A guide to kindergarten

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ADHD NORGE

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TO YOU WHO WORK IN A KINDERGARTEN

It is not always easy to know whether troubles with concentrating, hyperactivity and impulsiveness are expressions of normal behavior in a developing child, early signs of ADHD, or expressions of other difficulties.

This guide is meant to help the kindergarten staff get more conscious of different behavior and recognize ADHD symptoms early so it can be considered if the child needs to be referred to educational psychological service (PP-tjenesten), for further assessment or referred to physical examination at BUP (children and adolescent psychiatry).

The framework plan for the kindergarten states that it has a responsibility for preventing difficulties in children and to discover children with special needs. The framework also demands a solid documentation of children's development. ADHD Norway wants to be a support function and partner for kindergartens in this work and hope this guide can be a help.

New research and increasing knowledge about diagnoses, conditions, needs and facilitation measures, also require that kindergarten staff keep up to date on new knowledge. It can be hard in an already busy life. Knowledge about ADHD can help you become more aware of what you observe and give you information about good measures when there is suspicion of ADHD. Guidance to such caution towards children, is the overall goal of the kindergarten guide.

ADHD Norway thanks the senior advisors Yuliya Haugland and Rita Tangen In Statped Sørøst for good input and cooperation, and thanks Kommuneforlaget for the opportunity to use the book as a basis.
We hope the kindergarten guide will help in everyday life!

Nina Holmen
ADHD Norway

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CHAPTER 1:

WHAT IS ADHD?

Definition, symptoms, and behavioural traits:
Attention Deficit / Hyperactivity Disorder (ADHD) is a neurobiological developmental disorder that affects cognitive, emotional and social functions.

There are three types of ADHD:
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2) ADHD predominantly inattentive type
3) ADHD combined type

Infants/toddlers with ADHD: Born with a vulnerability in their emotion regulation, attention, sensory processing and motor skills.

Self-regulation and motivational conditions:
Neuropsychological model.

DEFINITION, SYMPTOMS AND BEHAVIORAL TRAITS

ADHD is short for Attention-Deficit / Hyperactivity Disorder. ADHD is a neurobiological developmental disorder with pronounced inattentiveness, restlessness and impulsiveness. Most people with ADHD are diagnosed during their early school years, after the symptoms have been present for a time. Approximately 3% of people in Norway have ADHD.

"The teachers use their academic knowledge to interpret and understand how the kindergarten can aid the child in play, social interaction, care and learning. In this situation, it is important to know what ADHD is – and what it is not – and about additional challenges and solutions."

To ensure good development in children with ADHD symptoms, the kindergarten should adapt its teaching approach to the children's abilities. This requires a systematic understan-

ding of quality in kindergartens, as well as an understanding of the child, the diagnosis and how the functional impairment affects daily life.

The symptoms of ADHD can resemble the characteristics associated with normal development in a child of kindergarten age. For example, excitedness, disobedience and anger are very common in children at the age of two or three. Symptoms can also be a result of other factors. Therefore, it is important to observe and register the frequency and intensity of the symptoms. Although girls and boys have the same core symptoms of ADHD and fill the same criteria for the diagnosis, the symptoms may be expressed through different behaviours. Boys are often more hyperactive and aggressive, while girls may seem more introverted and shy. In these situations, it is essential to understand the individual presentations of ADHD. For example, children with the inattentive type of ADHD often have different behaviours than those with visible hyperactivity. These children are often quiet and absentminded and can easily be overlooked. It is important to emphasize that boys can also be found to have a predominantly inattentive presentation.

THREE TYPES OF ADHD

ADHD predominantly hyperactive/impulsive type
Symptoms are hyperactivity and impulsivity, but not attention difficulties. When tasks are of personal interest, the attention span can be normal for longer periods.

