Chapter 5.3

Listening to Teacher Voices-
Designing Classroom Interventions

Research available on ADHD in India locates it in an educational context. Educational interventions targeted to manage ADHD symptoms are perceived as more helpful than other interventions, suggesting the important role that schools in India and teachers specifically play in identifying and providing appropriate intervention for ADHD (Wilcox et al. 2007). With reference to the ecological and developmental theoretical currents than run through the study, teachers constitute an integral part of the child’s microcosm and positive teacher-child relationships can contribute significantly to reducing risk factors and enhancing the development of protective factors in mental health contexts (Coie 1993). A major thrust of this study regards teachers as stakeholders in crucial positions of being able to recognize classroom based academic and behavioural difficulties and initiate early intervention pathways. It allows for classroom realities concerning students displaying ADHD type behaviours and how their needs can be best met, to be described by teachers in pragmatic terms.

Extant research on school-based prevention and intervention programs for children at-risk for or with emotional disorders indicates that such programmes are generally effective in alleviating the early onset of emotional and behavioural symptoms (Reddy 2009). At risk students placed in strong teacher support classes show improvements in terms of their achievement scores and teacher-student relationships (Hamre and Pianta 2005) and pivotal problem areas affected by ADHD can be significantly reduced in young children with early intervention (Lee-Kern et al. 2007).

While there has been increasing interest in addressing mental health issues among children and addressing schools as sites for intervention (Ringeisen 2003; Reinke 2011) there is also a parallel recognition of the complexities involved in the successful implementation of such an approach. Factors such as teacher training, class size, teacher load, exam oriented systems and poor family school partnerships do present challenges at multiple levels (Weist 2005). Educational and mental health models differ at their conceptual core according to Ringeisen et al. (2003) in that, educational models focus on competence and achievement while mental health models focus on psychopathology and treatment of these difficulties.

These inherent differences can lead mental health professionals to create programmes that are not sensitive to school contexts and hence unlikely to be implemented by teachers in their classrooms (Rones
and Hoagwood 2001). Effective intervention programmes in schools recognize the influence of nested setting-specific factors (Masten 2003). Collaborative efforts need to factor in the teacher’s perspective and willingness to implement a programme and the acceptance that not all teachers are receptive to intervention efforts for students-

Anita (DS School) - ‘The counsellors have done some talks for us on how we can help such children in the class and I have also attended an outside school programme on Dyslexia. But frankly I don’t think all teachers are cut out to work with difficult students. It must come from within you, that commitment. By just holding a gun to our heads and saying that we have to include such children no matter what, is not going to help either the child or the teacher in the long run.’

Anita had worked earlier in a school based in Delhi where children with high needs such as those with a diagnosis of autism and cerebral palsy were to be integrated with the regular class for some part of the day. The lack of training in effectively responding to those children and being unable to attend to the regular students meant that the class witnessed a lot of disruption- ‘I used to dread those classes, there would just be so much screaming, nothing productive got done. On most days I felt bad for those children- their parents probably thought their children were getting some benefits by being with normal students but in reality they were not.’

On the other extreme were Daya’s (SM School) responses- During my school visits I had observed her interacting with staff and students in the ‘Opportunities Section’ which admitted children who were cognitively challenged. I also knew that Daya had a full teaching load and her talent with craft work meant that she was frequently called upon to help out with costumes and props for school events which consumed a lot of her time. When asked about how she managed to find time to help out with the Opportunities Section, she responded-

‘These teachers wait for me to come and teach them and the kids some simple craft work. My timetable is full and some parents have also complained that my corrections are not getting done but I enjoy my time here. The children are so simple and affectionate. Maybe its also because I know what those children feel like not to have good friends, not good with their studies, so whenever I do get time or a free period I try and come here- like today the teacher has been requesting me to come, we finished making a chart on Parts of the Body.’

Anita’s and Daya’s responses indicate that teacher acceptance and implementation of a programme does not rest solely on training received or what school managements expect, there are complex variables such as personal experiences, belief systems, severity of student’s problem and a range of systemic factors that
Experiences that some of my colleagues in the mental health profession share about schools and teachers are frequently tinged with comments of: ‘Teachers are so resistant’ ‘Is schooling only about completing portions for them?’ There is an unwritten assumption that as mental health experts we design programmes that teachers are required to follow and mostly why those prescriptive programmes are received with scepticism by teachers. The requirement to study ways in which child mental health professionals enter into collaborative spaces with educators in India also stems from the recognition of the need to ramp up mental health service delivery options for the millions of children who qualify for receiving such intervention.

The previous 2 sections on results of this study brought out themes related to teacher’s understanding of ADHD type behaviours and their perspectives. The themes discussed set the context and provide a logical sequential movement towards addressing the study’s objective of exploring teacher responses regarding meeting needs of students with behavioural difficulties in classroom contexts. Teachers’ voices as represented in their responses have been brought to the design board allowing for their intersection with current child mental health research to create a classroom based intervention programme for children with ADHD type behaviours. The themes obtained from responses to this issue have been discussed under the following heads as represented in figure 5.3.1.

Figure 5.3.1: Themes –Listening to teacher voices
5.3.1 Preventive Strategies

In discussing how needs of students with behavioural difficulties could be met, teachers also reflected on classroom strategies they used that served a preventive function. These whole class strategies typically involved rule setting, monitoring behaviours and instructional strategies. In the lower elementary classes teachers expressed the need to set clear rules and boundaries. Teachers spent a significant portion of the first few weeks of school devoted to going over rules, getting students to demonstrate them, repeating them orally frequently and laying down consequences.

Bhavana (PR School) - ‘The shift for our children from kindergarten to first grade is a big one. The school is bigger; there are so many children and a lot of new things that they have to get used to. From day one I start putting rules in place, they need to know that this is not some class where they are going to be pampered because they are still young- their parents may do that but here in class they have to follow what I have put into place. They are simple but basic rules like respecting the teacher, listening to what is said, not pushing on the stairs and washing their hands. Once they learn these then the class is set. In fact teachers in the higher grades say that if children are coming from my class then they know they are getting a good batch.’

A high emphasis was laid on complying with teacher instructions and staying on task. Teachers also felt that a high level of alertness and a following through on rules was essential to ensuring that students understood their significance and that they were accountable for their behaviour.

Anita (DS School) - ‘It is not enough to just say the rule as a teacher you always have to keep watch, they may be small but they are clever! Students in my class know that they can’t keep going to the toilet once class is on. This boy I had in class used to excuse himself very frequently so I followed him one day to the toilet and said- show me how much susu you are doing because if you are coming here so often then you may need to see a doctor. So if you catch them like that and insist on something being followed they begin to realize that they can’t fool you.’

The behaviours that teachers strove to build and reinforce in their students resonate with the concept of ‘keystone behaviours’. As described by Ducharme and Shecter (2011), ‘a keystone behaviour is a relatively circumscribed target behaviour that is foundational to a range of skills and related to other responses such that, when modified, can have a substantial positive influence on those other responses.’

The 4 core competencies or keystone behaviours identified in their research were: compliance skills, social skills, on-task skills, and communication skills. The presence of these 4 skills at levels that were consistent with those of their peers was perceived to help children attain a functional level of achievement.
and success in educational settings (Ibid 2011). Of the 4 core competencies mentioned, teachers in the classrooms observed, focused on compliance and on-task skills. Rules that teachers set in their classes were based on school requirements for hygiene, safety, appropriate behaviour and those that the teacher considered important. Students were not involved in drawing up rules for the class in any participative process, these were viewed as entirely teacher directed and enforced. Class monitors or leaders acted as teacher substitutes or teacher aides in ensuring order.

Research literature on ADHD type behaviours and classroom processes indicates that classrooms that are defined by a high level of structure and have a teacher engaged in direct teaching are less likely to have students’ exhibit ADHD type behaviours (Nelson and Roberts 2000). Successful classroom management opines Brophy (1983), involves not merely responding effectively when problems occur but preventing problems from occurring in the first place. Instructional strategies used were also regarded by teachers as being able to prevent students from exhibiting disruptive behaviours. Some of the teachers in the group started their class with group exercises, these allowed the students to stretch and bend; it also conveyed the need for them to listen to teacher instructions and to follow through on them- setting the tone of the class.

Priya (SM School) - ‘Before I actually start with the lesson for any period, I get them to keep their desk free of clutter. All of them have to sit up and make eye contact with me, I say this a little loudly – I want ALL eyes on me- once I know they are looking then I start with a clapping exercise- they have to listen to the pattern and then repeat. Sometimes it’s a simple exercise of standing and sitting or turning around in their places- no movement outside their places because then settling them takes some more time. This way they are also fresh and I can watch out for the ones who have not been following through on the activities.’

