

ADD/ADHD (attention deficit/hyperactivity disorder) and DAMP (deficits in attention, motor control and perception)

The terms ADD and ADHD are medical diagnoses and describe a syndrome of behavioural, emotional and social difficulties, which may include extreme impulsiveness, inattentiveness and continuous motor activity. There are two sub-groups of childhood ADD:

- ADHD – the impulsive-hyperactive type.
- ADD – without hyperactivity – the inattentive-impulsive type.

These are complex conditions. Children with ADD or ADHD may sometimes be on medication which the school may be asked to administer during the day. More boys than girls seem to be affected.

DAMP – deficits in attention, motor control and perception is a developmental disorder linked to both ADHD and dyspraxia. It is a descriptive diagnosis introduced in the 1980s by a Swedish professor (C Gillberg). DAMP tends to be a more pervasive and severe disorder than ADHD.

Key characteristics a child with ADD, ADHD or DAMP may:

- display impulsivity in all areas of school life
- murmur, talk or call out continuously because they are unable to internalise speech
- frequently stand up and wander around
- lash out physically or verbally with no thought for the consequences
- be easily distracted and therefore find it hard to focus on one activity
- avoid tasks that require sustained attention
- have problems with motor coordination and often appear clumsy when moving around the classroom
- have poor social interactions and difficulty making friends
- find it hard to follow instructions
- often make mistakes because of an inability to attend to detail
- have poor organisational and self-help skills, such as getting dressed or finding tools for a task
- have perceptual-motor problems and find writing difficult
- have limited concentration and poor listening skills
- be unaware of danger when running and climbing
- have constant fidgety movement of hands and feet
- sometimes have difficulty producing certain speech sounds and be unable to communicate ideas easily.

Support strategies

You may need to:

- be consistent in using an organised set of rules and routines, and make sure that the child is notified of any changes in routine well in advance
- praise small achievements and set up an agreed reward system for good behaviour, rather than using too many sanctions for inappropriate behaviour
- provide opportunities for children to move in the classroom (for example: Brain Gym, practical activities and responsibilities)
- explain to others that it is the behaviour that is a problem, not the child as a person
- use time out as a benefit rather than a sanction, as a time to calm down and be away from distractions
- help pupils organise their written work by using writing frames and other alternative methods of recording

Asperger syndrome

Children with Asperger syndrome display similar characteristics to those of autistic children. They have problems with communication, social relationships and making imaginative responses. However, they are often more articulate than autistic children and may be keen to speak at great length on their own personal topics of interest. Children with Asperger syndrome may find any large group of people, including a room full of children, daunting and even threatening. They don't like to be the focus of others' attention and respond negatively, sometimes aggressively, to any situation they don't understand. When challenged they may seek to hide in a small, enclosed space such as a cupboard or a toilet cubicle. Asperger syndrome requires a multi-professional diagnosis.

Key characteristics

Children with Asperger syndrome may:

- have difficulty understanding jokes, idioms or figures of speech – everything is taken literally, making it difficult for them to make friends, understand some oral instructions and follow parts of literacy lessons
- respond aggressively
- find it hard to interpret body language and facial expressions
- tend to avoid eye contact
- seem to respond inappropriately to other people's feelings, due to a lack of awareness of others' emotions or reactions
- imagine slights or challenges where none are intended
- become obsessively interested in a hobby and/or be especially talented at something like music or art
- tend to talk obsessively about topics of their own interest in an expressionless tone of voice
- need to follow routines exactly, to the point where they become rituals, and be very upset at any changes in normal home or school routines
- follow any instruction or statement literally
- have difficulty thinking in abstract terms
- find it hard to make and keep friends because they have difficulty relating to the needs of others
- feel aggravated and confused by the brightness or buzzing sound of some types of lighting.

Supporting Students with Autism and ASD - Autistic Spectrum Disorder

This condition affects a child's ability to socialise and to develop speech and language. The main characteristics are now commonly described as a triad of impairments. These impairments affect:

- communication – language impairment, which may include speech, intonation, gesture, body language and/or facial expression
- social interaction – difficulties such as lack of empathy and perception, inappropriate eye-contact, poor grasp of timing or rejection of physical contact
- imaginative thought – inflexible or over-literal thought processes, which may include obsessional behaviours or repetitive movements and a resistance to change.

Those with autism will experience many of the same difficulties as children with Asperger Syndrome (see above). These difficulties may range from mild to severe.

Like Asperger syndrome, this condition requires a multi-disciplinary diagnosis. Children or young adults with ASD or autism will have a different view of the world and of what is important.