Hyperactivity (ADHD-related behaviour among 3-6-year-olds, compared to their peers)
- Appears to have an "inner motor ".
- Has a very high level of activity.
- Is frequently troubled, hurried, cannot sit still.
- Is constantly moving, some body part is always fidgeting. This increases with lack of interest and boredom.
- Eyes wandering, provides minimal stable eye contact.
- Climbs on everything.
- Picking on and fiddling with things.
- Is unusually noisy during play.
- Speaks excessively.
- Can make bold decisions.

Impulsivity (ADHD-related behaviour among 3-6-year-olds, compared to their peers)
- Reacts impulsively, does not think before acting.
- Gets distracted easily.
- Interrupts or intrudes on the play of others.
- Is unwilling to wait for their turn, blurts things out.
- Talks while others are talking.
- Unable to save or store things.
- Switches from one unfinished activity to another, constantly beginning onsomething new.

ADHD predominantly inattentive type: Symptoms are attention difficulties, but not hyperactivity or impulsivity. This type of ADHD is often difficult to detect in children, and the children who have it often receive their diagnosis much later. They may be shy and are often more likely to show withdrawal, anxiety, sadness, negative self-esteem and apathy. They strongly dislike focus on their own person when they are given attention. They are often daydreamers, may appear to lack initiative and have a slower information processing pace. Some may be anxious and depend on adults tomake them feel safe.

Attention problems (ADHD-related behaviour among 3-6-year-olds, compared to their peers)

- Easily distracted.
- Not attentive to details.
- Does not listen to what is said, stays preoccupied in their own thoughts.
- Fails to complete activities, loses interest, but concentrates well on areas of interest.
- Avoids activities that require calmness and concentration.
- Easily loses and/or forgets clothing and other necessary items.
- Seeks immediate or quick rewards/responses.

ADHD predominantly combined type: Symptoms are attention difficulties, hyperactivity and impulsivity. Most people with ADHD are in this group. Because children with this type can have difficulties in several areas, a systematic adjustment for the individual is particularly important.

These are the general features of the three types of ADHD. Research shows that all three types appear during a child's kindergarten years, but that the distribution of the individual types of ADHD in kindergarten-age children differs from the distribution found in school-age children. Most kindergarten children with ADHD meet criteria for the hyperactive and impulsive type. At this age, attention difficulties have yet to become apparent, as the everyday

kindergarten activities are predominantly characterised by various forms of play. In contrast, the organised and carefully structured school-day challenges children's attentiveness to a far greater extent.

"Good job! The assistant remembers to praise Sander when he asks for help and when he helps others."

Because the symptoms of ADHD can be mistaken for normal developmental traits or with other causal factors, there are a set of criteria that must be met. The symptoms must have been present before the child turns twelve, for at least six months, and must be found to have a negative impact in multiple spheres, for example both at home and at kindergarten. In order for an ADHD diagnosis to be given, the symptoms must be disabling in everyday life. There are two diagnostic manuals that are employed in the assessment process for children and adults: the American diagnostic manual DSM-V (referred to as ADHD) and the European Manual ICD-10 (termed: Hyperkinetic Disorder).

INFANTS AND TODDLERS WITH ADHD

The hypothesis is that a child is born with a vulnerability in its abilities to regulate emotions, attention, sensory processing and motor skills. In other words, the brains of children with ADHD have problems with self-regulation, which appears through a variety of rhythm and regulation difficulties in infants and toddlers. Research suggests that it is possible to influence the development of these brain functions if adequately targeted using an effective educational approach at an early age.

These are the behaviours one should pay close attention to in infants:

- difficulties regulating their sleep and alertness.
- colic.
- eating problems.
- restlessness at night and in general.
- switching from one activity to another without completing anything.
- does not want to sit on a lap and cuddle.
- does not study a toy by turning it around in their hands.
- fails to stay focused on pictures in books over an extended period of time.

Most infants will display one or more of these features once in a while. When this behaviour does not change over time, one should be extra observant.

