



TAC

TEACHING AD(H)D CHILDREN

Project Result 1:

TAC COMPETENCE FRAMEWORK

Project Title: Teaching AD(H)D Children
Project Number: KA220-NW-21-27-24018
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Date: February 2023

teaching-adhd-children.eu



Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.



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1. Background of the TAC Project

Among the mental disorders of childhood and adolescence, **Attention-Deficit (Hyperactivity) Disorder (ADHD or ADD)** occupies a prominent position due to its **relative frequency** – worldwide with a prevalence of 3-5%. European data seems to confirm the prevalence of this phenomenon – by pooling a set of scientific publications, the AD(H)D Institute estimated a prevalence of 3% in Portugal, while German studies assume a prevalence rate of around 5% (Schlack et al., 2014). In Ireland, the fifth Annual Report of Child and Adolescent Mental Health Services (2013) noted ADHD as the main ailment for 31.6% of young patients.

Children with AD(H)D are attending school just like their peers, but experience **considerable difficulties in learning and social life**. Independent of their intellectual potential, their particular style of perception and reaction often affect their learning ability, memory, and emotional regulation, which can lead to lack of (mutual) understanding, stigmatisation, social exclusion and even dropping out of school. In addition, along with AD(H)D, there are often co-existing conditions which can complicate the learning in many ways, such as graphomotor difficulties, depression, anxiety, aggression, and oppositional defiant behaviour.

A Council of Europe resolution (PACE 2015) states that *“Today, there is an increasing recognition that ADHD requires a comprehensive multimodal treatment approach combining medical, behavioural and educational interventions, including parent and teacher education about diagnosis and treatment, behaviour management techniques for the child, the family and teachers, medical and school programming and support.”*. While the **principles of inclusive education** are making their way as an integral part of teacher training, teachers in general do not seem to have sufficient knowledge of the causes of and possible interventions in AD(H)D (Ruhmland & Christiansen, 2017). As a result, teachers feel **particularly burdened by attention and discipline problems**, which are particularly common in children with AD(H)D (Moore et al., 2017; Nash et al., 2016). Without sufficient knowledge, generalising and/or pathologising views on AD(H)D can lead to dramatic misjudgements on the side of many teachers about the potential and school performance of these pupils as well as their behaviour and motivation - e.g. they may assume laziness,

insufficient motivation, deliberate manipulation, poor parenting etc. The presence of corresponding diagnoses can also cause disadvantages for the children, stigmatising them with low expectations.

The challenge of dealing with the specific needs of the pupils causes a situation where **teachers are increasingly preoccupied with reactive aspects of classroom management** at the expense of actual teaching and learning. Demotivation on both sides, with some teachers wishing to leave the teaching profession, and pupils dropping out of school, are a consequence. In recent decades, a considerable body of knowledge about AD(H)D and supportive measures has been accumulated by the scientific community and among experts. This knowledge must now be used, transferred, and introduced into mainstream school practice. Introducing this knowledge in a **comprehensive initial and in-service teacher training offer** is the goal of TAC project.

In this context, partners from **five countries** – Austria, Bulgaria, Germany, Ireland, and Portugal – including **three universities** - the University of Cologne, the Dublin City University and Trakia University - got together in this research project, which attempts to bring the existing knowledge on AD(H)D closer to the teachers and thus equip them with **specifically developed interventions** to successfully support and teach children with AD(H)D in primary and secondary schools.

2. Introduction to the TAC Competence Framework

The quantitative and qualitative research conducted by the TAC consortium concluded that teachers do lack sufficient knowledge on the subject and the necessary skills to deal with certain AD(H)D related behaviours shown in class. They need (different types of) support, specific methods, and strategies as well as materials and resources in order to feel well-equipped to support children with AD(H)D appropriately. Moreover, teachers should possess a wide range of skills and competencies in order to adapt their teaching, support, and interventions to the needs of a specific target child and his/her respective school/ class environment.

