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Working with Attention-Deficit Issues

Of all the issues that youth workers have to face, few are as challenging as young people whose inability to concentrate leads them to cause awkward distractions. Much as we love them and respect the fact that it's often not their fault, it can be extremely difficult when these individuals have the effect of weakening a session you're leading, or of damaging the experience of their peers.

We're not talking about the odd distraction here. And we're not talking about the effects of sessions that go on too long, or are poorly pitched. Rather, we are talking about young people who have conditions like ADD or ADHD and those who act like they do.

When problems like these arise, they can be alarming. A few simple techniques, however, can really help.

Understanding the problem

Giving a long (or even medium-sized) description of the conditions involved here is beyond the scope of this document. If you want to read up on the issues, then there is a list of good resources on the final page.

In brief, some young people suffer from conditions that make it very hard for them to concentrate for long periods of time, or in some cases, at all. As with many conditions, this can be so mild that it is barely noticed or, in extreme cases, so severe that those effected can seldom be far from specially trained professionals.

The problem with this lack of concentration is that when the attention wanes these individuals look for other things to amuse themselves. And therein lies the problem: distracting others, causing disruptions, being unable to sit still, messing around with objects in the room, trying to make people laugh... and so on.

It is estimated that conditions like these may effect as many as 1 in 20 children, many of whom will be undiagnosed.

AD (attention deficit) disorders can include a hyperactive element, but often do not. Individuals effected will get less out of many activities and will find it difficult to engage. Where there is a hyperactive element, this will more often result in behaviour that distracts others and causes more overt problems.

ADD stands for *Attention Deficit Disorder*, while **ADHD** is *Attention Deficit Hyperactivity Disorder*. Some sources will tell you that these two terms are interchangeable names for the same condition, which may or may not include a hyperactive element. Other sources will tell you that the latter term refers to a case with a distinct hyperactive element, while the former refers to the more subdued non-hyperactive variety. The former (interchangeable) application of the terms is more common today. In fact, many practitioners today will use the term ADHD to refer to any behaviour on the attention-deficit/ hyperactive spectrum, whether formally diagnosed or not.

Conditions like these are thought to be more prevalent in children and young people than in adults. Though there are adult cases, and though the condition is officially chronic, some evidence suggests that as many as 70% of those diagnosed with ADHD will show no symptoms whatsoever in adulthood.

The specific cause of these conditions is not known precisely. Genetics and diet are thought to contribute, though, as are social and environmental factors.

Many young people with a diagnosed condition are prescribed a *psychostimulant* to aid their concentration. The most common one is *Methylphenidate*, which is marketed under the brand name *Ritalin*.

A few notes

Before we go any further, two things are worth noting. Firstly the signs and techniques below apply not just to those with diagnosed conditions, but equally to young people who can't concentrate or are just a bit naughty. And secondly, it should be remembered that conditions like ADD & ADHD remain controversial in that there are differing views regarding causes and [medical] treatments. Some even doubt that these conditions exist. Either way, the techniques below will certainly help with any attention/ distraction issues you might encounter.

In other words, don't use this document as a diagnostic tool. It's not our job as youth workers to diagnose or treat conditions, so don't get hung up on whether a young person has a recognised condition unless you have been specifically told that they do. What you can do, however, is to apply techniques to signs and symptoms.

What to look out for

The following symptoms may indicate the presence of an AD problem, which may or may not represent a medically recognised condition. Any of these symptoms can be slight or severe.

- Obvious failure to concentrate and excess energy.
- Being easily distracted and day-dreaming.
- Being generally disorganised.
- A lack of social skills.
- Forgetfulness.
- Acting before thinking of the consequences.
- Inability to sit still and tendency to fiddle with objects nearby.
- Difficulty doing anything quietly, and a particular difficulty with anything quiet or meditative.
- Looking around the room during sessions, rather than at the person/ screen/ object which is meant to be the focus.
- Difficulty in seeing tasks through to completion.
- Difficulty in waiting for their turn at a task or generally letting others take centre stage.
- Switching quickly from one activity/ focus to another.
- Answering before questions have been completed.
- Failing to keep to basic conventions like putting hands up before answering questions etc.
- Trying to distract other members of the group or draw their attention.
- Lack of attention to detail, often leading to simple errors.
- Failure to sit still in a room. Watch for individuals who are always on the look out for opportunities to jump out of their seats to talk to others, to look at what they are doing, or to collect or adjust an object etc...
- Excessive talking.
- Interrupting others and butting in on what they are doing with little tact or subtlety.
- Not maintaining eye contact when being spoken to directly.