Furthermore, it is recommended that one pays particular attention when children at ages of two to three years display the following ADHD-related difficulties:

- Is restless or active, sleeps little, is an early bird, does not want to sit at the dining table,

does not want to eat, has difficulties understanding boundaries, does not listen, does not cooperate, fiddles with everything.
- Is slow in comprehension and movement, sleeps a lot, sits at the dining table and forgets to eat, does not participate in interactions with others, often cries.
- Wanders from one thing to another.
- No toys arouse interest. Empties the toy box and briefly looks at the toys.
- Has minimal patience in play and reading situations.
- Does not seem to listen and struggles to follow instructions.
- Moves from one activity to another without finishing.
- Has challenges in group activities at kindergarten.
- Has trouble organising their own activities.
- Avoids or dislikes tasks that require attention over time.

When a child is about three years old, ADHD-related behaviours become most evident in the areas of hyperactivity and impulsivity. Attention difficulties, on the other hand, often become more apparent when a child reaches school age.

SELF-REGULATION AND MOTIVATIONAL FACTORS

There are two accepted neuropsychological models that attempt to explain ADHD. One focuses on difficulties with self-regulation and the other on motivational conditions. Several studies carried out on kindergarten children with ADHD show that, in comparison with their peers, children with ADHD have difficulties with both self-regulation and motivation.

Problems with self-regulation in kindergarten children with ADHD add problems with organising their lives and maintaining peer relationships. There are several aspects of self-regulatory functions, such as inhibition of impulses, control of emotional reactions, working memory, internal language, planning, organisation, taking initiative, problem-solving and monitoring or correcting own behaviour. Struggling with these functions is a sign that the child may have difficulties with activities and tasks that require controlling one's attention, controlling what to focus their interest on, and maintaining an overall focus. In addition, many children struggle to understand time. Being told that "the game ends in five minutes" or "you can continue playing with your cars tomorrow," often means nothing because of their challenges with perceiving time.

"Because Star Wars, spaceships and aliens are some of Peter's favourite things, she would use these interests to promote his motivation and engagement."

Motivational factors: Children with ADHD are highly dependent on the motivation and reinforcements that they receive based on their behaviour. Reinforcements can both be positive and

negative. Reinforcers – namely the consequences of one's actions - can take the form of feedback, encouragement, rewards, reprimands, deprivation of benefits, a sense of mastery or a sense of defeat. Behaviour can vary significantly from one task to another, depending on the reinforcement. The children can perform just as well as other children when they are motivated for a given task or when they themselves have chosen to undertake it. They also perform well when they are given frequent feedback along the way and rewards for accomplishing a task.

When it comes to tasks where reinforcements rarely occur, children can show a behaviour characterised by restlessness and inattention.

An effective illustration of underlying motivational conditions is that children with ADHD can reach a goal if they want to, but not when they don't want to. For this reason, it does not make sense to tell children with ADHD to "pull themselves together." Even if the children can do it when they put their minds to it, and therefore know how it is done, they are not always able to do so when it is demanded.

CHAPTER 2:

ADDITIONAL CONDITIONS

ADHD and additional conditions in kindergarten-age: Research shows that 70-75% of children with ADHD have at least one additional disorder.

Other conditions cooccurring with ADHD: General and specific learning difficulties, conduct disorders, emotional difficulties, sleep disorders, motor coordination disorders, eating disorders, difficulties with social functioning, Tourette's syndrome and autism spectrum disorder.

"ESSENCE": Several types of neurological disorders that are common in kindergarten children have similar symptoms, which can often occur simultaneously.

ADHD AND ADDITIONAL CONDITIONS IN KINDERGARTEN AGE

Most children with ADHD also struggle in other areas. Two out of three children with ADHD meet criteria for at least one additional condition. This is called comorbidity. The earlier ADHD symptoms appear, and the more severe the degree of ADHD, the greater the likelihood of other conditions being present. Insights into these additional conditions can help kindergarten staff make more accurate observations of children who are suspected of having ADHD or detect symptoms of ADHD in combination with other difficulties.

