

How schools can optimise support for children with ADHD

October 19 2018



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New research gives the clearest guidance yet on how schools can best support children with ADHD to improve symptoms and maximise their academic outcomes.



The study, led by the University of Exeter and involving researchers at the EPPI-Centre (University College London), undertook a systematic review which analysed all available research into non-medication measures to support <u>children</u> with ADHD in schools. Published in *Review of Education*, the paper found that interventions which include one-to-one support and a focus on self-regulation improved <u>academic outcomes</u>.

Around five per cent of children have ADHD, meaning most classrooms will include at least one child with the condition. They struggle to sit still, focus their attention and to control impulses much more than ordinary children of the same age. Schools can be a particularly challenging setting for these children, and their difficulty in waiting their turn or staying in their seat impacts peers and teachers. Research shows that medication is effective, but does not work for all children, and is not acceptable to some families.

The research was funded by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South West Peninsula—or PenCLAHRC. The team found 28 randomised control trials on non-drug measures to support children with ADHD in schools. In a meta-analysis, they analysed the different components of the measures being carried out to assess the evidence for what was most effective.

The studies varied in quality, which limits the confidence the team can have in their results. They found that important aspects of successful interventions for improving the academic outcomes of children are when they focus on self-regulation and are delivered in one-to-one sessions.

Self- regulation is hard for children who are very impulsive and struggle to focus attention. Children need to learn to spot how they are feeling inside, to notice triggers and avoid them if possible, and to stop and



think before responding. This is much harder for children with ADHD than most other children, but these are skills that can be taught and learned.

The team also found some promising evidence for daily report cards. Children are set daily targets which are reviewed via a card that the child carries between home and school and between lessons in school. Rewards are given for meeting targets. The number of studies looking at this was lower, and their findings did not always agree. But using a daily report card is relatively cheap and easy to implement. It can encourage home-school collaboration and offers the flexibility to respond to a child's individual needs

Tamsin Ford, Professor of Child Psychiatry at the University of Exeter Medical School, said: "Children with ADHD are of course all unique. It's a complex issue and there is no one-size-fits-all approach. However, our research gives the strongest evidence to date that non-drug interventions in schools can support children to meet their potential in terms of academic and other outcomes. More and better quality research is needed but in the mean-time, schools should try daily report cards and to increase children's ability to regulate their emotions. These approaches may work best for children with ADHD by one-to-one delivery"

Provided by University of Exeter

Citation: How schools can optimise support for children with ADHD (2018, October 19) retrieved 6 May 2024 from

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