In some cases, mood disorders or conduct disorders can interact with ADHD. Some sources suggest that around 25% of those with ADHD may be *bipolar* (see below) and other sources suggest that similar percentages may suffer from other conditions likely to result in more overtly aggressive behaviour. It is beyond the scope of this document to go into every condition that might interact with ADHD, but it is worth bearing in mind that there is a slight chance that those exhibiting any of the above symptoms may:

- be bipolar. In other words, subject to mood-swings: happy and giddy one minute, depressed the next.
- become aggressive or abusive when faced with authority or disciplinary measures.

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- be prone to calculating behaviours such as lying, stealing. You may also encounter well-organised misbehaviour or distractions.

Tips and tricks that can help

Depending on the situation you are in and the individual you are dealing with, some of the following strategies might prove useful.

Routines that are explained and understood work well. Random is bad.

When working with an individual over a period of time, try to keep to the same routine as far as possible. For instance, if your youth group evenings always start with the same routine (registering, welcome, opening prayer etc...) or if each day on a residential begins and ends with an understood and well-explained routine, then this is more comfortable to AD individuals.

When doing something unusual, explain it properly and explain what is expected. Checking, in a friendly way, with individuals on a one-to-one basis that they understand and intend to comply with your requests can help.

Clear and brief explanations...

..with plenty of eye contact and a calming, friendly tone, work better than long-winded explanations or talks. Long lists of rules or instructions often fall flat.

It can be beneficial to give instructions in multiple formats. For instance, giving instructions verbally and in writing can both reinforce the understanding and cater to different learning styles.

Try to avoid distractions as far as possible.

AD young people will find it naturally hard to focus on the thing they are meant to be giving their attention to, so don't make it any harder for them by leaving unnecessary distractions in their path. Are they seated next to an object they are going to mess around with? Is there something behind the session leader that will distract attention away from him/ her. Are you working in a room where lots of other stuff is happening? Is there any material or resources from another session lying around?

Make clear rules and enforce them consistently and charitably.

This is good practice in youth work anyway, but especially so when dealing with AD issues. At the start of a programme, explain your expectations clearly and calmly. Don't be too over-bearing, but make the point that rules are there to let everybody get the best out of the experience, not to make your life easier! Make sure that everybody understands and agrees. Activities like *group contracting* (where the group agree on rules, write their rules on a large poster and then all sign it) can be a real help with this.

When rules are broken, it is important to respond. Ignoring very small things such as playing with a pen during a meeting or occasionally speaking at the wrong time is understandable since you will make a proverbial rod for your own back if you jump on everything. However, anything that is more than simply a passing distraction, such as rudeness, walking away when being spoken to, making fun of others, or otherwise deliberately breaking an established rule, needs to be tackled. Letting things go may seem like the friendly or simple option, but in the long run you will pay a high price (don't fall into the fallacy of thinking that young people will like and respect you if you let them get away with things). The first time that a major rule is broken is a key point in any programme. The young people will all be looking to see how it is handled, and the response you give will have an important effect on behaviour from then on. This is even more so if you have any AD issues in the group.

When a rule is broken and an AD young person acts out, explain to them clearly what they have done wrong and check to ensure that they understand. Explain that the programme and the group suffer most when rules are broken. Don't be aggressive or sarcastic. You want to come across as assertive and serious, but you also want to make it clear that you still like them.

If you think it's appropriate (and especially if it's not the first offence) then you can apply a sanction such as restricting privileges, giving a community service task or calling parents.

Involving parents is always useful.

Building up a good relationship with the parents of an AD young person is invaluable. Parents are often well aware of the problems that AD issues can cause and are in a position to advise. When there is a specific

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problem, such as the breaking of a rule, contacting the parents can be very useful. They can give advice and even talk to their son/ daughter/ ward themselves. Involving the parents lets the young person know that there is a united front, so to speak. It also lets the parents know that you are seeking a constructive and caring approach. Just don't let the parents think you're completely clueless! Tell them what the problem is, tell them what you've done already. Tell them what you're planning, and tell them why you're involving them.

Self-esteem is important and needs to be reinforced.

Keeping AD young people affirmed and confident is important. They should be made to feel valued, liked and able. Look for opportunities to affirm them. If you have to discipline them, do so in a positive and restorative way.

Remember that AD young people can respond badly with an audience.

Being able to influence, distract or entertain their peers can over-stimulate those with AD issues, and so you may want to isolate them on occasions. When you are talking to them about something they have done wrong, do so privately and you'll be far more likely to get their attention and empathy. Similarly, during sessions/ meetings etc, you may find it useful to subtly seat AD affected people in a place where they can't distract others as easily.

Creative distractions can be good.