The most common additional conditions are:

- General or specific learning disabilities
- Behavioural disorders
- Emotional difficulties
- Sleep disorders
- Motion coordination difficulties
- Difficulties with social functioning
- Tourette's syndrome
- Autism spectrum disorder

The conditions have several symptoms that often coexist in children of kindergarten age. It is not up to the staff to diagnose a child. The most important tasks are discovering the problem, articulating the problem and ensuring that the child receives the necessary assistance during their time in kindergarten.

THE VARIOUS ADDITIONAL CONDITIONS

General or specific learning disabilities: General learning difficulties are difficulties that apply to the entire ability area. Basic competence can be lacking when compared with peers, without detecting an obvious reason why. Specific learning difficulties may include problems with reading and writing, dyslexia, dyscalculia, or specific language difficulties.

Language difficulties and other developmental disorders were found to be present in 25% of children with ADHD diagnoses between 6-17 years of age. It is therefore important that kindergarten staff remain alert when it comes to monitoring the language development of individual children.

Neurodevelopmental language disorders manifest themselves in various ways in children. These ways can be divided into three categories:

1. Challenges expressing oneself.
2. A combination between challenges expressing oneself and comprehending what others are saying.
3. Phonological challenges (relating to the production of speech).

Some recognisable characteristics associated with language difficulties in children are:

- The child "babbles" minimally, speaks minimally, or has unclear pronunciation.
- Rarely utters sentences with more than a couple of words.
- Learns few new words or forgets words he or she often hears.
- Does not comprehend messages
- Does not understand the rules of play, games and other activities.
- Demonstrates little interest in books and being read to.
- Struggles with attention and patience in situations that require use of language
- Rigid and not flexible, sticking to what he or she already knows.
- Shows little interest in interacting with other children, prefers to play with younger children at the same linguistic level.
- Comes easily into conflict with other children, or quickly withdraws from other children when realising that they do not have the language to "win" discussions.
- Asks few questions.

Behavioural disorders: Researchers distinguish between differentdegrees of behavioural problems. For example, a lighter degree of behavioural issues tends to be called discipline difficulties, rather than being referred to as a diagnosis. These children do not have threatening or intimidating behaviour, but are easily irritated by teasing, joking around and the testing of limits.

Moderate and severe behavioural problems are more than discipline difficulties. The diagnosis that relates to behavioural disorders is divided into two diagnostic groups:
1) Oppositional defiant disorder or disobedience (ODD): Characterised by outbursts of rage, argumentativeness, sensitivity, irritation, vengeance and/or cruelty. The child often loses their temper, manifests provocative behaviour, refuses to obey demands and often pushes the blame for their own mistakes and behaviour onto others.

2) Conduct disorder: Associated with aggression directed at people and animals, the destruction of objects, stealing and other serious infractions. These children often bully, threaten, or humiliate others, start fights and resort to behaviour that that does physical damage to others. Girls have lower rates of conduct disorder than boys.

Emotional difficulties: Includes anxiety and depression. Anxiety of being separated from one's mother and father (separation anxiety), anxiety of social situations (social anxiety), pervasive anxiety that impacts everyday life (generalized anxiety), strong anxiety that manifests itself through seizures (panic disorder) and anxiety relating to objects and situations (phobias). Depression appears through sadness, a lack of joy and energy, and a loss of interest in activities that the child used to be interested in. These emotions may be accompanied by decreased or increased appetite, sleeping problems and general tiredness. These children can often seem uneasy and disinterested, and some can become aggressive and very irritable.

Sleep Disorders: This is commonly experienced by children of kindergarten age and it is usually temporary. Over 50% of children with ADHD already manifest sleeping problems during

infancy. Many parents of children with ADHD, describe that their children refuse to go to bed in the evenings and have severe sleeping problems. When the parents after much effort get their child to go to bed, it can take two to three hours before they fall asleep.

