

Evidence-based Interventions for Students with ADHD in Schools

Dr Choi Pui Meng, Senior Educational Psychologist, Ministry of Education was invited to present at one of our parent support group meetings to share about evidence-based approaches in supporting students with ADHD in schools. During the presentation, he shared aspects of research findings from his doctorate study, in which in-depth interviews were conducted with 22 children and adolescents with ADHD, their parents, and some of their school teachers. From the voices of these children and adolescents with ADHD, some core areas of school difficulty attributed to ADHD, as well as what could be helpful to them in overcoming these difficulties, were uncovered. In line with these findings, Pui Meng also shared forms of useful intervention that were well supported by research evidence, including a multimodal approach in ADHD support, which aims towards eventual independence for children and adolescents with the disorder.

ADHD in School

As ADHD is currently classified as a neurodevelopmental disorder, it is important to perceive it beyond observable symptoms of inattentiveness and impulsivity, with some cases involving hyperactivity. In schools, ADHD symptoms often bring about various forms of difficulties in terms of academic and social functioning. As DuPaul and Jimerson (2014) reported, students with ADHD typically have problems sustaining concentration on teacher instructions and independent seatwork in class, forgetting classroom materials, have difficulty organising their belongings, and have difficulty completing assigned homework in a timely and complete manner. High levels of fidgeting and out-of-seat behaviours, frequent calling out without permission, breaking rules without considering consequences, making inappropriate noises that disrupt class lessons are some examples of difficulties of how students with ADHD symptoms of hyperactivity-impulsivity may display.

Main Areas of School Difficulty attributed to ADHD

In his recent study involving in-depth interviews with 22 local school-going children and adolescents (from primary school, secondary school, JCs, and polytechnic) diagnosed with ADHD, Pui Meng surfaced areas of difficulty that were similar to the areas of school problems listed by DuPaul and Jimerson (2014). Generally, ***impulsivity was surfaced as the core area of concern***, as it was attributed to have caused most other areas of difficulty, such as

- (a) attention difficulties, which were often attributed to uncontrollable tendencies to manage too many thoughts and distractions in the surroundings,
- (b) overactivity, which often involved misbehaviours that participants expressed they only realised the consequences afterwards (e.g. walking about in the classroom; rushing to borrow stationery items from peers during lesson),
- (c) relationship difficulties with teachers and peers, which were often caused by their impulsive responses in social situations (e.g. often interrupting teachers' lessons and conversations; impulsive disruptions during peer group discussions in class).

What will be Useful?

Based on their experiences with past intervention support received, the children and adolescents in Pui Meng's study also shared about what could be useful for them to cope with school difficulties that they attributed to ADHD. The sessions with these children and adolescents also included role-play and frequent practice in the strategies discussed, involving their parents and for some cases, their teachers and peers as well. These sessions helped ascertain the nature and types of support that will likely help them address and manage the areas of difficulty that surfaced during the in-depth interviews.

Self-Management Strategies involving Emotional Management

Generally, according to these children and adolescents with ADHD, self-management strategies involving emotional management (e.g. anger), and the use of visuals, were reported to work best. For example, one participant, C, shared that he felt motivated to work on improving his peer relationships because of the self-monitoring strategy he learned during the interviews and role-plays during the course of the study. The self-monitoring strategy of checking successful incidents of contributing two good ideas in each discussion that he was in helped him cope better in class group work. The success motivated him to work closely with the school counsellor to improve other positive behaviours. Consequently, C shared that he became well-accepted among his peers and was very happy with his personal efforts to improve in his self-management.

Essential Characteristics of Intervention Support

For the self-management strategies to work, some essential characteristics in intervention support were surfaced to be important for the children and adolescents in this study. As advocated by Professor Russell Barkley, a renowned clinical expert on ADHD who devoted much of his career to studying the disorder, ADHD should be seen to comprise performance deficits, and not necessarily skills deficits. Individuals with ADHD could have difficulties executing the skills they knew and learned. Therefore, individuals with ADHD need guidance and support that is available at the point of performance during difficult social situations.

Adult Support

The most common characteristic in any form of intervention, as deemed important by the children and adolescents with ADHD in this study, was adult support. This support can be from parents and teachers. During the interview, these participants shared commonly about how much they appreciated the support from some teachers who showed good empathy and understanding towards their ADHD difficulties. While this did not imply condoning negative behaviours and unpleasant incidents that took place because of ADHD, these teachers were reportedly focusing on developing positive behaviours among the participants and encouraging them to practise their self-management skills learned, instead of merely reprimanding or punishing as a result of negative behaviours.

Adult support coming from parents was deemed important as well. As an example, parents' involvement in role-plays, aimed to help participants apply self-management strategies they learned in everyday classroom practice, was reportedly an important element of success in this study. When asked about what contributed to the success of some of the intervention

strategies discussed during the interviews, most participants unanimously shared about how much they appreciated their parents for being involved in practising with them during the role-plays towards the end of this research.