Making adjustments in their classes such as the pace, introducing an impromptu quiz, switching from a written to oral- informal task, allowing for a quick break, conducting a demonstration or getting the students to do a hands-on activity such as colouring or craft work- required the teacher to demonstrate a certain level of flexibility in being able to sense the mood of the class and create shifts before the class got restless, noisy or disinterested. Teachers in the study felt that teaching in elementary sections allowed them greater freedom to manoeuvre through the curriculum and make it more responsive to children’s needs.
5.3.2 Differentiating Behaviours

On the basis of vignettes provided, teachers identified a student in their class and also completed a SDQ rating for the child which supported their observations of the child. While teachers in the study had no awareness about the term ADHD they were able to identify classroom behaviours that almost perfectly matched the symptom clusters seen in a clinical presentation of ADHD. Tolerance levels towards behaviour and whether a behaviour observed is considered slightly deviant from the norm- problematic or regarded as pathological is strongly influenced by culturally determined age appropriate norms. The notion about ADHD being a western condition has been challenged by evidence obtained from cross cultural research, suggesting that it does exist as a fairly stable behavioural construct (Malhi and Singhi 2000; Ghanizadeh, Bahredar and Moeini 2006; Hong 2007; Karande, Satam, Kulkarni, Sholapurwala, Chitre and Shah 2007; Einarsdotti 2008). Researchers however in these studies and others have underscored the need to address issues of ADHD identification and treatment from culturally sensitive paradigms (Bussing et al. 1998; Dwivedi and Banhatti 2005; Wilcox, Washburn and Patel 2007).

Teachers’ responses to the query asking how they would differentiate a student who was being naughty from a student they thought had an actual problem such as that mentioned in the vignette were examined for themes. These have been visually represented in figure 5.3.2.

![Figure 5.3.2: Differentiating problematic behaviours](image-url)
As indicated in the matrix figure(5.3.2) teachers in the study have used what I have referred to as **The Four A** framework to determine whether the behaviours a child was displaying in the classroom reflected slight variations of normal behaviour or whether they indicated more severe problems suggestive of ADHD. **The Four A’s** represent core features used by teachers across schools to differentiate challenging behaviours. Responses indicated a high degree of consistency between teachers suggesting that systemic or intrinsic –teacher specific beliefs did not impact on how teachers viewed these behaviours. The core features described by teachers are central to the clinical diagnosis of ADHD implying that teachers on the basis of observations that they make of students in their classes are well placed to identify those who may need specific interventions.

The comparison of the identified child in the context of group norms was always stressed by a majority of teachers-

**Beena (SV School)** - ‘Sometimes parents don’t always accept feedback that we tell them about their child especially if its negative. The teacher has no reason to be making these things up - what purpose does it serve? For the parent this child may be the only one or there may be 2 more siblings at home maximum to compare the child with, but we compare the child in relation to 40 others of the same age. You can see then that there are differences. Also with experience you can tell what is expected of a first grade or fourth grade child.’

Teachers did not use any specific formal diagnostic tests but arrived at their conclusions by telescoping their observations of the child across a range of classroom situations based on observable group norms and their years of experience.

**Activity Levels** - The most obvious behaviours that indicated a level of severity were motoric behaviours. Students who were restless- constantly shifting in their places, fidgeting with stationery items, rocking or seen to be walking in class when being seated was expected were viewed as having difficulties. Teachers reported that in comparison to other students, those who displayed ADHD type behaviours had higher physical energy levels.

**Julia (IP School)** - ‘Chaitanya always needs to be doing something. If you tell him to stop shaking his legs then he’ll start something with his hands. He’s the first one to put up his hand when I ask for volunteers to get books from the staffroom, some excuse to run out of the class. When there is a test also sometimes I will see him just wandering around the class, he just finishes things in a rush then he likes to be out of his place disturbing the other children.’
Attention Behaviours- Teachers described students who were easily distracted by classroom interruptions, had a dreamy or glazed look, not attending or participating in a class that others found interesting, not responding immediately to name being called out and needing frequent reminders to stay focused as those with difficulties.

Beena (SV School) - ‘I don’t do lengthy lectures, I keep asking students questions and that way they are forced to be alert because I don’t ask in any specific sequence. That’s why it’s quick for me to pick up when Sheela is not paying attention. I can see just by looking at her face that she’s physically here and mentally absent. Sometimes I have to call her name out twice or thrice before I get a response, then she looks around trying to figure out what question I had asked. Instructions that I’ve given about an activity sometimes have to be repeated for her because she would not have listened to everything that was said.’

Academic Performance- Keeping pace with the other students for completing written work and student performance on tests and exams were often crucial indicators as to whether the teachers would call in the child’s parents and express their concerns. If a teacher perceived that a child who was displaying ADHD type behaviours turned in a test or exam performance that was on par with his peers or he was able to participate meaningfully even occasionally in class discussions, it was very unlikely that she would convey the intensity of her concerns to the parent. Behavioural concerns about the child would be referred as the child being ‘naughty or too playful’. A consistent dip in grades, incomplete class work in combination with behavioural difficulties indicated definite areas of difficulty.

Bhavana (PR School) - ‘The students in my class are just getting into basics, all of them know how to read and do a little counting and simple spelling but as the year progresses then I have a better idea of who are the ones with the difficulties. Arnav like I told you is this popcorn always out of his place, minding everybody else’s business but his, he is a bright child though- when I do general knowledge classes he will sometimes come up with some really good information and math also the sums he gets very fast. Now slowly I can see some difficulties in his writing, his formation and the speed with which he writes. So far on some of the small Unit tests we have had he has been able to do at average levels. Maybe I can just suggest that his parents work with him a bit at home and then we can see.’

Absence of desired change- In response to teacher correction or feedback, it appeared that there were no lasting observable changes in the student’s behaviour. The teacher issuing a command or a response cost measure, temporarily addressed the problem, it would however re-appear, sometimes repeatedly in the course of a teaching period. Teachers interpreted this lack of student response to a command or feedback
or ability to recognize and correct inappropriate behaviour as very problematic especially because they were required to interrupt their instructional activities in order to correct the child.

Kanika (DS School) - ‘I have tried everything possible with Daksh, but nothing seems to be working. I have spoken to him nicely told him that he should treat me like his mother, come and tell me his problems, kept him back from games period- it doesn’t seem to bother him. He will still be distracted in class, talk to his neighbour and then not finish his written work, an entire period can just go by in telling him to focus and complete his work. A few days back I had even written a note in his diary and when I asked him about his parent’s signature the next day- it finally turned out that he torn out the sheet from his diary.’

Age of the child played a definite role in mediating reported tolerance levels of problem behaviours. Teachers in the upper elementary grades were less tolerant of ADHD type behaviours in their classes as compared to teachers in the lower elementary grades. The shift towards greater amounts of written activities and general academic work from grade 3 onwards placed increased demands on a child with ADHD type behaviours often bringing him into conflict with his teachers and their grade level expectations.

5.3.3 Meeting Student Needs

Research on intervention and ADHD had demonstrated that school based programmes are better geared to help children with ADHD than clinic based interventions (Schultz, Storer, Watabe et al. 2011) considering that most of the challenges a child with ADHD experiences are in classroom contexts. The need to identify culturally relevant and feasible classroom interventions is made evident from research findings that in India, ADHD is located in educational contexts. The stigma that continues to surround accessing child psychiatric services requires mental health professionals to address alternate service delivery options such as schools. An objective of this study was to explore teacher suggestions on how the needs of children experiencing ADHD symptoms could be addressed in classroom contexts. This query was always preceded by a brief discussion on the national developments for schools to be more inclusive in their approach and that as teachers they would be required to interact with students presenting with a range of needs. An interesting and possibly encouraging finding was that while actual classroom practices appeared to indicate the use of reprimands and other punishments as response measures, teachers’ thoughts on how ADHD type behaviours could be addressed were strongly positive and proactive in nature. Unlike earlier responses that located the problem of ADHD solely in the child, responses to this specific query seemed to include in a larger proportion- teacher behaviours and qualities.
The major themes that appeared in teachers’ responses on meeting student needs have been visually represented below:

![Diagram showing themes for meeting student needs]

**Figure 5.3.3 Themes for responses on meeting student needs**

Teachers provided a combined range of responses indicating that intervening with students who had behavioural difficulties had to occur at multiple levels and was not targeted at any one specific area of child or classroom functioning. Responses gathered under the theme ‘Teacher requirements’ however appeared to be the dominant common factor in responses mentioned with a majority of teachers referring to this as an area that they believed had a significant influence on how student needs could be met effectively.

**Environmental** - The issue of class size was identified as a major influence in creating successful interventions. It can be remembered here that teachers did not perceive class size to be linked to their teaching as discussed under systemic factors that influenced teacher perspectives. However when presented with the challenge of providing interventions in a classroom context, the need for smaller numbers in classrooms was raised almost unanimously. Teachers believed that students with such difficulties would benefit increased teacher attention and supervision- a characteristic they felt was lacking in classroom sizes they were currently handling.

**Anuradha (PI School)** - ‘In a 35 minute or 40 minute period, I have to check on what they can remember about the previous class, then collect their homework, teach, check if they have understood then give them some homework and before you know the class is over. When I stand next to Abhay and keep checking
then that period’s work will be complete for him but that’s not something I can do everyday, there are 37 other students also to be attended to.’