Motor Coordination Disorders: Fine motor difficulties can be observed in activities such as threading beads, cutting with scissors, colouring in a pattern, or drawing a line through a maze from start to finish. The handwriting and drawing of children with ADHD is often immature, and they often take more time and have more varied responses compared to other children. Motor difficulties can appear in activities such as jumping, balancing, throwing or catching a ball, cycling and skiing.

Social functioning difficulties: Children with ADHD often struggle in comparison to their friends which can cause them to be excluded or overlooked. Social difficulties can also have a negative impact on the relationship between parents and children, especially if the parents themselves have ADHD symptoms. These families struggle more than others, and the need for guidance can be considerable. Maintaining good relationships with friends and family is of tremendous importance for children with ADHD.

"When the children were going to color, Kari got a line drawing with the same theme, but with less details to be colored".

Tourette's syndrome (TS): Tics are sudden, rapid, and involuntary movements, sounds or statements that take place unexpectedly or out of context. These are divided into motor tics (physical movements in the face or body) and vocal tics (sounds, words and phrases). TS is one of several tic disturbances that involves multiple motor tics and at least one vocal tic.

Autism spectrum disorders: Autism spectrum disorder is a developmental disorder which involves difficulties with mutual social interaction, communication and repetitive behaviour. The symptoms of autism spectrum disorder are individual. Child autism, atypical autism and Asperger Syndrome are the most common diagnoses on the spectrum. In children and adolescents with ADHD the most frequently reported additional condition is Asperger's syndrome.

ESSENCE

Professor Christopher Gillberg at the University of Gothenburg is a leading researcher in child psychiatry. He is critical towards the application of categorical diagnoses to children under five years of age. Gillberg believes that, because several neurological disorders in kindergarten children have multiple common symptoms that can appear at the same time, children should be evaluated by multiple specialists. Gillberg organises symptoms associated with, among

others, ADHD, behavioural disorders, Tourette's syndrome, autism and learning disabilities under the acronym ESSENCE." ESSENCE thus serves as a collection of symptoms that apply to several areas and are observed in children before the age of four:

- Motor disorders
- General developmental delay
- Delays in the development of language and communication
- Difficulties with social interaction and communication
- Behavioural problems
- Hyperactivity and/or impulsivity
- Hypoactivity
- Inattentiveness
- Sleep difficulties
- Eating problems

All children with "ESSENCE" symptoms must be observed and treated. Several of the diagnoses overlap considerably throughout one's life and are especially difficult to distinguish in children under the age of five.

Read more about "ESSENCE" and Professor Gillberg's research at Gillberg Neuropsychiatry Center, Sahlgrenska Academy: www.gnc.gu.se

CHAPTER 3:

OBSERVATION AND ASSESSMENT IN KINDERGARTEN

Functional knowledge of ADHD-behaviour in children: Understanding that human beings and their surroundings mutually impact one another.

What is assessment and observation? Structured (planned) observations and unstructured (random) observations of child or group behaviour.

Forms used for observation and assessment in kindergarten: Overview of pedagogical observation material available for kindergartens in Norway.

FUNCTIONAL KNOWLEDGE OF BEHAVIOUR IN CHILDREN WITH ADHD

In order to make specific goals and adjust for positive development for children who exhibit ADHD-related behaviour, the kindergarten staff must be able to assess and observe several aspects of the child's situation. This involves assessing the child's behaviour and environmental conditions, carrying out written observations and interpreting data in a professional manner. If the child already has a diagnosis, the staff must continually observe the child in order to evaluate former measures and adjust current measures.