Key characteristics

Children with autistic spectrum disorder may:

- find it hard or even impossible to look others in the eye
- prefer to be solitary and have great difficulty dealing with other children invading their personal space
- flap arms or hands, particularly when frustrated or upset
- have delayed speech – up to 50 per cent of autistic children have difficulty with developing spoken language
- have difficulty understanding jokes, idioms or figures of speech – everything is taken literally, making it difficult for them to make friends, understand some oral instructions and follow parts of literacy lessons
- have difficulties with language, such as parroting what others say, repeating one phrase over and over or speaking in a monotone
- fly into a rage for no apparent reason, although this usually turns out to be because someone has moved something or changed a routine
- display repetitive behaviour, such as turning lights on and off, opening and closing doors, or watching the same videos over and over again.

Support strategies you may need to:

- provide an area in the classroom where the student can have their own personal space, with the minimum of distractions
- ensure that the classroom has an element of continuity – not too many changes at one time
- prepare the pupil well in advance for any changes in school routine, if possible, as this can be very distressing for them
- be consistent in the management of behaviour
- use a daily visual timetable for younger children
- use visual task lists for older students
- keep instructions clear and simple, checking that they are understood by repeating the instructions individually as an autistic or ASD pupil will not understand that general instructions are for them unless their name is used
- use ICT to support learning in a variety of ways
- explain jokes, idioms and figures of speech – what they are, what they mean and how

- they work, as far as can be understood, and that people often say things that may not seem logical or literal
- teach the pupil how to interpret social signals
- use social stories to support a learner in specific social situations
- teach self-help skills
- use visual and concrete materials to support understanding of conceptual vocabulary
- use games and activities to teach social conventions and interaction, such as turn-taking
- ensure that the pupil understands that school and classroom rules apply to them.

Support agencies

- Autism Independent UK
- National Autistic Society (also NAS Scotland and NAS Wales)
- PEACH.

Useful Websites:

<http://en.wikipedia.org/wiki/Autism>

<http://www.nas.org.uk/>

<http://www.bbc.co.uk/health/conditions/autism1.shtml>

Supporting students with Dyscalculia

Dyscalculia is a specific learning disability involving maths skills. It may be a difficulty with counting and calculating, understanding abstract maths concepts or working with numbers and symbols.

Key characteristics

Children with dyscalculia may have:

- normal or above average verbal skills and good visual memory for the printed word
- difficulty understanding maths concepts, rules and sequences, especially involving time and money
- a tendency to make substitutions, transpositions, omissions and reversals when reading
- and writing numbers
- a poor sense of direction (such as confusing left and right, getting easily lost, losing things) and time (such as often arriving late)
- difficulty recalling names and faces
- poor mental maths skills
- poor coordination when involved in activities requiring change of direction, such as aerobics, exercise and dance sessions
- difficulty with keeping score in games or working out strategies in chess.

Support strategies

You may need to:

- allow extra time to complete a task
- encourage learners to make use of calculators when necessary
- use visual and concrete materials to develop understanding of maths concepts
- make use of ICT as an aid to learning
- use multi-sensory teaching strategies to support the learning of new concepts
- encourage working with a partner to explain methods of working to each other
- incorporate practical activities into most lessons
- allow for the need to over-learn maths concepts and rules.

Support agencies

- Dyslexia Action.

Useful Websites:

<http://en.wikipedia.org/wiki/Dyscalculia>

<http://www.bdadyslexia.org.uk/dyscalculia.html>

<http://www.bbc.co.uk/skillswise/tutors/expertcolumn/dyscalculia/>

Supporting Students with Dyslexia and SpLD (specific learning difficulty)

Dyslexia is a specific learning difficulty that affects the ability to read and spell. About 60 per cent of children with dyslexia also have trouble with the sounds that make up words. Dyslexia can also cause difficulties with basic maths (especially the order of numbers and multiplication tables), general literacy skills, word interpretation and perception, organisational skills, short-term memory, sequencing and information processing. Children with dyslexia, however, are often very creative and able in certain areas of the curriculum, such as art, design, technology, computing, drama and lateral thinking. Dyslexia is a complex neurological disorder and affects about 10 per cent of the population, across all levels of intellectual ability. It tends to affect boys more than girls and often runs in families. It is believed to have a genetic cause.