Kanika (DS School)- ‘Having a small class is good not just for attending to the student it also gives the teacher a lot more flexibility in planning for different activities- so doing more small group based activities, more hands on activities can also be organised and that helps not only the student with difficulties but the entire class as well.’

Teachers recognized that working with smaller class sizes would perhaps be an ideal- that may not be realised in a country defined by its swelling numbers. The practicalities of increasing the frequency of one-to-one interaction within the existing framework were explored-

Daya (SM School) - ‘We have time after school where I keep some students back. During this time I can teach them concepts that they have not understood well. Though they are quite a few students who would benefit from this remedial class, I try and pick those with regular difficulties.’

Ratna (DS School) - ‘I find that using lunch time to sit down and chat with a child is a good way to create that connection. In Rohan’s case I’ve been doing that on a regular basis, talking about his aggression and how he can control it all while we are having lunch and I can see it is making some difference. He can see that the teacher cares and also perhaps why he is better behaved in my class than the other teacher’s classes, it is only because of this connect that we have.’

Vani (SV School) - ‘Some short breaks I sit with Shubhan and just help him organise his materials and maybe do a quick explanation for a concept. I’ve asked him to bring chikoo for snack tomorrow because I know that is his favourite fruit. I want him to see this as some time where he will feel comfortable and also recognize that I am keeping a tab on his work. If there is a PT class that he does not attend because of illness or something then if I am free during this time I get him to sit with me in the staffroom.’

From the responses it appears that while some schools have an option of an after-school stay back which is time tabled, teachers in other schools use break or lunch times to work with children on an individual basis. The difficulty with the latter is that it is teacher dependent and hence not always feasible or consistent in addition to making demands on her heavy teacher load.
All teachers mentioned the need to have a clear set of classroom rules and consequences that would prevent disruptive behaviours from occurring in the first place. These have been discussed at length in the previous section with the essence of rules in classrooms being that they had to be simple, repeated and consistently followed. The role of peer involvement was also shared as a possible strategy. From my classroom observation peer involvement occurred on a teacher directed request or peers spontaneously helping one another out usually when the teacher had moved out of their immediate seating area or had her back turned towards the class. In my professional experience the frequency of these prosocial behaviours are also higher in elementary as compared to middle and high school classes where I witness greater competitive rather than cooperative behaviours.

The use of peers has been described in studies of children with ADHD as an adjunct to regularly prescribed behaviour therapies (DuPaul, Ervin, Hook, & McGoey 1998). Ways in which teachers used peers in the class were: assigning an academically competent student with specific tasks of reviewing a concept for those who required additional explanations, as a teacher aide in collecting and supervising corrections that students were making in their class work books, getting the class started with the previous day’s review if the teacher was delayed, to assist a student who has returned after a leave of absence and to monitor the progress of work being made by students who had difficulties in keeping pace with the class. From the multiple teacher aide tasks that are assigned to peers, involving them more frequently in whole class activities and in providing support to students with behavioural difficulties emerges as an exciting area that can be developed with regard to classroom interventions.

Teachers across schools mentioned the need for greater parent involvement and support. Teachers reported from their experiences that when parents followed through on teacher feedback that was shared during formal and informal parent teacher meetings, the improvement they observed in the child in terms of academic and behavioural functioning was noticeable. Working on strengthening home-school communication for children with ADHD type behaviours such as introducing a daily report card system, improving the quality of parent teacher meetings and feelings of mutual trust and respect constitute significant areas of future development in classroom intervention.

In India parents traditionally regard schools with a certain amount of respect and distance, while parents also report a need to be involved in their child’s education most experience a sense of confusion with not knowing or feeling a sense of discomfort with the mechanics of such a process. A few useful suggestions have been excerpted from a list of home-school strategies as suggested by Hoover-Dempsey, Walker, Sandler et al. (2005):
Create an inviting, welcoming school climate

Create visual displays in school entry areas and hallways reflective of all families in the school (photos, artefacts, pictures, history); focus on creating a strong sense that “this is our school; we belong here.”

Attend to the critical role of central factors in the creation of positive school climate: principal leadership; long-term commitment to improving and maintaining positive school climate; creation of trust through mutually respectful, responsive, and communicative teacher-parent relationships

Develop strong, positive office-staff skills with a consumer orientation; create habitual attitudes of respect toward parents, students, and visitors

Create multiple comfortable spaces for parents in the school, supportive of parent-teacher conversations and parent networking

Hire parents or seek parent volunteers who can provide other parents with information on how the school works, translations as needed, advocacy as needed, a friendly presence

Empower teachers for parental involvement; create dynamic, systematic, and consistent school attention to improving family-school relationships

Develop routine school practices focused on discussion and development of positive, trusting parent school relationships; make family-school relationships and interactions a part of the school’s daily life and culture, e.g.: Systematically seek parent ideas, perspectives, opinions, questions about school and family roles in student learning

Develop dynamic in-service programs that support teacher efficacy for involving parents and school capacities for effective partnership with families

Offer teachers opportunities to collaborate with and learn from colleagues and parents

Implementing these suggestions also implies the need for schools to take proactive measures to include parents in school processes rather than passively accepting that improvements are required but stopping short of taking any concrete practical measures.

**Teacher Requirements** - A majority of responses in this section of the study perceived teachers’ characteristics as crucial to responding effectively to students with ADHD type difficulties. Characteristics comprised a combination of personal and professional qualities in addition to training requirements. With reference to personal qualities- teachers were required to be patient, observant, understanding of the child’s difficulties, accepting of those difficulties, realistic in their expectations, express a willingness to learn from colleagues and be positive in her approach with the child. It is
interesting to note that in exploring teacher requirements – responses appeared to approximate their perceptions of an ideal educator.

Julia (PI School) - ‘We have to be very observant of what is happening in the class. If a child is not doing well then we have to keep a watch – what has happened, why is he behaving like this? A few days back I saw one student very sleepy first thing in the morning, so I spoke to him and he admitted being up very late because his father was beating his mother. I felt bad for him- see something like this we will usually shout at the children and tell them to go wash their face. I watch how their uniform is maintained, who brings what for lunch, what they do in their spare time, all these things have to be observed because they do tell you something.’

Daya (SM School) - ‘Not all children are the same and as teachers we have to realise that. Through teaching and observing we do get to know about the child. If there are difficulties then we have to be willing to accept that. The work that we give also and what the child can do-our expectations have to be realistic and the teacher has to be encouraging-we can’t just keep shouting, some patience has to be there, it may not be about academics but she can praise the child for keeping his bench clean. This encourages the other children also to be supportive of this student; they also begin to help the child instead of making fun of him.’

Daya’s responses also highlight a significant aspect of teacher’s verbalisations and attitudes towards the child with difficulties; these come to play a gatekeeper function for peers and their levels of acceptance of the child’s difficulties. With regard to professional characteristics, teachers emphasised classroom management skills and competence with the subject. In catering to the needs of children with difficulties, the teacher would need to be well planned, take ownership for the child in her classroom and be able to conduct the lesson in an organised manner-

Priya (SV School) - ‘I start the class in a particular way, this helps the children to be attentive and then they are ready to listen. I know if they have just come back from an outside class then they will be tired so I have to plan what can be done. You cannot be running for different things once students are already seated, if the teacher is not organised then it will tell in the discipline levels of her class. I have to say these are my children, they belong to my class, I can’t blame anybody else for their behaviours, it’s how I manage my class.’

In addition to referring to personal and professional characteristics, teachers also spoke of the requirement for suitable training-
Beena (SV School) - ‘It is not enough to just observe and try and find out why the child is behaving in a particular manner. The next part is knowing what to do for that child. Some particular strategies may be better suited for the child; we can’t use the same one for all types of problems. The teacher should have a range of strategies; from these she should be able to choose the correct one. We have to observe, think and act.’

Most teachers in referring to the relevance of their pre-service teacher programmes had mentioned that there was little information of relevance in terms of how they could manage children with behavioural difficulties in the class. In contrast their actual classrooms constantly required them to cope with such issues, a discrepancy that left them feeling not prepared in handling tough classroom situations effectively. Teachers value specific skill based inputs, interventions that provide practical information on how to work with a particular issue rather than general information of mild relevance to their classroom functioning.

**Instructional** - Respondents did not specifically use the term differentiated instruction- even among teachers in schools that had exposure to the term through their department meetings, yet it was evident that it was what they meant when they referred to instructional changes being made to suit the needs of the child.

Ratna (DS School) - ‘If I have given them a group activity then I make sure I assign then different roles based on their different abilities. Like the one who is good in academics will be given the writing, another child I may ask to do some reference, for another I will ask him to make the borders for the chart to be presented and another child will be a supply manager making sure that colours, glue etc is adequate and is not being wasted. Each child should feel that they are contributing to the lesson, and then they are interested.’

