

ADHD in Early Childhood: Part 2 - Information for Preschool Teachers¹

Heidi Liss Radunovich and Allie Munch²

This publication is the second in a two-part series about ADHD in early childhood. For the first publication in the series, see FCS2316/FY1329 *ADHD in Early Childhood: Part 1 - Understanding ADHD in Preschoolers* (http://edis. ifas.ufl.edu/fy1329).

What do we know about ADHD in early childhood?

In recent years, there has been greater awareness of the diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD). Although many things are still not known about the causes of ADHD, research suggests that it is a brain-based disorder. Children who have this disorder may show attention problems (e.g., having difficulty focusing), hyperactive behavior (e.g., having difficulty sitting still), and impulsivity (e.g., not thinking before acting). Symptoms are often present in early childhood, but many symptoms could be confused with normal development for that age, or with developmental lags. For more information about ADHD in general, please see the EDIS publications FCS2314/FY001 Attention-Deficit/Hyperactivity Disorder at http://edis.ifas.ufl.edu/fy001 (Evans and Radunovich, 2006), and for information about ADHD in the preschool years, see FCS2316/FY1329 ADHD in Early Childhood: Part 1 - Understanding ADHD in Preschoolers at http://edis.ifas. ufl.edu/fy1329 (Munch and Radunovich, 2012).

How can you recognize ADHD in children in the preschool setting?

Instructing children with ADHD can be a difficult task for many teachers, especially for those in the child care or preschool setting. Children with ADHD are often identified because they show problem behaviors in preschool. Problem behaviors exhibited by children with ADHD might include but are not limited to the following:

- Not following directions
- Not paying attention
- Being off task
- Excessive movement
- Excessive talking
- Being a constant annoyance
- Being physically and verbally inappropriate to others (e.g., reacting physically without thinking, or speaking negatively without thinking).

Additionally, children with ADHD often require more reminders and redirection than their classmates. Classroom management is important because young children need structure, routine, and familiarity in order to make the most of their early learning experiences, and this is especially true for children who have ADHD. The problem behaviors of these children often negatively affect their early childhood education.

- 1. This document is FCS2317, one of a series of the Department of Family, Youth and Community Sciences, Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida. Original publication date July 2012. Visit the EDIS website at http://edis.ifas.ufl.edu.
- 2. Heidi Liss Radunovich, assistant professor, Department of Family, Youth and Community Sciences; and Allie Munch, graduate student, Department of Family, Youth and Community Sciences; Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

The Institute of Food and Agricultural Sciences (IFAS) is an Equal Opportunity Institution authorized to provide research, educational information and other services only to individuals and institutions that function with non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, marital status, national origin, political opinions or affiliations. U.S. Department of Agriculture, Cooperative Extension Service, University of Florida, IFAS, Florida A&M University Cooperative Extension Program, and Boards of County Commissioners Cooperating. Millie Ferrer-Chancy, Interim Dean

Teachers may feel as though the increased classroom disruption by children with ADHD can impact the learning of others in the classroom. Having to give extra attention to those children makes it harder for teachers to monitor and interact with other children in the class. If teachers constantly have to stop what they are doing to reprimand or redirect children who have ADHD, they may feel as though they are wasting valuable class time.

What should you do if you suspect that a child in your classroom has ADHD?

Early childhood educators should be aware of ADHD symptoms so that they can spot the signs of the disorder. Keeping detailed notes about a child's behavior can be helpful when reporting symptoms to parents or mental health professionals. If a child's behavior suggests he or she may have ADHD, teachers should notify the parents. Instead of stating that ADHD is a likely problem, teachers should provide concrete examples of problematic behaviors occurring at school and ask if those behaviors also occur at home. For example, "John seems to have a much harder time staying still than the other children. Do you also see that at home?" or "Mary can't seem to pay attention very well. Have you also found that to be the case?" Collaborate with parents when discussing a possible diagnosis. In order to get a diagnosis of ADHD, symptoms must be present in at least two separate settings (most likely both at preschool and at home). If problems are occurring both at home and school, you may want to suggest that parents complete a free screening tool for ADHD at home and then compare results to the behaviors seen at school (see the online resources section for an example of a good screening tool). If both teachers and parents agree that a child has symptoms of ADHD, parents should have the child evaluated by a pediatric mental health professional.

The American Psychiatric Association does not recommend a diagnosis of ADHD prior to age four or five because there can be so much overlap with expected preschool behaviors. However, if a child has extreme problems with paying attention, and also has significant difficulty sitting still or thinking before acting, a good idea might be to try some environmental changes or behavioral interventions to help the child. Medication is often used to treat older children who have ADHD, but it is not recommended for preschoolaged children.



Figure 1. Preschool teachers should be aware of ADHD symptoms and should talk with a child's parents if they believe a child should be tested for ADHD.