Key characteristics

A dyslexic pupil may:

- use bizarre spellings and have poor phonological awareness
- frequently lose the place when reading and see blurred or distorted word shapes
- confuse some high frequency words, such as was/saw
- reverse letters and number digits beyond the age where this is normal
- write words with the correct letters in the wrong order
- write sequences of letters and numbers in reverse
- have difficulty remembering a word and substitute other words instead
- have great difficulty organising themselves and their belongings
- be unable to remember simple sequences, such as days of the week
- experience problems following oral instructions
- have poor sense of time and direction
- make frequent errors when copying, especially from the board
- have some coordination difficulties
- have low levels of motivation and self-esteem.

Support strategies

You may need to:

- teach syllable count to help the learner hear how many syllables are in a word
- teach how to blend syllables
- teach onset and rime to help the pupils to discriminate between words aurally
- teach phoneme discrimination to help the pupil identify phonemes in words
- teach phoneme-blending to help with reading and spelling
- use multi-sensory methods to support learning
- ensure repetition of learning, using word and language games for enjoyment
- make use of coloured overlays and line trackers where necessary
- create a positive reading environment, with opportunities to listen to stories
- teach keyboard skills and encourage use of spell-checkers AND DISABILITIES
- encourage alternative methods of recording, such as writing frames, diagrams, labelled drawings, flow charts or comic strip stories
- allow the use of a scribe where appropriate, especially for copying anything important, such as homework instructions
- make use of audio-visual aids
- keep oral instructions brief and clear
- revise and review previously taught skills at frequent intervals
- raise self-esteem and confidence with lots of praise and encouragement.

Support agencies

- British Dyslexia Association

- British Dyslexics
- Dyslexia Action
- Dyslexia in Scotland.

Useful Websites:

<http://www.bdadyslexia.org.uk/>

<http://en.wikipedia.org/wiki/Dyslexia>

http://www.google.co.uk/search?sourceid=navclient&hl=en-GB&ie=UTF-8&rlz=1T4ADBF_en-GBGB250GB256&q=dyslexia

Supporting students with Dyspraxia and developmental coordination disorders (DCD)

Dyspraxia is a specific learning difficulty. Pupils with dyspraxia have problems with motor coordination and often appear clumsy when moving around the classroom. They have perceptual-motor problems and find writing difficult. They may also have pronunciation difficulties, caused by problems in controlling the movements of the mouth and the tongue. Developmental dyspraxia is suspected when it is obvious that the difficulties are not due to a medical condition.

Approximately one child in 20 suffers from this condition, which affects four times as many boys as girls.

Key characteristics

Children with dyspraxia may:

- appear to be clumsy, bumping into people and objects
- have difficulty in judging distances and the position of objects in space, so find ball games particularly hard
- be unable to change speed and direction without overbalancing
- need to be watched carefully when climbing on playground equipment because they have no sense of danger
- appear to be uncoordinated, particularly when running, jumping, hopping or riding a bike
- be unsure of which hand to use and may change hands in the middle of an activity
- have immature use of pencils, crayons, scissors, puzzles and simple construction toys
- have difficulty in copying shapes and pictures
- have difficulty producing some speech sounds and be unable to communicate their ideas easily
- find it confusing if they are given too much verbal information at a time because they take longer to process it and are rarely able to make immediate responses
- find it hard to sequence information and reproduce it verbally, which affects their ability to answer questions in the classroom
- find it difficult to adapt to a structured school routine
- have limited concentration and poor listening skills
- be easily upset and have temper tantrums, which annoys other children
- have poor social interactions and difficulty making friends
- be rough and aggressive because they have difficulty controlling their movements.

Support strategies

You may need to:

- give clear, simple instructions and constant reminders, both oral and written
- provide a reasonably quiet working environment
- organise activities to develop listening skills and attention skills, such as sound tapes
- encourage learners to present ideas using ICTING DIFFICULTIES AND DISABILITIES
- incorporate recommended motor coordination exercises into a PE programme
- organise games and activities requiring cooperation and turn-taking
- practise a range of sequencing activities, such as pictorial activity or story sequences, word and sentence sequences, days, months or number sequences
- develop role-play and drama activities, including puppets
- help pupils organise their written work by using writing frames
- praise every effort and successful achievement of new skills
- practise tracking activities, such as mazes, dot-to-dot, tracing, letter shapes.

Support agencies

- Dyscovery Centre
- Dyspraxia Foundation.