Teacher’s reported that having more activity based learning, or including activities that allowed for hands-on and experiential learning were useful in keeping children with ADHD type difficulties more engaged with their learning, hence there was a noticeable drop in their disruptive behaviours. Asking a child more academic questions rather than issuing commands about his behaviour also kept a child more cued into the lesson-

Noor (PI School) - ‘With some weak students, I tell them tomorrow it will be a competition and I will be asking them some questions and these are the questions I want them to learn today so that when I ask the class other questions the next day I make sure I ask these weaker ones the questions I had given them”
previously so that it gives them a feeling of having participated and of have done well. Once they get that
then they are also motivated to listen to what is being taught.’

Creating conditions where students experienced some degree of success with their learning was an
important contributor in ensuring that they continued to make such positive efforts. This is particularly
useful for students with ADHD who begin to encounter such a barrage of negative feedback about their
learning and consequently their performance. Most adopt a learned helplessness model with regard to
their learning and increasingly begin to disengage with their academics quickly earning reputations of
being not just underachievers but ‘mischief makers’ as well in high school contexts. Low experiences of
success and negative teacher interactions have been indicated in research to place the child on a
developmental negative trajectory (Fantuzzo et al. 2005). There is a requirement for teachers to build in
strong components of experiencing success within regular classes with specific reference to children with
ADHD type behaviours as these are powerful positive student outcomes that also come to predict future
learning attitudes and behaviours (Dendy 2007).

Assessment- For students experiencing ADHD type difficulties, answering questions that require more
written work or doing end of term exams as opposed to smaller Unit tests are always an uphill challenge.
The presence of executive function deficits such as impairments in working memory, sequencing and
ordering of information that accompanies ADHD type behaviours (Brown 2008) drastically impacts
written performance and test taking. Accommodations specific to assessment that teachers mentioned
could benefit students with ADHD type difficulties were the provision of extra time to complete a paper
and the option of providing test responses in an oral instead of a written format. It must be mentioned here
that the International General Certificate of Secondary Education (IGCSE-UK) an exam board that most
International schools in India subscribe to, does provide for these accommodations if a child has a
diagnosed disability in attention and learning. Teachers also mentioned creating study guides for students
to practice at home, these contained sample papers and gave the student a sense of familiarity with what
was to be expected in the actual paper in terms of format and nature of questions.

The range of responses teachers provided clearly indicates that there are existing levels of knowledge and
beliefs among teachers that are of relevance to creating effective classroom intervention programmes.
Conclusions

The results in this chapter focused on exploring teacher responses on how the needs of students with ADHD difficulties could be met in classroom contexts. Results were discussed under the themes of preventive strategies, differentiating behaviours and meeting student needs. Creating classroom interventions that are culturally sensitive and feasible in Indian classroom contexts are crucial in being able to respond to the needs of children with ADHD type behaviours. Research indicates that parents in India prefer educational to psychiatric interventions in dealing with challenges that ADHD behaviours present and that referrals to child psychiatric clinics for ADHD are mostly teacher initiated.

Teachers in this study indicated that the prudent use of certain whole class strategies or keystone behaviours such as those involving rule setting, monitoring behaviours and instructional strategies that engaged the students in activity based tasks decreased the likelihood that ADHD type behaviours would present themselves in the classroom and hence served as powerful preventive measures of ADHD behaviours.

The responses teachers shared in terms of how they differentiate difficult from pathological behaviours indicate that regardless of cultural differences and frameworks that exist in terms of how behaviours are perceived, ADHD can be described as a fairly stable universal construct. The Four A Framework- activity levels, attention levels, academic, and absence of desired change represent core features used by teachers across schools to differentiate challenging behaviours, suggest that teachers are able to identify children who display ADHD like behaviours. This has implications in terms of enabling early intervention efforts.

The exploration of teachers’ suggestions on meeting the needs of children with ADHD type behaviours indicated a range of responses that underscored the requirement for changes in multiple areas of classroom functioning. The majority of responses located the positive impact of interventions in teacher personal and professional characteristics and linked with the underlying theoretical conceptualisations of the transactional nature of classroom functioning and its embeddedness in ecological contexts- hence in a sense bringing the study full circle.
The teacher asks her class to take out their math books and complete the math sums written up on the board. Sunil still hasn't finished putting away the previous period's books and he gets up to sharpen his pencil. Most of the students have finished copying a few sums when the teacher notices that Sunil has now started searching for his math book. She reminds him about getting started but when she checks 10 minutes later; he is still out of his place and hasn't completed even the first sum.

Rohan keeps putting his hand up, wanting to answer, jumping up and down in his seat hoping to get the teacher's attention- the teacher tells him he has finished his turn and that he now needs to wait calmly. She asks another student a question and Rohan answers out of turn. The teacher asks him to stand. Rohan takes out his pencil and starts tapping the student in front of him- aware that some of his classmates are watching him and seem amused. The teacher gives him a warning and asks him to sit after a few minutes. Shortly after sitting, Rohan is in trouble again for making irritating repetitive sounds while the rest of the class is reading quietly.

Lalitha's name is called out twice by the teacher before she responds with a slightly dazed look. She realizes that its her turn to answer a question except that she doesn't know what she has been asked. Her neighbour prompts her and she provides only half the answer telling the teacher that she forgot to revise it yesterday. The teacher hands out their test papers and observes that Lalitha has not paid attention to the questions and has made many careless errors inspite of all the practice work done in class- 'If you were less dreamy and more focussed it would help' she comments.
Dear Teacher

Do any of these classroom incidents sound familiar to you?

Chances are that you have had the experience of dealing with such students or currently have a student with similar behaviours in your classroom. As a teacher you have probably felt that having such students in your class did make demands on your time and energy. There may have also been some days where you may have felt stressed or frustrated in having to manage such behaviours on a daily or hourly basis!

Students who display behaviours such as these on a consistent basis may actually be experiencing a specific type of attention difficulty. The information presented in this programme hopes to bring a better understanding of these behaviours and most importantly practical tips and suggestions in creating positive teaching and learning classroom experiences. It has been designed with inputs from elementary classroom teachers, classroom observations in combination with useful research in the area.

Why was that teacher different from the rest? Teachers who genuinely cared, took that extra step to help us understand a difficult concept or situation, set clear expectations and were encouraging of our efforts are the teachers we are most likely to remember fondly and respectfully. This programme recognizes that teachers are very important to a child’s sense of belief in themselves and their abilities. Research tells us that positive teacher and student interactions in the elementary years are a protective mental health factor for children- so what you do and say in the classroom matters!
MAKING SENSE OF THE PROGRAMME

The information in this programme is meant to be of use to a teacher in the elementary section. The programme can be read individually though discussing what you have read with colleagues over a break or lunch period will add to your understanding. It appreciates that as a teacher you are balancing many complex roles and responsibilities in the class- time is therefore always in short supply. Interventions in this programme are not meant to add to your heavy teacher load or take away from teaching time- in fact they benefit not just students with academic or behaviour difficulties but your entire class and may make classroom management a little easier!

Interventions referred to in the programme do provide suggestions on how you can deal with some difficult behaviours but they are by no means comprehensive- you are encouraged to add to them drawing from your personal experiences and learning.

Information has been organised under the following heads:

WHAT IS ADHD?
HOW DO I RECOGNIZE IT?
IS IT AN ATTENTION DIFFICULTY OR SOMETHING ELSE?
WHAT CAUSES IT?
INSTRUCTIONAL AND CLASSROOM INTERVENTIONS
BEHAVIOURAL INTERVENTIONS
INVOLVING PARENTS
What Is ADHD?

Sunil, Rohan and Lalitha are students in regular classrooms just like yours. The 3 of them seem to display slight differences in classroom behaviours but in actuality have something in common that explains why they behave the way they do - a condition called Attention Deficit Hyperactivity Disorder or ADHD for short.

Teachers sometimes use the term Hyperactive to describe a child with ADHD and while that does explain one part of the puzzle that is ADHD - information presented in this section explains that it is a condition that represents a range of behaviours. ADHD is the most commonly diagnosed neurobehavioural disorder of childhood across the world.

In India the prevalence rates for ADHD range from 5-10 percent, this may seem like a small number but given the child population in our country convert it to actual numbers and the figures are in staggering millions! Boys more than girls appear to be diagnosed with ADHD, this has led to debates on the impact of gender on understanding ADHD and the possibility that girls with attention difficulties may well be expressing them in ways that we do not easily recognize in a classroom.

Do you tend to observe and respond to a very active, noisy and loud child more frequently than a quiet and dreamy child?
The core symptoms that clinicians look for in a child with ADHD are:

![Diagram showing Hyperactivity, Inattention, Impulsivity]

Figure 6.1: Core symptoms of ADHD

If these core symptoms are present at levels that are not age appropriate, are seen over months/years and if they are negatively affecting the child in his academic functioning, social and family interactions, a diagnosis of ADHD is considered. Children display different kinds of attention problems, some may be just hyperactive and others may be inattentive while a majority may show a combination. Research has identified 3 subtypes of ADHD:

- **Hyperactive-Impulsive Type**: This would include behaviours such as restlessness, being fidgety, talking excessively, out of seat frequently, difficulty waiting turn, blurring out answers before question has been completed etc.
- **Inattentive Type**: This would include behaviours such as not listening carefully to instructions, incomplete work, looking dreamy, making careless mistakes, forgetful, not finishing tasks in time given, easily distracted etc.
- **Combined: Hyperactive and Inattentive Type**: This would include a combination of the above mentioned types.
Children with ADHD are usually labeled as stubborn, lazy, defiant and difficult. Typical comments that such children will receive in their report cards, homework diaries or during parent teacher meetings are: 'Too naughty, very playful, doesn’t listen to instructions, doesn’t complete written work on time, easily distracted, very restless, very fidgety, submits messy work and disturbs others.' Teachers and parents believe that these difficulties would be resolved if the child put in more effort and blame or punish the child in an attempt to correct his behaviour. It must be remembered that these behaviours are not the result of the child purposely trying to make your day difficult— they are symptoms of ADHD very much like the symptom of a fever indicates an infection.