Based on more than **1000 responses to the online survey** distributed among in-service and in-training teachers, the consortium created a competence model carefully adapted to the main challenges the target group is facing with a particular emphasis on teachers' skills for managing

the classroom and the teaching process. The competence model subtracts 4 key competencies, summarizing the specific **knowledge, skills and attitudes** required for a successful learning experience for both teachers and pupils.

This competence framework forms the basis of the TAC training module and ensures an informed training design tailor-made to the needs of primary and secondary school teachers and provides cutting-edge, evidence-based methodologies and instruments for a holistic approach to managing and supporting pupils with AD(H)D in mainstream classrooms.

Competence 1: Recognising AD(H)D and its Consequences

As a theoretical background, a teacher understands the difference between person and behaviour, that the person their and environment interact with each other in complex ways, and that development and behaviour are influenced by many interacting factors. The teacher is familiar with basic principles of an inclusive school system. Teachers know about AD(H)D classification criteria, AD(H)D-typical symptoms, its (neurobiological) causes, and its effects on children's learning and social behaviour. They can use the ICF model (International Classification of Functioning, Disability and Health) to create an understanding of individual impairment in activities and restrictions in social participation.

Knowledge: The teacher...

- ♥ understands that child development is influenced by biopsychosocial factors that interact in an individual and as a distinct dynamic process;
- ♥ sees children as actively shaping their development according to their individual needs;
- ♥ has an understanding of the legal basis of an inclusive school system that has to guarantee social participation for all children;
- ♥ perceives neurodevelopmental disorders as a continuum rather than strict categories;
- ♥ is familiar with AD(H)D classification criteria, AD(H)D-typical symptoms, and effects on learning and social behaviour of the children;
- ♥ knows the (neurobiological) causes of AD(H)D.

Skills: The teacher...

- ♥ is able to recognize AD(H)D-typical symptoms in a child's behaviour in the classroom;
- ♥ is able to differentiate between person and behaviour;
- ♥ is able to use the ICF model to create an understanding of individual prerequisites for learning and social participation;
- ♥ is able to develop a support plan based on an individual understanding of learning requirements.

Attitudes: The teacher...

- ♥ has an interest in supporting children with AD(H)D-like behaviour in class;
- ♥ has a positive attitude towards working in-depth with such children;
- ♥ understands that person and environment interact with each other in complex ways;
- ♥ acknowledges that development and behaviour are influenced by many factors;
- ♥ believes that the general education system has to guarantee participation for all pupils;
- ♥ commits to supporting pupils with AD(H)D in class.

Competence 2: Influencing the Aspect of the Environment

The teachers are familiar with concepts like classroom management, positive behaviour support and modifying consequences (such as behaviour specific praise, token economy, response cost, DBRC – Daily Behaviour Report Card).

Knowledge: The teacher...

- ♥ understands the value of classroom management in increasing time for active learning and decreasing problem behaviour;
- ♥ knows the principles of classroom management;
- ♥ knows the difference between proactive and reactive classroom management strategies;
- ♥ has knowledge about general classroom management strategies and those which are essential for pupils with AD(H)D.

Skills: The teacher...

- ♥ is able to apply classroom management strategies which are especially relevant for pupils with AD(H)D;
- ♥ is able to prepare the classroom to make successful learning more likely, especially for pupils with AD(H)D;

- ♥ is able to implement rules and routines so pupils with AD(H)D can self-regulate more easily;
- ♥ is able to use various strategies of positive reinforcement to increase target behaviour.

Attitudes: The teacher...

- ♥ has a positive attitude towards classroom management strategies as ways to make successful learning more likely;
- ♥ feels encouraged by the strategies to establish a good learning environment;
- ♥ has an increased feeling of self-efficacy when preparing the classroom, rules and procedures, and consequences for pupils with AD(H)D.

Competence 3: Influencing the Aspect of Relationships

The teachers are aware of the social-emotional climate in class and know how to regulate it. They know and use the concept of positive student-teacher relationship, the importance of praise, peer counselling/cooperative learning and understanding.

Knowledge: The teacher...

