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ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Definition

Attention Deficit Hyperactivity Disorder (ADHD) is seen as a neuro-developmental disorder. This change is brought about by the publication of DSM-5. This means that the impairments of ADHD are seen to extend beyond behavioural difficulties and be seen as developmental learning difficulties.

People with ADHD can function well in casual settings (e.g. at home). However highly structured and less flexible environments such as school they find challenging.

Characteristics / Symptoms

Symptoms can occur by the age of 12 rather than previously by the age of 6 and several symptoms now need to be present in more than one setting. 6 symptoms are needed for younger children and only 5 for adults and adolescents aged 17 or older.

Children with ADHD show a persistent pattern of inattention and / or hyperactivity – impulsivity that interferes with functioning or development

Inattention

Present for at least 6 months and is inappropriate for their development and level:

- Has difficulties concentrating / paying and holding attention on tasks.
- Often does not seem to listen when spoken to directly.
- Does not follow instructions / fails to finish activities due to not understanding task (e.g. school work, homework, or chores).
- Often fails to give close attention to details or makes careless mistakes.
- Occasionally makes careless mistakes in schoolwork or other activities.
- Trouble with organising activities.
- Dislikes and avoids activities that require a lot of mental effort for a long period of time (e.g. school work or homework).
- Often loses materials needed for tasks and activities (e.g. school assignments, paperwork, pencils, books, glasses).
- Child is often easily distracted and forgetful in daily activities
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g. loses focus, side-tracked).

Hyperactivity and Impulsivity

Present for at least 6 months to an extent that it is disruptive and inappropriate for their development level:

- Often fidgets with or taps hands or feet and wriggles in seat.
- Gets out of seat, runs around classroom or climbs when not appropriate.
- Is always 'on the go' – never appears to stop.
- Talks excessively.
- Struggles to partake in activities quietly.
- Shouts out answers to questions before teacher has finished speaking.
- Difficulties in waiting for his / her own turn
- Often interrupts or intrudes on peers (e.g. joins conversations or their games without invitation).

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

Predominantly Hyperactive-Impulsive Presentation

If enough symptoms of hyperactivity-impulsivity but not inattention were present for the past 6 months.

Predominantly Inattentive Presentation

If enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past 6 months.

Combined Presentation

If enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months.

Causes

Although there are no clear-cut causes of ADHD, potential causes include:

Brain abnormalities

- Electrical problems - Abnormal neurotransmitter function caused by an imbalance in the levels of two neurotransmitters; dopamine and norepinephrine. These substances help to transmit messages in the brain.
- Chemical - Deficiency in certain chemicals that regulate the brain's ability to control behaviour.

Hereditary

- ADHD children suffer from an inherited disorder that in serious cases can cause severe mental illness

Brain Injury or Trauma

- Less than 5% of children with ADHD have evidence of brain damage through head trauma, brain infection or birth related brain injury.

Environmental factors

- Common environmental factors such as poverty, family lifestyle, pollution or diet account for 30% of cases.
- Toxins - alcohol and drug abuse, poor nutrition and toxin ingestion during pregnancy.
- Chaotic and disorganised home conditions can trigger symptoms in children who are genetically susceptible to the condition.
- Poor Diet is another potential cause

Related Conditions

Around 70% of children with ADHD also have symptoms of Oppositional Defiant Disorder, Conduct Disorder, Dyslexia, Asperger's Syndrome and Tourette's Syndrome.

Strategies / Treatments

Classroom Environment

- Position in class where they are least likely to be distracted (sit away from known distractions)
- Try to keep noise level low and prevent distractions.

Structure

- Create a structured, predictable environment (e.g. consistent seating arrangements, rules, expectations and logical consequences)
- Provide structure, start the day with a mentor led planning session
- Have the same subject occur at the same time each day
- Try to have student assigned a specific desk in each classroom. If possible student should remain in same location
- Develop organisational skills

Instructions

- Give clear, precise instructions starting with child's name and ensuring eye contact. Repeat, using 'broken record' technique if necessary.
- Keep tasks varied
- Repeat rules if necessary
- Use short sentences and establish eye contact
- Break up tasks into attainable steps – so they can see an obtainable end to their work

Behaviour

- Make behaviour expectations clear
- If a student misreads a situation, help them to understand what happened and give them strategies to use in the future. In relation to impulsivity, get children to write down thoughts and ideas and get teacher to discuss them later.
- Behaviour systems need to reflect positive and negative performance.

Rewards / Sanctions

- Children with ADHD need to be rewarded and disciplined immediately.
- Make boundaries of acceptable and unacceptable behaviour clear, and reward / sanction as required
- Use whole class rewards to ensure peer support
- Avoid public criticism but praise positive behaviour
- Do not become confrontational – children with ADHD best respond to calmness.

Study Skills

- Develop study skills – typing, use of lap top and calculators
- Use dramatherapy and creative arts

Support

- Create an appropriate support team – including healthcare professional, family and friend, educational professional and members of the community
- Provide specialist reinforcement in reading / writing / spelling and speaking
- Mentoring / Coaching / Counselling can be helpful
- Consider Nurture Groups – this can help with self-esteem, relationships, interactions, academic expectations, and talking about issues such as lying and stealing
- Provide frequent one-to-one feedback and personal contact
- Avoid trying to single out child with ADHD and giving them too much attention – they will not want to look needy.