While it is perfectly normal for children to be fidgety, restless, naughty, play pranks, not listen carefully to instructions or be absent minded at times, demonstrating such behaviours always and at a degree that impacts the child negatively does suggest that the child may be challenged by ADHD.

Research suggests that ADHD rarely travels alone—two-thirds of children with ADHD will also have difficulties in the areas of learning—such as a Learning Disability in the area of reading or written expression or math and/or emotional difficulties.

Doesn’t all this go away with age?

Well, yes and no. It was earlier believed that as children with ADHD grew older, they would become more serious, settle down and grow out of their behaviour difficulties. This is true for approximately 25-30% of children with ADHD— the majority of children however continue to show some level of difficulties well into adolescence and adulthood.
As children enter middle and high school, the academic and social demands of the system begin to unravel their difficulties with skills of executive functioning.

What are executive functioning skills?

Imagine a classroom without a teacher- with 40 different students trying to teach one another a subject- each child is trying his or her very best to understand or to communicate but in the absence of a teacher who functions as a classroom manager, there is no clarity of what each child needs to do, no one to guide or correct, what there is possibly is a lot of noise and confusion! The brain's ability to prioritize, plan, organize, monitor, inhibit, control and sequence our thoughts and behaviours are referred to as executive functioning skills. These skills are acquired as we grow older.

A child with ADHD exhibits deficits with a range of executive functioning skills. Hence very often he may engage in behaviours that may result in negative consequences- for e.g. pushing or hurting another child, making sudden loud noises, not follow through on classroom instructions, get distracted by environmental stimuli and not complete work within the required time etc., not because he wants to be disruptive on purpose or show a lack of respect towards you or your authority in class- these stem instead from the ADHD he is experiencing.

Why do I need to understand this condition?
Research indicates that the teacher is the ’single most important ingredient’ in the classroom success a child with ADHD will experience. Often though interactions that children with ADHD have with their teachers are negative and have immediate and long term effects on the child’s belief of himself and his learning besides leaving the teacher feeling stressed. Understanding ADHD helps a teacher:

- Feel more in control in terms of knowing why those behaviours are occurring and how they can be better managed.
- Recognize that elementary school years are considered crucial foundation years for academic and social growth.
- Be aware that feeling successful in the classroom and sharing a positive relationship with the teacher are super protective factors for a child with ADHD type behaviours- it can minimise difficulties the child experiences and maximise his strengths.

My thoughts/experiences/feelings about understanding ADHD:
How do I recognize it?

ADHD is a complex condition that can leave even the best of teachers and clinicians feeling baffled! There is no specific body or facial feature that differentiates an ADHD child from any other child in class. There are no brain scans or simple blood tests currently available that can be used to accurately determine if a child has ADHD. Child psychiatrists or clinical psychologists are trained and specially qualified to diagnose ADHD.

In India however professionals usually are referred fairly severe levels of ADHD because children with milder levels may have parents or teachers who believe that visiting a professional for help with such childhood behaviours is not required or that consulting a mental health professional may adversely impact the social standing of the family in their respective communities. Parents feel more comfortable in discussing their child’s behaviour concerns in a school setting rather than in a clinic. What this does imply is that sometimes inspite of being asked to seek professional services for their child’s classroom difficulties, parents may choose not to- awareness, acceptance and access to quality child mental health services are major factors that contribute to this decision in India.
This programme does not equip teachers with being able to diagnose or label the child; it aims to aid teachers in recognizing difficulties that the child may be experiencing and to provide suitable early interventions that may help him function effectively.

Teachers with their experience of managing ADHD type behaviours in regular classrooms shared specific behaviours that they commonly observed; these have been sorted into 3 broad categories or types of difficulties encountered - If you have a child in class who you think has attention or behavioural difficulties - you could check to see whether there are any similarities between your observations and behaviours mentioned below:

**Figure 6.2: ADHD type behaviours commonly observed**

ADHD is not just one type of difficulty but represents a range and combination of attention and behavioural difficulties. A child may display only a few in a category or a combination of these behaviours across categories.
If you have observed most of the behaviours mentioned above address hyperactive or impulsive behaviours—essentially because these represent behaviours that teachers usually find challenging. The Inattentive type of ADHD is less frequently recognized mostly because the behaviours displayed do not impact on another child's learning, physical or emotional safety and hence do not show up on the teacher's radar.

Most of the behaviours mentioned above are those that any child would demonstrate, but if a child demonstrates a minimum number (6-9) of these behaviours to a degree that is more intense and/or frequent than what you would observe of his peers, consistently over a period of at least 6 months, across school and home settings there is a good possibility that they represent ADHD type behaviours.
**Is it ADHD or something else?**

Our understanding of what is normal or different about behaviour and our tolerance levels for inappropriate behaviours are shaped by the culture of which we are a part of, our beliefs, values and experiences. The symptoms of ADHD represent a range of behaviours that form part of the normal developmental patterns of behaviour- hence some questions that you could be asking about ADHD are: -

- Do the child’s difficulties represent just regular ‘naughty/playful’ behaviours?
- Is this just a fancy term for bad behaviour?
- Could this be only a western concept?
- Do the behaviours described suggest ADHD or could it be something else?

A child with ADHD type behaviours displays patchy attention and inconsistent performance levels that can leave parents and teachers rather puzzled about the actual existence of difficulties. It is hence common to hear teachers remark about such a child-

‘There are some days that he is able to finish all his work well within the time allotted and not make any errors but some days- entire periods can go by without him having done even the minimum required.’

‘Some classes he is so attentive and willing to participate but sometimes it is so hard for him to stay focussed and not get distracted.’

‘On his Unit test he scored very well, but on the mid-term exam where the same concepts were tested he has fared poorly.’

‘He can waste the entire period but when I say only 5 minutes more to complete otherwise you will be missing your games period- sometimes he can quickly finish his work in the remaining time. If he can actually do the work then why does he need so many reminders?’
Research on ADHD across a range of countries and cultures has shown that it is not just a western concept - it exists as a fairly stable universal construct though levels of awareness and ways in which it is understood may vary. Studies conducted in countries where teachers had limited to no exposure about awareness of ADHD were still able to accurately identify a specific set of behaviours that suggested the presence of ADHD in a child. ADHD is not just a set of naughty or playful behaviours or a fancy term for poor classroom behaviour. Advances in the area of brain research indicate that it is a definite neurobehavioural condition.

Based on teachers’ responses in regular Indian classrooms, a Four A Framework has been designed that you could use to differentiate students in your class who show difficult behaviours from those who display behaviours that suggest ADHD:

![Four A Framework model](image)

*Figure 6.3: The Four A Framework model*
How can I use this model?

The 4 broad areas in the model—Activity levels, Academic performance, Attention behaviours and the Absence of desired change represent core areas that children with ADHD appear to have a difficulty in. Behaviours mentioned under each of these areas could be used as a guide to determine the nature of difficulties you are observing in a child.

Activity Levels

- Demonstrates higher physical energy levels than other students
- Restless—tapping legs rapidly, drumming on the desk
- Shifting in place—rocking, difficulty in sitting still
- Fidgeting with stationery items
- Frequently out of seat—trying to locate required books, stationery, sharpening pencil, wandering around class
- Talking excessively

Compare the identified child’s behaviours with that of the group—if what you are observing in a particular child are behaviours that other children in class do not display with the same frequency and intensity or type then it is a fairly robust indication of specific difficulties that the child may be experiencing.

