



# ADD Association Queensland Inc.

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## Submission to the House of Representatives Standing Committee of Education

ADD Association Queensland

Dr Stephen Dossel, President - Mrs Helen Dossel, Secretary

The major problem with current and past teacher training is that this training has perpetuated the poor attitudes which are based on inadequate knowledge of ADHD (and many other learning disorders) Ideas such as the following are prevalent:

- It is not a real disorder. It is just an excuse for poor parenting
- Children who are medicated function in the same way as normal children
- ADHD is a rare condition. Teachers don't have to understand it because so few children have ADHD. In actual fact about 5% of children have ADHD of varying degrees of severity. This can be compared with Intellectual Impairment in which only 2% of the population have IQ scores which qualify them for such a diagnosis.

Most teachers are keen to teach all children to the best of their ability. However, they are unable to do so if they do not understand the condition and the associated symptoms which go far beyond the three major symptoms usually associated with ADHD, i.e., inattention, hyperactivity, and impulsivity. They need to know that there are many cognitive and behavioural deficits associated with ADHD.

Because teachers do not have a thorough understanding of the cognitive disabilities associated with ADHD, they often fail to implement effective teaching strategies. For example oral and written comprehension involve working memory which is frequently a deficit skill with children with ADHD. Consequently these children are often confused in class lessons and they are unsure what they have been asked to do. This is frustrating for the child and often leads to some form of punishment as the child is deemed to be lazy or uncooperative. The ultimate result may be an oppositional child.

Because teachers do not understand the cognitive style and the impulsivity associated with ADHD, they often use inappropriate and ineffective behaviour management strategies. Because these children fail to monitor consequences and forget what they have been told, they frequently break rules unintentionally. If the teacher takes the approach that the child has "chosen" to break the rule, the child is punished for wilful disobedience. It would be more appropriate to regard many of these behavioural breaches as thoughtless behaviour which can be dealt with accordingly.

Teachers have limited knowledge of the medications frequently prescribed for ADHD. They are not aware of the implications of the short duration of the common medications. If children take their morning dose very early in the morning, they will essentially be unmedicated before the mid-day dose is administered. Some teachers expect that the child should be able to remember when to take his medication. If he could remember then he would not need medication.

The latest research indicates that medication seems to be more effective in reducing the severity of behavioural symptoms than in overcoming cognitive deficits. It is also well documented that medication moderates problem behaviours but does not eliminate them. Consequently, teachers must have a repertoire of effective strategies which can be utilized to manage problem behaviours and to promote effective learning. This, in turn means that all students are able to benefit from a better learning environment.

Children with ADHD need appropriate accommodations for many aspects of life in the classroom. All of the major forms of examination question present problems for the child with ADHD. For example, their lack of organization and difficulty in remaining focussed on the topic means that essay questions are a problem. They often flit around the topic frequently leaving the examiner confused about what they were trying to say. Short answer questions demand that the child reviews all of his/her knowledge about the question so that the most relevant information can be utilized. Multiple choice questions are probably the biggest problem of all. Children who are impulsive are likely to grab the first answer which looks as though it might be correct. This is disastrous because if multiple choice questions are well written, all four questions look equally correct. Finally, since most examinations have time limits, children with a slower than normal speed of information processing are unfairly disadvantaged. Time limits also encourage impulsive responses. One question that needs to be addressed is what purpose time limits in examinations serve.

One of the serious effects of inappropriate management of children with ADHD is low self-esteem, which leads to further behavioural problems, oppositional behaviour, and ultimately anti-social behaviour. On the other hand, children with ADHD who are managed effectively can become highly successful adults who are able to achieve well in business or in the professions.

There is an urgent need for properly trained specialist teachers to supplement properly trained teachers and to help them to develop effective strategies to deal with the problems facing them.

There is a need to link the esoteric and the theoretical with the real world. Many teachers have the impression that children with ADHD all behave in a manner similar to those they have seen in TV "news" programs. They need to have experiences with real children with ADHD, so that they can appreciate the strengths as well as the disabilities of these children. Children with ADHD are likeable children with potential just like any other children.

The biggest hurdle to be overcome lies in teacher attitudes which is reinforced by a lack of knowledge. Students who are unable to develop empathy for children with behavioural or learning problems really are unsuitable candidates for the teaching profession.

