provided for in an educational environment. Providing the correct information on therapies and management, removing the 'specialist' perception of the condition and facilitating communication with parents and healthcare workers are essential. So, too, are empathy, optimism and strong teacher–child relationships. We owe it to the children fighting against the socially and educationally debilitating traits of ADHD to believe in them ■

Key points

- **Many teachers are concerned that dealing with a child with a special educational need or disability (SEND), such as attention deficit hyperactivity disorder (ADHD), requires specialist training.**
- **These fears and concerns are likely to be prompted by the portrayal of ADHD in the media, in resource books, or even simply through labelling a child as having ADHD.**
- **Schools, individual teachers and parents of children with ADHD need to work together to ensure that all the needs of the child are met.**
- **Teachers are likely to have a significant impact on a child with ADHD, and need to provide strong support while retaining an air of optimism.**

Declaration of interest
Andy Bloor has produced a resource on supporting pupils with ADHD.

References
1. Dyslexia Association. Initial Teacher Training Campaign. www.bdadyslexia.org.uk/news/itt-campaign.html (last accessed 28/08/13)
2. Norwich B. Education, Inclusion and individual differences: recognising and resolving dilemmas. *British Journal of Educational Studies* 2002; **50:** 482–502.
3. National Archives. Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents (last accessed 16/10/13)
4. Department for Children, Schools and Families. Lamb Inquiry. Special Educational Needs And Parental Confidence. http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/01143-2009DOM-EN.pdf (last accessed 16/10/13)
5. Bloor A. Supporting ADHD in a classroom environment. *ADHD in practice* 2009; **1**(2): 12–13.