Peer Support

Related to the support provided by adults, the children and adolescents with ADHD in this study also shared about how important peer support could be, to help them cope with school difficulties. To help them manage these difficult social situations, the children and adolescents appreciated the support from close friends among their peers, who were willing to help them during the role-plays conducted in this study. For example, as some participants proceeded to practise their anger management skills in class and in schools, the peer support which came as ready reminders and prompts for them to restrain themselves from negative behaviours, were reportedly crucial in helping to improve self-management. This peer support is important in the early stage of self-management, before they likely internalise the skills they learned before they become self-regulating habits (e.g. in curbing their anger) which help them cope better in social situations than before.

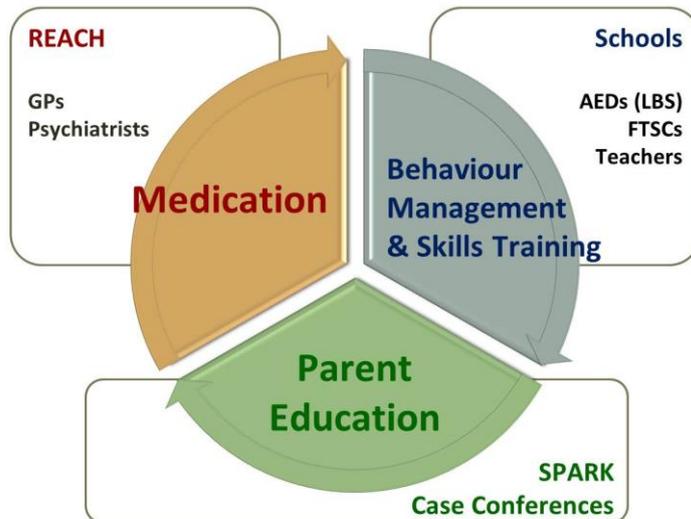
Multimodal Approach in ADHD

An effective multimodal approach will require many helping hands, and a combination of intervention approaches and treatments in supporting students with ADHD. In the local context, REACH Teams and Ministry of Education have been playing a significant role in collaborating with schools to promote the implementation of the necessary multimodal support.

Importantly, interventions in schools are based on specific educational needs of the students and not on the diagnostic label of ADHD per se. As such, the multimodal approach must include psychoeducation, which consists of parent and child education on ADHD and related areas of impairments experienced, pharmacological treatment (i.e. medication) and non-pharmacological approaches, such as psychosocial interventions, behavioural interventions, and academic remediation (to target learning difficulties identified, which are often related with ADHD).

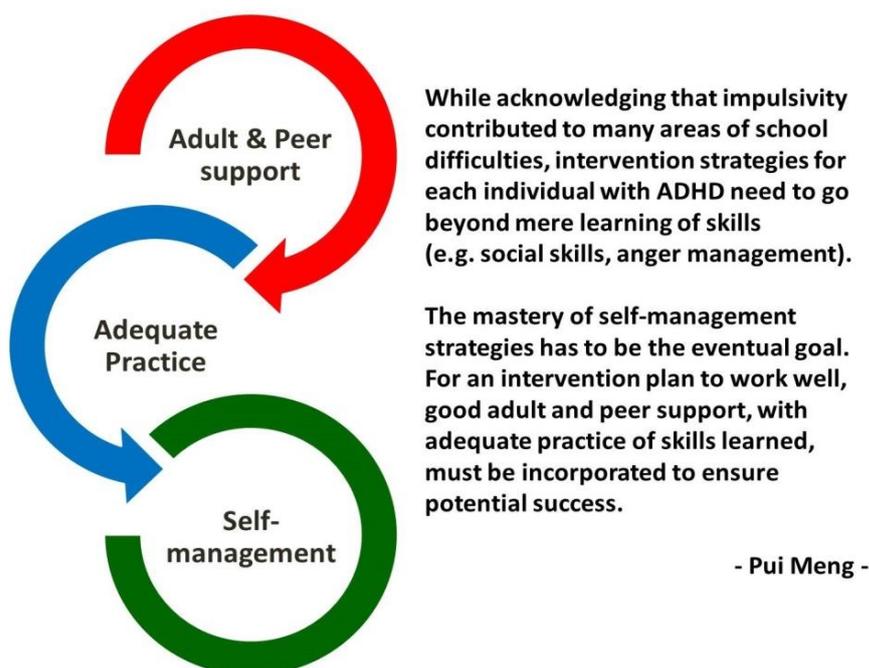
For the aspect of psychoeducation, parents are encouraged to attend regular SPARK meetings and talks, so as to be well informed about ADHD and related difficulties so that they can also work closely with their children to understand their profiles of strengths and need areas. At the same time, parents are encouraged to maintain good relationships with schools, proactively communicating with class teachers and school personnel who support special needs (e.g. allied educators), and work closely with family doctors/psychiatrists to monitor the use of ADHD medication.

Multimodal Approach in ADHD Support



Towards Independence

Towards the end of his presentation, Pui Meng reminded parents about the underlying key principle of intervention approaches, which involves the empowerment required for individuals with ADHD to be eventually independent and able to self-regulate effectively. Drawing from the findings of his recent study, and current research evidence, students with ADHD would require the initial intensive support and guidance from adults and peers to practise skills that they have learned. Medication may likely facilitate the learning of self-management skills at this early phase. When such a multimodal plan is in place, there is potential success for eventual independence, where an individual with ADHD can internalise self-management skills for use in everyday life.



- Pui Meng -