Useful Websites

http://www.dyspraxiafoundation.org.uk/services/dys_glance.php

<http://www.bbc.co.uk/health/conditions/dyspraxia2.shtml>

https://en.wikipedia.org/wiki/Developmental_coordination_disorder

Supporting students with obsessive compulsive disorder (OCD)

About one in 50 people suffer from obsessive compulsive disorder (OCD) at some time in their lives and it affects males and females alike. OCD is characterised by three main parts:

- Obsessions – thoughts that make you anxious
- Anxiety – the way you feel
- Compulsions – the rituals you need to go through to help reduce your anxiety.

Although younger pupils may have mild compulsions, it is in the teens and 20s when adult OCD is more likely to begin. The condition may run in the family. It can sometimes be brought on by stress, life changes, or changes in brain function. People who are neat and meticulous may be more likely to develop OCD. Treatment is usually a combination of cognitive behavioural therapy and medication, depending on the severity of the condition.

Key characteristics

A young person with OCD may:

- have intense fears of dirt and diseases
- feel the need to wash frequently
- have anxieties about actions or non-actions that could cause harm (causing a road accident, leaving gas on, etc)
- have thoughts of violence affecting friends and family
- need to have things in the 'right' place and in the 'right' order
- often feel guilty, tense, fearful, depressed
- need to perform certain rituals before going anywhere or doing anything
- avoid certain places that have elements of perceived danger
- need constant reassurance that all is well.

Support strategies

You may need to:

- ensure that all staff are aware of the characteristics of OCD
- check with parents and young people that they are actively seeking help
- liaise regularly with parents and professionals who are supporting pupils
- follow guidelines and support strategies suggested by professionals (these should be drawn up for each individual)
- ensure that there is a trusted adult available to deal with any difficulties
- provide learning environments and opportunities that allow students to come to terms with their anxieties gradually.

Support agencies

- Anxiety UK
- OCD Action
- OCD UK
- OCD Youth
- No Panic.

Useful Websites:

http://en.wikipedia.org/wiki/Obsessive-compulsive_disorder

<http://www.ocduk.org/1/ocd.htm>

<http://www.ocdaction.org.uk/ocdaction/index.asp?id=302>

Supporting students with oppositional defiant disorder (ODD)

Oppositional defiant disorder is the term used to describe aggressive, defiant behaviours that are long lasting and beyond the range of normal behaviour. ODD can start at quite a young age (usually under nine or 10 years) and is more common in boys than in girls. A diagnosis of oppositional defiant disorder will only be given if a child is defiant and disobedient in a provocative way over a period of time. The causes of ODD are unknown, though some studies show that it tends to run in families.

Key characteristics

A pupil with oppositional defiant disorder may:

- argue constantly with and defy adults
- often appear angry and resentful
- deliberately annoy others
- have frequent, extreme tantrums
- be aggressive to other children
- blame others for things they have done themselves
- use unkind, spiteful language
- refuse to abide by any rules or sanctions
- be deliberately provocative and rude
- refuse to take responsibility for their behaviour.

Support strategies

You may need to:

- liaise regularly with parents and professionals involved with the pupil
- ensure a consistent approach to the pupil's behavioural difficulties by all members staff by developing positive behaviour management strategies
- set up small, social skills groups for pupils who have difficulty in particular areas, such as anger management or relating to other children
- arrange for family support provision either through the Family Centre or the Child and Adolescent Mental Health service (CAMHS)
- give students opportunities to express their feelings through puppets or role play
- develop social interaction skills through games and paired problem-solving activities
- encourage the development of ICT skills to increase motivation
- provide opportunities for pupils to discuss their anxieties
- set short, clearly defined targets.

Support agencies

- Young Minds.

Useful Websites:

<http://www.kidsbehaviour.co.uk/OppositionalDefiantDisorderODD.html>

http://en.wikipedia.org/wiki/Oppositional_defiant_disorder

<http://www.users.globalnet.co.uk/~ebdstudy/disord1/oppose.htm>

- give short, simple instructions and encourage the learner to talk through a task before attempting it
- let the pupil work in an individual or paired situation rather than expecting them to work in a group
- teach social skills – don't expect the pupil simply to pick up acceptable social behaviour
- incorporate suggested motor coordination exercises into group PE activities
- be realistic in your expectations – set short, clearly defined targets.

Support agencies:

- ADD/ADHD Family Support Group
- ADD Information Services (ADDISS)
- ADDNET UK
- Hyperactive Children's Support Group

Useful websites:

http://en.wikipedia.org/wiki/Attention-deficit_hyperactivity_disorder

<http://www.netdoctor.co.uk/diseases/facts/adhd.htm>

<http://www.bbc.co.uk/health/conditions/attention2.shtml>

<http://www.add.org/>