- ♥ understands how behaviours associated with AD(H)D can impact children's relationships with their teachers and peer group;
- ♥ understands the power and potential of the student-teacher-relationship;
- ♥ has knowledge about teacher feedback and children's AD(H)D symptoms;
- ♥ knows starting points for improving the student-teacher-relationship;
- ♥ understands the importance of peer relationships in school;
- ♥ understands the teacher's role in supporting peer relationships;
- ♥ has knowledge about evidence-based strategies that promote belonging, acceptance and inclusion for children with AD(H)D type behaviours.

Skills: The teacher...

- ♥ is able to recognise behaviours associated with AD(H)D that can affect children's interpersonal relationships;
- ♥ is able to develop strategies to promote and enhance the student-teacher-relationship through high levels of closeness, low conflict and low dependency;
- ♥ is able to support peer relationships through providing safe space, secure emotional climate and teachable moments.

Attitudes: The teacher...

- ♥ understands the impact of social exclusion and isolation children with AD(H)D experience, arising from their symptoms;
- ♥ has an interest in promoting and enhancing partnership and collaboration for children with AD(H)D-type behaviours;
- ♥ feels encouraged by the strategies to establish an environment of belonging, acceptance and inclusion for children with AD(H)D-type behaviours.

Competence 4: Influencing the Learning Experience

The teachers have an understanding of the theoretical background of memory and attention as the basis of school learning. They know metacognitive learning skills, how to support pupils' engagement and working memory. The teachers can create a predictable schedule for a specific child and are able to communicate clear rules and expectations.

Knowledge: The teacher...

- ♥ has knowledge about executive functions and their impact on learning;
- ♥ knows about the deviations of the executive functions of pupils with AD(H)D and the challenges that come with that;
- ♥ has knowledge of metacognitive learning skills needed to support pupils with AD(H)D.

Skills: The teacher...

- ♥ is able to identify difficulties in the executive functions of pupils;
- ♥ is able to apply organization training for pupils with AD(H)D such as checklists
- ♥ is able to apply self-management strategies such as adjusting the energy level, self-instruction training, if-then plans, or self-monitoring.

Attitudes: The teacher...

- ♥ has an understanding of the learning challenges that pupils with AD(H)D face with regard to attention, processing speed, and executive functions;
- ♥ is willing to support a positive academic self-concept of the students while critically reflecting on their own practices;
- ♥ has an interest in supporting pupil's learning experience and inclusion through different strategies.

3. Designing the TAC Teacher Training Module

Competence Framework – TAC Training Module			
1	Workload 150 – 180h	Credit Points 5-6 ECTS	Open to primary & secondary teachers (student & in-service teachers)
2	<p>Learning Outcomes</p> <p>The student teachers/teachers in-service acquire detailed and differentiated knowledge about:</p> <ul style="list-style-type: none"> - (bio-psycho-social) child/youth development - AD(H)D and AD(H)D-typical symptoms, (neurobiological) causes and the effects on learning and social behaviour as well as school related factors contributing to problems - multimodal AD(H)D treatment components and role of teachers/ schools <p>On the basis of this knowledge, they are able to adapt evidence-based interventions to the needs of a specific target child and his/her respective school/teacher by:</p> <ul style="list-style-type: none"> - describing individual behavioural and academic problems - explaining individual problems on the basis of the ICF model - defining goal/SMART target behaviour - increase target behaviour via individual adaption of evidence-based interventions on different levels - evaluate and adapt interventions. 		
3	<p>Module Content</p> <ul style="list-style-type: none"> - (bio-psycho-social) child/youth development - AD(H)D symptoms over the life course - Impact on learning and social behaviour, relevant co-morbidities - Causes, neurobiological background - Evidence-based school interventions to improve classroom environment, student-teacher and peer relationships, class climate, and learning experiences within a positive behaviour support framework 		
4	<p>Teaching strategies</p> <ol style="list-style-type: none"> 1. Self- assessment of the teacher's/student teacher's competences pre-/ post-intervention 2. Theoretical part (e.g. seminar format with case studies to work on with feedback) 1 ECTS 3. 3-month practice phase & coaching: apply knowledge to 1-2 target children with ADHD symptoms 3 ECTS (including coaching/ feedback) 		
5	<p>Module final examination (e.g. term paper, oral examination)</p>		