Rohan always needs to be doing something, he keeps playing with his eraser or dropping his pencil frequently then he says he has to sharpen his pencil, so he tries to find ways of getting up from his seat as often as he can. He will not return immediately to his place like the others, he will want to know what some other child is doing, wander around and needs reminders to get back and start his work. - Class teacher
**Academic Performance**

- Incomplete written work
- Slowness of pace in writing
- Dip/ inconsistencies in grades on tests and exams
- Lack of attention to detail in responding to questions
- Messy written work
- Careless errors

**Attention Behaviours**

- Easily distracted by classroom interruptions
- Short attention span
- Attention specifically linked to high interest levels
- Have a dreamy/preoccupied or glazed look
- Poor meaningful participation in class
- Not responding immediately to name being called out
- Frequent reminders to stay focused and on task
- Misplaces books and stationery items
- Forgetful, poor organizational skills
- Poor time management skills

Sunil some days just rushes through his work, he wants to finish first—that’s all. It doesn’t matter to him whether the work is neat or accurate. On other days he can take an entire period to write a few lines from the board even with reminders. A lot of incomplete class work has to be sent home and these gaps are beginning to affect his test marks now. -Class teacher

I have to call out Lalitha’s name at least thrice sometimes before she responds. She is on another planet on some days— not attending to what is happening in class. Several times this year she had misplaced her books and the home work that has to be handed in, it may be there in her bag but she would have forgotten to submit it. -Class teacher
**Absence of desired change**

- Transient improvement in behaviour after teacher feedback followed by repetition of inappropriate behaviours
- Poor response to consequences
- Requires repeated teacher commands
- Slow/absence of progress with regard to required behavioural changes
- Limited insight about inappropriate behaviours
- Being defensive - difficulties in ownership of problem behaviour

Attention and behaviour related difficulties are not specific exclusively to ADHD; they represent fairly common occurrences across a range of childhood disorders. An experienced mental health professional will be able to differentiate one diagnostic childhood condition from another - some of the common conditions that mimic ADHD or that can co-exist with it are:

- Family stressor - experiencing loss/death of relative, family pet, change in address/school, mental/physical illness in parent, marital discord, financial loss, abusive parenting styles
- Presence of a Specific Learning Disability - Dyslexia, Auditory/visual processing disorders
- Presence of a physical impairment - hearing loss, vision and speech related difficulties, epilepsy
- Presence of psychiatric disorders - depression, anxiety, obsessive compulsive disorder, phobias and other mood related disorders

I am usually correcting the same behaviours, it is almost like Rohan has not been listening to what he needs to do or has not learned from the consequences. When I remind him - he’ll say yes but few minutes later he’s back to doing the same mischief. When I ask him why he hurt somebody his answer is usually ‘I don’t know’ - Class teacher

So, not everything that looks like ADHD is ADHD!
What Causes It?

Researchers are yet to establish an exact cause for ADHD. Like most mental health conditions they do believe that trying to identify any single factor would be very simplistic, there could hence be a complex variety of factors involved. Over the past decade there has been exciting research in uncovering the secrets of the brain and its complex functioning. Advances in this field inform us that children and adults with ADHD may have structural and functional differences in the brain that cause ADHD.

Studies suggest that in comparison with brain scans of children and adults who do not have ADHD, the scans of those with the condition appear to indicate that:

- Certain structures in the brain namely the cerebellum, caudate nucleus and corpus callosum are smaller
- Cerebral blood flow is reduced to some parts of the frontal cortex
- Neurotransmitters- the chemical messengers of the brain such as dopamine and norepinephrine are underactive

Research on ADHD also suggests the involvement of a genetic link implying that it runs in families.

Biopsychosocial models of conditions in childhood indicate that the psychological and social support a child receives from his environment can moderate the presence of a disorder and can maximise strengths that the child may have. When applied to ADHD it suggests that while the origins of ADHD may be biological, ways in which it challenges the child are determined by support the child receives in school and home in the form of stable, positive interactions, caring relationships and being provided timely coping strategies that allow for a child to experience academic and social success.

Research on ADHD suggests that parenting or teaching practices, exposure to electronic and entertainment media which are frequently cited as causal factors have not been
identified as direct causal agents of ADHD. However their presence can influence the course of ADHD in a child.

**What implications does the Biopsychosocial model have for the teacher?**

A child with ADHD exhibits attention and behavioural difficulties. These present challenges to the teacher in terms of her time and classroom management energies. The nature of student-teacher interactions often tends to be negative. These can in turn adversely affect the child’s ability to experience success in the classroom and result in immediate and long term negative consequences. If a teacher through receiving suitable awareness about ADHD is able to demonstrate the effective use of coping strategies at academic and behavioural levels, she can establish a positive relationship with the child. The presence of a positive teacher-student relationship has multiple beneficial effects for the child; it moderates the severity and frequency of difficult behaviours, allows the child to engage successfully with the class and the curriculum and serves as a protective mental health factor well into middle and high school.

This intervention programme began with asking you to reflect on a significant teacher from your student days. We do remember teachers who made us feel stronger about ourselves or gave us a sense of belonging and connection or who taught us a set of skills that we continue to value in our adult lives. We also remember those who humiliated our abilities or took away our confidence to learn a particular subject or who made no effort to connect at a personal level. Teachers are powerful people in the lives of children, with the ability to nurture resilience or harm their developing self concepts. The impact of their actions continues to be felt long after formal schooling and well into our adult lives. Your responses to a child with ADHD do make a crucial difference in the success that child will experience.
Instructional and Classroom Interventions

Any measure or step that you take for the child that can improve his functioning or lessen the intensity of his challenges is called an intervention. In this section you will come across practical interventions about teaching methods, styles and classroom management that when used consistently can prevent or minimize the occurrence of ADHD type behaviours in the classroom.

These suggestions are of relevance not just for children with ADHD but apply equally to all students in your class as they represent good teaching practice essentially. Often teachers find that training programmes or interventions suggested are not very relevant to their classrooms mostly because they are viewed as being too idealistic or impractical given their classroom realities. Teachers also express apprehensions that implementing such programmes may increase their existing heavy workloads.

The interventions mentioned in this programme have been derived from actual responses that teachers provided on how the needs of such students could be met in regular classroom contexts. Teachers shared responses that they found useful in their daily teaching practice; these have been combined with research in the area of classroom interventions for children with ADHD and are presented below.

Interventions suggested are not intended to be prescriptive or complete, you are encouraged to apply your personal learning and experiences to these suggestions. There may be some interventions that work with one student exceedingly well but may not with another student. Your experience and knowledge of the child’s skills and difficulties are crucial in determining an appropriate response or intervention strategy.
Teacher well being

Teachers play multiple roles in the classroom; the complexities and challenges under which they carry out these roles are rarely addressed or appreciated. The elementary classroom requires a teacher to be nurturing and involved in the daily lives of her students. In the wear and tear of dealing with students, their learning challenges, curriculum requirements, administrative issues and parent meetings- teachers do experience stress. Consistent feelings of stress can over a period of time impact on the teacher's performance and beliefs of self efficacy.

Being appreciated or feeling supported at management/parent levels or observing desired student change certainly moderate levels of stress experienced, however these may be in short supply in coping with a child who displays ADHD type behaviours!

**Teacher well being suggestions:**

- Being accepting of different skill levels in the classroom
- Setting realistic goals and expectations
- Being flexible in your classroom approach
- Sharing brief daily down time with students- informal, unstructured
- Talking to a supportive colleague
- Addressing personal stressors
- Engaging in physical exercise, meditation, yoga, prayer or a hobby

Teachers need to regularly ask themselves- ‘What am I doing to nurture my emotional and professional well being?’ Coming into classrooms feeling exhausted, upset, angry,
frustrated will only serve to generate further experiences of being stressed and are not conducive to creating a positive and nurturing climate in the class.

In interacting with children who exhibit ADHD type behaviours, teachers should be aware that the rate of progress or desired change may be very gradual- often in the absence of seeing any immediate improvements; teachers sometimes distance themselves from providing consistent inputs. Prioritising concerns, setting small achievable outcomes and constantly being on the alert for tiny sparks of improvement are useful tips to remember in planning out interventions that make a difference to the quality of teacher-student interactions. Sharing concerns with an experienced colleague often helps when you are feeling stuck in coping with a particular behaviour. Your colleague may be able to offer you a sympathetic, listening ear and perhaps a different perspective on the situation.

Instructional Interventions

- Observe behaviour across a range of situations. Careful observations help in identifying suitable strategies for a child. Ask other subject teachers for their feedback on his behaviour and attention levels in their classes. Are his behaviours any different during unstructured times such as a lunch break or an activity based class? What are his strengths, special interests?

- Identify whether there are any trigger factors for particular behaviours and whether the consequences the child receives for those behaviours increase or decrease the likelihood that those behaviours will repeat; for e.g. Sunil's disruptive behaviour in the Hindi class gets his teacher to make him stand outside. He appears to enjoy this as he is now not required to sit and write and instead can look out onto the play field.

- View the difficult behaviour in objective observable terms rather than as sweeping judgements of a child's abilities; for e.g. Rohan is such a lazy student vs. Rohan has a difficulty in completing written work when it is put up on the board. Stating the
challenge in such a manner allows for a problem focused way of responding to the issue rather than getting stuck in blaming the child.

➢ Ensure prior planning and preparation for the class. It contributes to a better flow in class with the teacher demonstrating effective control. Teachers reported that planning and preparation allowed them time to address possibilities of incorporating different activities. Offering a range of activities ensures a brisk pace, these appeal to children with ADHD and are also classes that they are more likely to be engaged in.

➢ Conduct a quick group based physical activity prior to starting formal teaching. Simple activities like following a clap rhythm, sitting and standing, stretching hands upwards, turning around etc. draw's the whole group's attention to the task on hand requires them to comply with teacher instructions and use their listening skills. These activities can be used by the teacher as a quick attention pick up during teaching if she notices that energy levels are low in the class or students seem to be distracted.