The kindergarten staff have a unique opportunity to monitor children in their natural surroundings over an extended period of time. This allows the staff to observe the behaviour of a child with other children in the same group. In the assessment process, it is important that the staff has a thorough knowledge of behavioural theory. An appropriate understanding of children's behaviour would be that all behaviour has a specific function. This means it is important to understand the ways in which human beings and their environments affect one another.
We are not passive recipients of impressions and influences. A functional understanding of behaviour considers all human behaviour as learned, or developed, through interactions with one's surroundings. The responses, choices and actions of adults are of great importance to the behaviour of children, especially in thekindergarten since it's where where children spend most of their day.

Experience shows that when children do not thrive or develop normally, the kindergarten staff must work more systematically and purposefully - both with gathering information about the

child's function and with teaching the child skills that serve the purpose of enhancing positive behaviour and lessening negative behaviour. A good and professional way of doing this, is to be willing to look at and consider all the various conditions that might affect the child's behaviour. These may include events that have taken place in the past, environmental factors in the child's daily life and the reactions the child receives from their surroundings and from other children and adults. Either way, observation is necessary in order to acquire an overall picture of the child's situation.

ASSESSMENT AND OBSERVATION

There are several definitions of assessment and observation. In the Norwegian book "Barn med ADHD i barnehagen" /Kindergarten Children with ADHD (Haugland & Tangen, 2012) the authors refer to the Ministry of Education's definition: an approach based on systematic observation which makes use of standard assessment forms.

The assessment process includes all actions one can undertake to pinpoint a given child's level of development. This may include conversations and interviews, various forms of observation, engagement with the child in different settings, as well as various forms of screenings, trials and testing. An overall assessment is only necessary if the child shows major difficulties in one or more areas. In the process of screening, testing and trials, the kindergarten should cooperate closely with local services that have assessment expertise, such as the Educational-Psychological Service. (In Norway, this is called PPT.)

Observation can be defined as a type of information retrieval. It can occur in two different ways: unstructured or structured. Information can be obtained about children's well-being in everyday life or to discover and follow up children with special needs. Observation can also be used to reflect on the kindergarten's own pedagogical practices.

With unstructured observations (also known as unsystematic or random), the pedagogue continuously observes a group of children or specific children during daily activities. The staff do not have any clear goals or intentions in mind when undertaking these observations. However, information that is acquired through unstructured observations over time can be used to find a pattern in the child's or group's behaviour.

In the case of structured observations (also called systematic or planned), categories for what is to be observed is determined in advance. The goal is to use the standard assessment forms in this process, as observations are made based on the forms' predefined categories. The execution of screening and testing as part of an assessment usually requires professional training or expertise and is rarely carried out by regular staff.

Because observations require a significant amount of time and planning, it is important to agree upon the goals of the observation, what the observations should be used for, who is going to be observed and when the observation will be carried out. Some of the reasons for observing a child may be to confirm or disprove a hypothesis, to increase one's understanding of what is going on and in addition to look for possibilities that have yet to be considered.

THE USE OF OBSERVATION AND ASSESSMENT FORMS IN KINDERGARTENS

An overview of forms that can be used for pedagogical observation is available in the Booklet on Kindergarten Children with Disabilities, published by the Norwegian Ministry of Education.

Some examples of observation material found in the booklet:

- **Early help for young children.** Intended for young children between the ages of zero and five. Observation of motor skills, social reactions, hearing/speech and object relationships/problem solving.

- **Ages & Stages Questionnaires.** Screening groups to follow the development of children between the ages of four months and five years. Deals with communication, motor skills, problem-solving and social function. Parents can participate in filling out the questionnaire.

- **Observation and educational use of play.** For children with and without disabilities. The purpose is to observe sensory motor skills, linguistic abilities, social interaction, and abilities relating to construction and creativity.

- **Eva-test.** The purpose is to evaluate the language comprehension and language use of two-year-olds.

- **TRAS.** Early registration of language development. Estimated to take place between the ages of two and five. Mastery of skills within interaction, communication, attention, language understanding, linguistic awareness, pronunciation, word production and sentence production.

