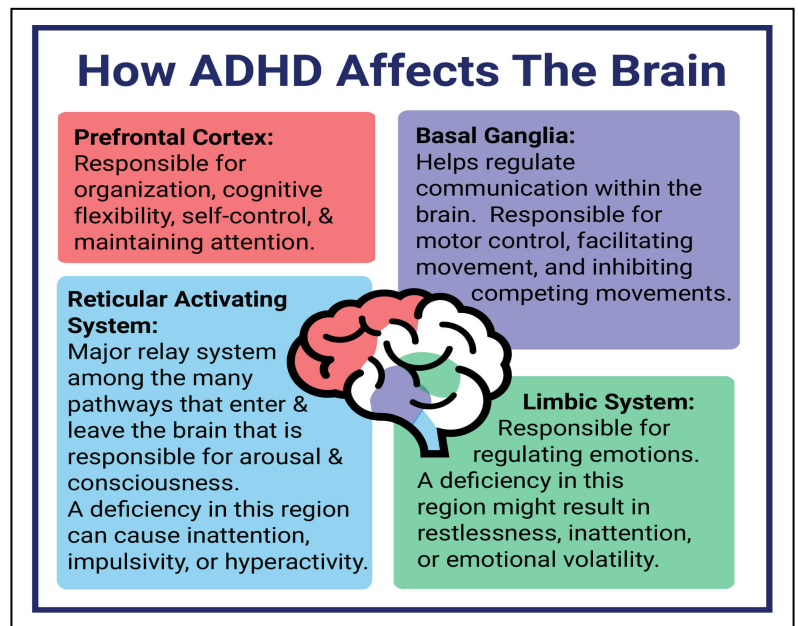


# SEND Bulletin No. 6

## **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 (eg 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
- 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**

- ADHD Foundation – [www.adhdfoundation.org.uk](http://www.adhdfoundation.org.uk) – good resources for teaching & managing students with ADHD
- ADHD & School – [www.helpguide.org](http://www.helpguide.org)
- NHS – <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/living-with>
- ADHD UK – <https://adhduk.co.uk>

If you have any particular items you would like information on or any interesting information or resources which you would like to share with your colleagues via this fortnightly bulletin please e-mail them to me:

[ari@st-peters.bournemouth.sch.uk](mailto:ari@st-peters.bournemouth.sch.uk)

Many thanks

Anne