AD young people feel a need to have their minds occupied. Sometimes your approach will involve removing distractions, but some of the time it can be useful to creatively give them distractions. Distractions that are going to cause trouble like a water pistol lying around are obviously to be avoided. But some distractions can keep them occupied and quiet! Stress relieving toys are quite good for this. Lengths of string have also been proven to work well. The best thing to do is to observe the individual during their free time. Is there an object that they naturally grab or toy with? If there is, and it's not something that's going to cause trouble, then make sure they have it with them during the next session. Don't take it away from them if they come in with it. This approach is particularly useful with younger children.

Breaks and variation make attentiveness easier.

Putting short breaks into programmes, where possible, can be useful as it lets AD young people recharge and refocus themselves. Don't let them wander too far away though as they are often not naturally good time-keepers.

Running sessions that are varied in their nature is also productive. Don't make a session work the same way all the way through. Long talks don't work well. Change the position of the input given. Change the type of input. Use images, movie clips, PowerPoint, flipcharts etc etc... If possible, let people get up and move around during the session, perhaps to work with a variety of different peers. *Energiser games* can also be productive.

Give them a job.

Giving an AD young person a specific job or responsibility during a session can occupy them nicely and reduce their tendency to look for distractions. Don't make them responsible for small objects though, or for anything that can cause an even bigger distraction. You might, for instance, tell somebody to be responsible for opening and closing a window if the room gets warmer or cooler. Similarly, in an art workshop you might make them responsible for keeping the room tidy, or you might make them in charge of keeping time. These tasks might not be strictly necessary for the activity in question, but that's not really the point!

Positioning of staff and young people.

Sitting an AD young person near a member of staff/ catechist/ youth worker etc, is an obvious smart move. Putting them near to a good role model or somebody they look up to can also work well. AD young people should also make sure that they are not too near to others who might distract them. You will find it very easy to identify other young people who they react particularly badly to.

AD boys are generally more sedate around girls than other boys.

Putting two AD young people near one another is a particularly bad move!

Ice breaker games at the start of sessions which involve moving around or switching chairs can be a good way to subtly relocate people.

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Affirm good behaviour and achievements.

If an AD young person is coping well, or if you are able to identify a specific talent, then make sure you point out (in a natural way) how impressed you are. Creating a sense that *we're all in this together* and that you care about one another goes along way.

Limit the choices.

AD problems are exacerbated when there are complicated problems to solve or decisions to make. If there is a choice to be made, don't make it too complicated. A few options are easier to handle than a lot.

Watch the diet.

Sometimes ADHD is triggered or made worse by dietary factors. Indeed this applies to many behavioural problems. If you are running a residential (or another programme where you are in control of the food) then keep meals healthy and at regular times. A high sugar intake should be particularly avoided.

Watch out for drinking fizzy canned drinks or eating lots of chocolate or other sugar-rich foods during breaks. Suggesting more healthy alternatives might pay dividends. This is also an area where liaising with parents is vital.

If possible, try to involve AD affected young people in your strategies.

Young people with diagnosed conditions will be aware of the need to identify coping mechanisms, even though they may not be that good at making them work.

Any young person with AD difficulties can be asked what they prefer to do and what things help them to concentrate and work better. This will make them feel valued and included and they *should* respect that fact and respond well. They might also have some good ideas. Be careful though... don't let them pull a fast one!

Also...

General good practice in running sessions and programmes is especially important when there are AD issues among the group:

- Make sure the atmosphere is comfortable
- Make sure the area is tidy
- Make sure sessions, media, input are stimulating and of an appropriate length
- Make sure that youth workers take an interest in the young people and that a friendly atmosphere of co-operation is allowed to develop

Sources & further reading

The following list of resources provides a reference for those who want to learn more, as well as a list of sources used in preparing this document.

- ADD pages from helpguide.org http://www.helpguide.org/mental/adhd_add_teaching_strategies.htm
- ADD resources from the [US govt] CDC <http://www.cdc.gov/ncbddd/adhd/index.html>
- ADHDstrategies.com <http://adhdstrategies.com/>
- ADHD article on Wikipedia http://en.wikipedia.org/wiki/Attention-deficit_hyperactivity_disorder
- ADHD pages from [US govt] NIMH (National Institute of Mental Health) <http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>
- NHS pages on ADHD <http://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder/Pages/Introduction.aspx>
(this page has a very good video introduction)

A few notes about this document

CatholicYouthWork.com would like to thank all of those who contributed to this document. This document was produced with the support and contribution of a few different individuals and agencies.

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As with any document we produce, this is merely a guide. We offer no absolute guarantee as to the accuracy of the information given and, as always, if you are facing an urgent or serious situation then we strongly advise that you seek the support and advice of suitably qualified professionals.

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