Credits: iStockphoto, http://www.thinkstock.com

Recommendations Work with Parents

If a preschool child has been diagnosed with ADHD, teachers should cooperate with the parents' choice of treatment, even if that includes medication. Teachers will need to communicate with parents regularly about the child's progress to identify changes in development and behavior. If medication is prescribed, keep records of the dosages administered to determine the effectiveness of the treatment. Teachers should be sure to tell parents that a diagnosis of ADHD will not exclude their child from any activities. Explain that appropriate accommodations will be made for the child so that he/she can safely and successfully participate in the program.

Change the Environment

Preschool children with ADHD will thrive in environments that have been modified for their safety. Keeping clear pathways, neat and organized play areas, and limited areas for climbing will reduce accidents. Choose activities that will allow for free movement because many children with ADHD have trouble sitting still. If possible, teachers could have an aide work one-on-one with a child who has ADHD. If a child needs special attention, the assistant can help him or her while the teacher continues the scheduled routine with the rest of the class. Sometimes children with ADHD have trouble making friends; teachers can help them build their social skills so they can improve their relationships with their peers.

Things to Limit

• **Boredom:** Children with ADHD do not do well with sitting still and remaining quiet, so why set them up

for failure? Allowing mobility indoors is important for their success in the day care and preschool environment. Although young children with ADHD do benefit from structure in the classroom, spending too much time on one activity will also lead them to boredom.

• **Confusion:** Multiple activities and multiple instructions for activities are too confusing for preschoolers with ADHD. Provide instructions one at a time, and engage in one activity at a time to help reduce confusion.

Things to Increase

- Engaging Activities: Children with ADHD can pay attention for appropriate amounts of time if the activity is engaging enough. This is due to a reward system difference in the brain of those with ADHD. "Busy work" such as coloring a piece of paper may only hold the attention of a child with ADHD for a few minutes. Teachers should plan more interactive activities in order to engage a student with ADHD in the classroom. Additionally, having children work in pairs can help make the activity more engaging.
- **Structure:** Although children with ADHD may struggle with appropriate classroom behavior at times, it is still very comforting for them to have structure and to know what the schedule will be.
- **Outdoor Time:** When children with ADHD are allowed to spend time outdoors they are more likely to explore and participate in activities that require large amounts of muscle movement like running and jumping. Being outside also allows children to easily move from interest to interest without disturbing anyone or having to worry about being in the wrong place at the wrong time.
- **Physical Activity:** Involving children with ADHD in planned physical activities like sports and exercise not only helps them to release energy but encourages them to work together with other children, follow rules and instructions, and practice patience (for example, waiting to take a turn at bat in baseball).
- Healthy Diet: Healthy foods that are filling such as whole grains, vegetables, fruits, lean meats, and cheeses are the best snack choices for children with ADHD. These children may rush through meals in order to move on to another interest, so providing nutritious foods is important.

Recommended Online Resources

ADDitude: http://www.additudemag.com/index.html Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/ncbddd/adhd/treatment.html Children and Adults with ADHD (CHADD): http://www.chadd.org/

National Resource Center on ADHD: http://www. help4adhd.org/

National Institute of Mental Health (NIMH): http:// www.nimh.nih.gov/health/publications/attention-deficithyperactivity-disorder/index.shtml

Parent Screening Scale for ADHD:Child/Adolescent Psychiatry Screen (CAPS) for ages 3+ (items 17-31 for ADHD): http://www2.massgeneral.org/schoolpsychiatry/ ChildAdolescentPscychiatryScreenCAPS.pdf

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, D.C.: American Psychiatric Association.

Einarsdottir, J. (2008). Teaching children with ADHD: Icelandic early childhood teachers' perspectives. *Early Childhood Development and Care*, *178*(4), 375-397.

Harpin, V. A. (2005). The effect of ADHD on the life of an individual, their family, and community from preschool to adult life. *Archives of Disease in Childhood*, *90*(Supplemental 1), i2-i7.

Lee, K. (2008). ADHD in American early schooling: From a cultural psychological perspective. *Early Childhood Development and Care*, *178*(4), 415-439.

Loe, I., Balestrino, M., Phelps, R., Kurs-Lasky, M., Chaves-Gnecco, D., Paradise, J., & Feldman, H. (2008). Early histories of school-aged children with attention-deficit/hyperactivity disorder. *Child Development*, *79*(6), 1853-1868.

Sonuga-Barke, E., Auerbach, J., Campbell, S., Daley, D., & Thompson, M. (2005). Varieties of preschool hyperactivity: Multiple pathways from risk to disorder. *Developmental Science*, 8(2), 141-150.

Vaughan, B., Wetzel, M., & Kratochvil, C. (2008). Beyond the 'typical' patient: Treating attention-deficit/hyperactivity disorder in preschoolers and adults. *International Review of Psychiatry*, 20(2), 148-149.

Wahlstedt, C., Thorell, L., & Bohlin, G. (2008). ADHD symptoms and executive function impairment: Early predictors of later behavioral problems. *Developmental Neuropsychology*, *33*(2), 160-178.