"In the fan club, children get to choose music, sing out loud and dance on the floor and benches. And it's not allowed to hit or push others."

- **Askeladden.** Language screening test for children between two and seven years of age. Assessment of language competency within object designation, articulation, colour knowledge, sentence construction, tactile form perception and visual and auditory short-term memory.

- **Everyone included.** For children between the ages of one and six. Assesses developments within the areas of language, play, socio-emotional development, everyday activities, well-being and sensory motor skills.

- **KALA.** Assessment of children's behaviour during play.

Pedagogical staff in kindergartens often make use of these assessment forms. Experience shows that these staff members have thorough knowledge about the topic and spend a significant amount of time assessing and observing children. At the same time, there are many variations in how the observati-

"The PP-adviser has observed that it depends on the situation or person whether or not Andrus experiences consequences of his positive or negative behaviour."

on forms are used and how the results are interpreted. In order to ensure that the assessment forms are correctly used, we recommend taking a look at the Ministry of Education's report «Evaluation of tools used to assess children's language in Norwegian kindergartens », which contains recommendations ensuring assessment quality in kindergartens.

As a result of their behaviour, children with ADHD can often receive negative responses from their surroundings. Kindergarten staff must be aware of the fact that they themselves might exhibit negative attitudes towards certain children. The staff members may not be conscious of these attitudes, but the relevant children can still perceive and respond to them. There is an assessment tool available in the Norwegian book "Fra plan til praksis" (From Planning to Implementation) that focuses on the attitudes of kindergarten staff towards children. , This tool asks all staff members to rank the children using the colours green, red, blue and black. The chosen colour represents how much contact the given staff member has with the given child on a daily basis, as well as which feelings the child evokes in the adult. If one or more of the children receive multiple black, blue or red marks, staff members should take note, as this will have impacts on the pedagogical practises going forward. By using this assessment tool, one can easily determine how much attention they give to each child throughout the day.

An increasing number of municipalities in Norway use the Marte Meo method as a supplement to assessment. In addition, some kindergarten staff create their own observation forms. This is not recommended however, as it can be challenging to determine concrete goals on one's own as well as c interpreting and applying the results.

"FOCUS ON EARLY EFFORT"

The Norwegian learning resource and assessment tool "Focus on early effort" (Fokus på tidlig innsats) has been developed for kindergarten educators by Statped. The mapping tool has been developed with the aim of revealing difficulties with concentration, attention, control and regulation. Although the tool can provide a good indication on whether, and to what extent, a child struggles in kindergarten, it is important to emphasize that the assessment does not indicate why the child is struggling. The concentration and attention difficulties described in this assessment are related to an ADHD diagnosis. (www.statped.no/fagomrader-og-laringsressurser/sammensatte-larevansker/adhd_fagomrade/ "AD/HD). Nevertheless, it is important to point out that these kinds of difficulties can also occur as a result of other conditions.

This learning resource also contains information on how to interpret the results of the assessment, as well as professional advice on how to assist kindergarten children with attention difficulties. This is described with further detail in Chapter 4, Intervention in Kindergarten. The abovementioned assessment tool "Focus on early effort" is available for free at statped.no.

CHAPTER 4

FACILITATION

Principles for follow-up and intervention strategies: Knowledge of ADHD and knowledge of the child.

Knowledge-based interventions: Facilitating restless and inattentive children in kindergarten - organisation and the role of adults.

Focusing on moments of progress: Increases motivation when relapses occur among children who have progressed. Do not give up! Focus on the positive.

PRINCIPLES FOR WORKING WITH CHILDREN WITH ADHD

Most children with symptoms of ADHD need facilitation in kindergarten. The kindergarten staff is responsible for setting goals, implementing adjustment strategies, evaluating the child's development and assessing whether or not the adjustment has been effective. This requires close cooperation between the kindergarten, parents and the Educational-Psychological Service (PPT). These tasks require knowledge, attitudes and skills that are beneficial to children with ADHD symptoms, both during play and learning.