Finally, there is an urgent need to develop a new culture of cooperation between teachers and parents in order to dispel the blaming culture which is so prevalent. If teachers accept that parents are doing the best that they know in bringing up their children they can develop the cooperative approach that both teachers and parents are partners in the task of educating the child.

Teachers also need to be taught methods of maintaining their own mental health. This may involve collegial support in that teachers do not see their difficulties in the classroom as evidence that they are inefficient teachers.

# ADDAQ

A.D.D. Association Queensland is a voluntary organisation, supported by professionals with backgrounds in medicine, psychology and education, as well as knowledgeable and experienced parents and adults with ADHD. It provides information and facilitates communication with those involved with ADHD and related conditions, including teachers, health professionals and families.

ADDAQ's major goal is to develop the understanding and knowledge throughout the community which will enable those with ADHD to become effective, happy citizens who are able to reach their potential and make useful contributions to society. In order to achieve this goal, it is necessary to overcome the negative attitudes held by many people in the community and to provide medical, allied health, and educational professionals with the attitudes, knowledge, and strategies which are so necessary for this to occur.

ADDAQ provides a service for professionals, parents, families and adults dealing with ADHD who often need information and understanding of the condition, as well as assistance in developing effective practical strategies and in accessing services;

ADDAQ has for sale a wide range of useful books, and videos which have been carefully selected ease of reading as well as accuracy of information;

ADDAQ maintains a number of lending libraries, which may be accessed through local support groups;

ADDAQ publishes information sheets and a quarterly newsletter "The ADDVOCATE" providing up-to-date information and strategies;

ADDAQ provides information and support for autonomous regional support groups; Our relationship with these groups is one of cooperation and support rather than one of control;

ADDAQ organises professional seminars for teachers, health professionals, parents, adults and other interested people. ADDAQ provides speakers to address community groups looking for current information on ADHD;

ADDAQ liaises with education and health professionals as well as government agencies to provide information and advice on policy and best practice in relation to the diagnosis and management of ADHD and associated conditions.

ADDAQ maintains a website, which may be accessed by members of the public although there are some sections with more detailed information which will be restricted to members only. This website is not currently complete so visitors will see it develop further over the coming months.

ADDAQ's email address is [addaq@addaq.org.au](mailto:addaq@addaq.org.au) and telephone number (07) 3368 3977

Hi Steve,

I have just returned from holidays and received your message. Unfortunately I am working on Thursday because I would have loved to have come along. I was very critical of teacher training in regards to all disabilities. Although at UQ, all students had to do one unit of special needs. at graduation, students still seemed to be clueless. I did a seminar on ADHD in my final semester and the other students I presented to, all had to mark me and give comments. Most of the feedback I received commented on how little they knew about this issue and they were very grateful to have had the opportunity to hear my story and learn a bit about the condition and its management. I then realised that although these students had all taken a one semester unit on special needs, they were really none the wiser and it took a 20 minute seminar to get the message through.

From this experience, I have realised that it is important that teacher training be meaningful and in some way allow students to connect with these issues. I put up a picture of my daughter and talked very frankly about the issues we faced and the role of the teacher in helping us. I put up a list of good traits and challenging characteristics of ADHD kids and gave practical strategies to deal with these and in this way I put a face and family to this disorder and humanised the issues. The ideal situation would be for students to have some contact with ADHD students but failing that I think that the best way of teaching these issues is from real people living with this disorder. The most memorable and powerful subject I took in 9 years at uni was a social work subject on oppressed groups. Each week we would have a one hour lecture on a different oppressed group (homeless, gays, abused women, Aborigines etc) and in the next hour we would have someone from this oppressed group come in and talk to us about their experiences. I think this would be a very effective way of teaching students about different special needs.

Good luck on Thursday

Denise

A letter from a paediatrician who is a member of the ADDAQ management committee.

Dear Steve,

There are six issues that need to be raised.

1. Help must be provided to all children with difficulty.
2. Teachers need to be trained to use different teaching styles to teach the variety of children with different problems.
3. You cannot expect the SEDU's or STLD's to provide the expertise as the majority of them have not been trained sufficiently well themselves.
4. Teachers need to be given a variety of strategies to cope with behaviour problem children.
5. We need to foster a spirit of cooperation between the parents and teachers. Cooperation between parents and teachers is paramount and will dispel the blame-culture that is pervasive in our present society.
6. Teachers need to be taught to look after themselves. Teachers are joining doctors and dentists in becoming the victims of stress.