➢ Review the previous day's lesson briefly before initiating the new lesson. This could be through asking oral questions, a quick quiz, oral or written fill in the blanks with the correct response or true and false responses- vary the kind of questioning to ensure interest. Children enjoy the 'game' appeal and engage easily with a mixed format style of questioning.

➢ State learning objectives for the class- for e.g. 'In this class we will be learning about the rivers of India and by the end of the period you should be able to name and mention an important fact of at least 5 major rivers.'

➢ Provide clear and simple instructions at the start of any activity. Ensure that children maintain eye contact with the teacher while instructions are being given. Supervise initiation of instructional activity for a child with ADHD.

➢ Check for understanding by getting a child with ADHD to repeat teacher instructions, for e.g. 'I've given you instructions for your worksheet and you need to
Chinna maya: ‘I did not understand this really well so- Lalitha can you tell us what we have to do with this worksheet?’

- Children with ADHD appear to be off task more often for written activities or during oral discussions that do not require them to participate than activities that involved the teacher demonstrating an experiment or using simple hands-on craft based activities. Varying instructional activities in a regular period offers variety and keeps the child engaged.

- While written work cannot be eliminated for the child with ADHD a teacher could make some accommodations such as appointing a writing buddy who could cue him about staying on task and helps him complete notes. Allow the child to write in points and stress on legibility rather than over emphasising neatness. Encourage the parent to supervise a weekend catch up of notes missed through the week.

- When assigning group activity ensure that each member in the group has been allotted a specific role and task and that the child with ADHD is paired with supportive peers.

- Use a variety of assessment methods such as drawing a picture of a concept taught, or allowing verbal responses to questions, presenting a project etc. that will give you a better picture of the child’s understanding of a subject rather than limiting it to only paper-pencil tests.

- Provide for study guides that will familiarise the child with the format for the test or exam paper. Teachers also reported that keeping extra worksheets that were of different levels of difficulty was handy- these could be used to extend a child’s learning or reinforce a concept through repetition and practice.

- Sum up by revisiting the learning objectives or asking children to identify 2 or 3 important points of the lesson. Quick recaps of the lesson can be done through the teaching period- cue the child’s attention to this, for e.g. ‘Look at me and listen carefully, an important point to remember is...’
Call on a child with ADHD to respond to an instructional related activity more often than you would call on a child without such issues. Allow for him to experience success in these interactions. Recognize effort even if the answer is wrong, for e.g. 'You made a good attempt or good try or I can see you are trying hard.' A child who feels successful and involved in the classroom is also more likely to attend and engage with the class. The objective in such interactions is to create a feeling of competence; a sense of yes-I-can which encourages the child to persevere with tasks that he may be challenged by.

Provide for a visual backup of oral instructions- write down main points or key words used on the board. Use different coloured chalk to highlight important points.

Ensure that homework instructions have been recorded in the school diary. Appoint a peer homework buddy for a child with ADHD to help him record homework and to check if required books to complete it are in the child's bag.

Notify parent immediately through a phone call or a note in the school diary if homework submission is not regular rather than waiting till the formal parent teacher meeting occurs. If you do follow up on this, parents recognize your level of involvement and do make efforts to ensure that the child submits assignments on time.

Appoint a peer tutor- a competent and supportive peer who can spend time reviewing concepts with a specific child or who can supervise the larger group if the teacher needs to work for a brief period of time with a specific child.

Scheduling one-to-one time with a specific child either as a school stay back or during break or lunch helps the teacher develop a personal relationship with the student. Track student's follow-up on feedback provided in these sessions.
Be aware of class levels of understanding, involvement and fatigue. Flexibility in executing a lesson plan is a definite requirement in dealing with children in elementary school, for e.g.- You have a written comprehension exercise planned for the class but the children have come in late after practicing for the Annual Day dance- if the students are visibly tired or lethargic- attempting to persist with the instructional activity originally planned may be stressful for the students and the teacher- could the activity be a story telling session that taps into listening comprehension skills instead?

The teachers’ personal style of teaching- modulating voice, speaking clearly and audibly, moving around the classroom, maintaining steady eye contact, displaying appreciation, level of enthusiasm etc. help create clear teacher-student communication pathways.

Classroom Interventions

A major role that the teacher plays in the classroom is that of a manager. Effective classroom management serves as a powerful whole class preventive measure, reducing the possibility that students will display disruptive behaviours.

Establish a rapport with students. Refer to them by name. Children with ADHD are less likely to be disruptive in classes where they perceived that they were liked by their teachers.

Establish clear simple rules right from the beginning. These can be stated in positive terms such as ‘We will listen’, ‘We will be gentle’, ‘We will keep our classroom clean.’

Rules need to be repeated, reinforced and revisited through the day especially at the beginning of a new term. The teacher may focus on one key rule for the day- highlight this visually for the class and through the day and recognize efforts of students following through on the rule.
Set up simple processes for collecting and distributing class work books, parent letters, school notices, writing notes in the school diary etc. Teachers appointed row monitors who would assist the teacher in these activities. Children with ADHD enjoyed being given such responsibilities and were also more mindful of their behaviours.

Set up fixed places in the class where children can leave their bags, books to be corrected, stationery etc.

Establish routines and daily structure - classes that do not have fixed routines can be perceived as chaotic by children with ADHD who do have difficulties in handling change and unscheduled transitions.

Placement of chairs and tables should allow for teacher movement. This ensures better supervision - a critical requirement for children with ADHD as they benefit from closer supervision and receiving frequent immediate feedback.

Avoid visual clutter in the classroom. Keep a few spaces devoid of charts, pictures or wall hangings that can serve as visual relief.

Preferential seating is a common accommodation. Seat the child in the front near the teacher. A place on the side - front row is usually a better place rather than in the centre front row. This provides more frequent opportunities for the teacher to monitor the child and provide feedback.

Seating the child near a competent peer also provides him with an effective student role model.

Avoid seating near high traffic areas or close to doors or places that face windows for a child with ADHD, these can be very distracting.
Place a bulletin board at the children's visual level where you can display a rule or a funny drawing or an interesting puzzle or a space to put up photographs of students along with mentioning few of their interests or a positive quality as identified by a peer.

Organize transitions by announcing to the students that the class is coming to an end and that they would need to start putting away their books and getting the books required for the next class.

After children come in from a break or a lunch period or physical activity class, engage them in a quick calming activity before they start with class, for e.g. closing their eyes and breathing deeply. Children can also be asked to visualise calming scenery while doing their breathing.

A simple non-verbal cue such as putting up a card of a particular colour, the sound of a tiny bell, making an 'L' sign with fingers could be used by the teacher to remind students that they need to attend to an instruction. This avoids the teacher having to frequently verbally remind students. Students need to be taught to respond to this cue, for e.g. 'When I put up this sign/colour card/ring a bell it tells you to sit up, look at the teacher and listen.' Practice this repeatedly till students are absolutely sure of how they are required to respond.

Interventions that I found useful:
Behavioural Interventions

Children with ADHD often have difficulties in controlling their hyperactive and impulsive behaviours. These may be interpreted as behaving immaturesly. The purpose of using behavioural interventions is to assist the child in learning appropriate ways of responding and interacting in the class. Imagine you had a child in your class who had poor handwriting; your teaching responses would consist of identifying the nature of difficulties and subsequently providing relevant practice exercises to help improve the quality of writing. The interventions suggested below are to be viewed in a similar manner-as exercises or teacher responses that will enable the child to engage in more age appropriate behaviours.

- Positive reinforcements are possibly the most important in ensuring that appropriate behaviours occur more frequently and they are also unfortunately the least used technique in class! Teachers and parents are quick to recognize difficult behaviours and provide direct intervention but are not as responsive when it comes to appreciating appropriate behaviours.

- Simple positive reinforcements such as verbal praise- 'You have been listening really well and answering in turn- well done!' or 'You were sitting in your place and completing your writing- that's good!', brief notes to the parent in the school diary or tangible rewards such as a star or a sticker or putting up the child's name on the board in recognition of effort are very useful in allowing the child to feel that his behaviours are being recognized and appreciated.

- Positive statements need to be used frequently and immediately for children with ADHD. Waiting till the end of the period or the end of the day to tell the child he was well behaved has very little significance.
Positive statements need to be consistent and genuine. They should specifically state the appropriate behaviour that the child carried out, phrases like 'good job' 'good boy/girl' do not tell the child what behaviours are being recognized and appreciated. Instead you could use-'You collected the books very neatly- good!' 'I like the way you waited for your turn and then answered- well done!' Actively look out for small sparks of improvement- they may not be to your desired level of change but recognize them anyway.

Set clear, simple expectations of appropriate classroom behaviours, for e.g. 'Raise your hand if you have to ask a question.'

Set clear consequences for inappropriate behaviours- for e.g. 'If you speak out of turn then you will not be asked any more questions for the next 15 minutes.' 'If you hurt your classmate on the field, a note will be sent home to your parents and you will miss the next games period'.

Responses not recommended are punishing the child- shouting, hitting, threatening etc. as these bring about immediate but only temporary change. The child responds out of a sense of fear rather than an awareness of what constitutes appropriate behaviour. Positive reinforcements work at the level of building appropriate skills and attitudes and are longer lasting in terms of their impact.

Prioritise behaviours you choose to respond to. Certain behaviours such as fidgeting with stationery, or if the child feels more comfortable standing and writing rather than sitting down like the others- need to be selectively ignored.

Allow for scheduled breaks- asking the child to get a book from the staffroom or a glass of water or collecting the other students' books- puts to good use high levels of physical energy.

Keeping the child occupied- teachers frequently reported this as a very useful intervention. Teachers felt that when a child was constantly occupied with
activities that were moving at a fairly brisk pace, they were less likely to engage in disruptive behaviours.

- When calling out to the child- avoid the use of questions, for e.g. 'Sunil, what are you doing?'- as these do not inform the child about the required appropriate behaviour he needs to engage in, a more effective statement could be, 'Sunil I need you to finish eating your lunch without spilling it on your table.'

- Getting the child to abstain from the activity the class is engaged in for a period of time is called a time out, for e.g. - if the teacher is conducting a story telling session and a child engages in repeated disruptive behaviour or has hurt another student then separate the child from the group. He can be asked to wait on the side or stand next to the teacher for a few minutes. State the behaviour required when the time out period is over and send the child back to his place. Usually for children in elementary school, a time out should not exceed 5 minutes.

- Response cost is the removal/withholding of a privilege or an activity that the child enjoys in response to an inappropriate behaviour, for e.g. if the child was nominated to be row monitor for the day, if he engages in disruptive behaviour despite teacher cues then that privilege is removed or he misses a few minutes of a class he enjoys.

- The teacher should have identified a set of preferred activities or rewards for appropriate behaviours for this intervention to be used.

- Behavioural prompts in the form of visual cues- for e.g. a hand signal or moving closer to the child's desk help in reminding the child to stay on task.

- Using behavioural management plans are a systematic way of managing difficult behaviours. This requires parents to be completely involved and assumes that there is open communication between the teacher and parents. Such plans require 2 or 3 behaviour goals to be identified- for e.g. - 'Lalitha will be gentle with her neighbour
and not physically hurt her in any way’. This behaviour is rated either across periods or at the end of the day, the teacher allots a score for behaviours observed.

The points obtained can be exchanged for a pre-decided reward that the teacher may give in the classroom or the parent can give at home in the form of privileges such as television time, an extra story session etc. These plans do require a certain level of consistency on the part of the teacher in tracking behaviours accurately across the day.

Involving Parents

Research suggests that involving parents of children in elementary school in engaging with their learning has definite benefits for the child in terms of improving academic performance and behaviour. Teachers report that when parents do carry through on feedback suggested during parent teacher meetings there is a visible difference in the child’s classroom performance and behaviours. Improved home-school communication is a requirement that most teachers comment on however factors such as lack of time, working parents, low frequency of meetings, lack of mutual trust between school and parent are often cited as barriers that block effective interactions.

The first step towards involving parents is to build on improving communication. Schools are not necessarily welcoming spaces for parents evidenced by the fact that communication that occurs is mostly functional- informing the parent of an event, a holiday, schedules etc. Parent inputs are rarely solicited with the assumption that it may involve unnecessary interference in matters of the school. Parent teacher meetings are rushed affairs held in spaces that offer little privacy- both parents and teachers may be reluctant to bring up the child’s concerns in such a situation. Schools with a little bit of sensitivity can take steps to engage with parents more actively.
Get to know your students’ parents better:

- Ask each child to talk about their parents and what they do, a bit about their family lives—things they enjoy, favourite foods, movie songs etc.
- Create a board in class of pictures of their parents and families
- Invite parents to do a craft based/music/dance activity in class
- Send in a brief monthly newsletter about the activities planned with the class and write-ups about class events
- Send in positive comments about the child in the school diary
- Respond promptly to parent queries
- Call a parent if the child has been absent for a while and
- Follow through on feedback by either calling or writing a brief note.

If parents sense that the teacher is genuinely interested in their child and his/her learning they are more willing to accept feedback that may be negative about their child.

A concern that teachers often mention relates to conveying information about the child’s difficulties to the parents. Teachers have observed rightly that parents are not comfortable receiving negative feedback and can sometimes get defensive or deny that their child has a difficulty or passively accept what is being said but not follow through on feedback.

**Communicating child concerns**

- Set up the meeting in a space that will offer some privacy. Ensure that chairs are all at the same level and preferably in a small circle.
- Keep student note books or worksheets or test papers ready prior to the meeting.
➢ Greet the parent with a warm smile, allow them to feel comfortable in the meeting and not threatened. Remember that parents also bring a mixed bag of emotions and beliefs- their experiences of school in addition to present stressors they may be experiencing.

➢ Always begin with stating a few positive behaviours that you have observed or the child’s areas of strengths.

➢ State concerns that you have about the child in specific and objective terms rather than as subjective judgements- for e.g. ‘Rohan is so lazy in class’ could be ‘Rohan takes a longer time than other students to get started with his work’. ‘Sunil misbehaves in class’ could be ‘Sunil seems to get upset easily when things don’t go his way, he then reacts by hitting other students’. ‘Lalitha is always distracted’ could be ‘Lalitha needs frequent reminders to help her stay focussed’.

➢ Elicit parent feedback after you have shared these concerns- ‘Could you tell me about your observations of him at home?’

➢ Should the parent share that they have not observed behaviours mentioned- it helps to not challenge them directly. Instead you could say ‘Yes, sometimes children present very different behaviours at home and school. But these concerns that we have discussed are affecting/could affect his academics and his peer relationships. We have called this meeting to look at how we can help him improve and I do need your support for that’.

➢ Adopt a problem solution focussed rather than a blame approach.

➢ Mention specific interventions you have tried for the child and his response to it. This conveys a sense of caring to the parent and creates a greater level of receptivity in accepting or suggesting further interventions.

➢ Provide a few specific interventions that the parent can follow through at home- avoid vague suggestions like ‘Spend more time with her’, ‘Be strict’. Use statements such as ‘Please set fixed television time and ensure that your child does not exceed this time’. ‘Spend 15 minutes every evening with your son playing a board game or reading out from a story book of his choice’
➢ Indicate how you will inform them of changes observed in the child’s behaviour—either through writing in the school diary, sending in a note at the end of the week or a phone call.

➢ Suggest a follow up meeting to check on progress student is making. Consistent follow ups are crucial to creating effective home-school interventions.

Making a referral

Children with moderate to severe levels of ADHD or those that are unable to function in a regular classroom because of their behaviours or those that do not appear to respond to interventions that have been tried at the classroom level would need to be referred to a mental health professional. Child psychiatrists may recommend medication either stimulant drugs or the more recent non-stimulant drugs for such children—this option of treatment for ADHD has been researched extensively in the West and has found to help in reducing the symptoms of ADHD— it is not however considered a cure, it manages the behaviours and allows for other academic and behavioural interventions to be used alongside. There are side effects associated with the medication in addition to the reluctance parents feel about having to medicate a young child that would make them wary of visiting a psychiatrist.

However as with all medication, if the benefits of taking it outweigh the risks, the parents would need to actively consider this option as it would enable the child to continue functioning in a mainstream schooling system— which is an important consideration for parents in India. A psychologist may work with the parents and the child in following a structured behaviour management plan. If the child has associated learning disabilities, he would benefit from receiving intervention from a special educator. These inputs are offered in more intensive one-to-one situations and complement classroom interventions.
In suggesting a referral outside of school, the teacher would need to be sensitive to parent concerns and apprehensions. A prior level of trust and comfort that the parents establish with the teacher definitely aids in making effective decisions for the child. The teacher must be careful in not diagnosing the child with a specific condition, rather highlight how such a referral would benefit the child- for e.g. 'I can see that you have been working with Rohan and we have also been trying to help him with his behaviour/academics in class. We have reached a point where we seem to be stuck and it is not helping him. I think it would really help him if we could consult a professional on this who would be in a good position to offer us some valuable suggestions- perhaps there are things we could do differently both at home and school and it would be helpful to Rohan in his academics and his social life. The earlier we address this, the better for him. The school has names of qualified experienced professionals that we make referrals to; I will give you their contact details and we could get this started'.

Upon being told that their child needs a consult with a mental health professional, parents may express the opinion that their child is not 'mad' or the problem that severe. Teachers would need to reassure them that child mental health professionals work with children, parents and families in addressing ways in which children can be helped, their goal being to improve the well being of the child. Parents can be reminded that if their child was suffering from a physical ailment they would consult with a doctor- the intention being to reduce the child's discomfort; in a similar manner consulting with a mental health professional addresses the child's behavioural/academic/social discomfort. The importance of early intervention can also be stressed as being beneficial to later academic and social success.

A useful website to check out for further information and resources:

www.ldonline.com