The following principles are important for following up and implementing measures for children who have ADHD:

- It is important to keep in mind that children with ADHD are first and foremost children and individuals. Just like everyone else, they need to be valued for who they are, they need to be seen and to experience accomplishment.

- Like anyone else, they must meet requirements, limits, and expectations. At the same time, the kindergarten staff must possess knowledge of the strengths and weaknesses of these children and adapt activities accordingly. Here, knowledge is of great importance.

- Using academic knowledge, the pedagogue will help explain and understand how the kindergarten can support the individual child in play, social interaction, care and learning.

It is important to acquire knowledge about what ADHD is – and what it is not – as well as about additional challenges and solutions.

- It is very important that the kindergarten staff knows the child beyond the ADHD diagnosis, namely the child's personality, behaviour, interests and possibilities and how the environment affects interaction with the child.

- The approaches taken to implementing measures should be composed of several elements. Research and experience show that psychosocial interventions and medication have the greatest effect. Psychosocial interventions involve parental guidance and facilitation in kindergartens for behaviour modification, and it should be initiated before considering testing out medicine.

- Treatment should, as a rule, be implemented in several settings. The effect of measures in one situation may not necessarily transfer to other situations.

- Measures taken should have a long-term perspective. Although children might mature along the way, many will continue to need support throughout childhood, as well as into adulthood. In addition, children often feel particularly vulnerable during transitional periods, such as the transition from kindergarten to school.

In order to safeguard these principles, coordinated cooperation between the family and the support service is important. At the same time, parents must know who they can contact for assistance.

KNOWLEDGE BASED ADAPTION

There are several effective ways in which the kindergarten can facilitate for children with ADHD-related behaviour. One can make changes to the rooms and/or in various everyday situations. Effective measures in the kindergarten include maintaining positive attitudes towards children with special needs, a stable and coordinated group of staff members, sufficient staff, and awareness of strategies for positive behaviour development. In addition, the staff must demonstrate a thorough understanding of ADHD, facilitate close cooperation with parents, and work for a common understanding of the child's challenges. There are many factors that are essential for kindergartens, such as having clear and evaluable goals, having thorough competence of general educational facilitation, being able to make good observations, assessments, and interpretations, systematically implementing and evaluating intervention strategies, maintaining consistent staff guidance, and having systems for referring to other services in place.

Adjustment for restless and inattentive children in kindergarten: organisation and the adult role (from "Focus on Early Intervention")

Mealtime - concentration and attention: Provide mealtime with content and predictable structure so that the child's difficulties with communication and social interaction are less noticeable. Within the staff group, reflect on whether or not the meals lasts too long. If the child is having trouble with sitting still after eating, how long should the meals last? Maintaining permanent seats creates predictability for the children. The end of the table is often an appropriate placement for children with restlessness and attention difficulties. It should also be considered which children should sit together, and which ones have a positive impact on each other. It is recommended that the child with ADHD symptoms sits next to an adult, so that the adult can be on standby and assist if necessary. The child should be given enough personal space. In some cases, it is recommended that plates and glasses are of the "anti-slip" type. The staff must reflect on how to help the children who have attention difficulties when it comes to keeping up with the conversations during mealtime.

Activity transitions - specifying and following up: Transitions between two activities means ending one activity and starting a new one. These situations can get chaotic. For children who have a lack of impulse control, high levels of activity or difficulties with concentration and attention, transitions can often lead to conflict situations. It can be challenging to support the children efficiently when situations become chaotic, noisy and cluttered. Some children need more and frequent reminders to finish an activity. In activities of interest to the child, he or she may seem over-focused and may therefore become unaware of their surroundings or messages given to them. The concept of time can be difficult for the child to understand, so in these

situations it becomes necessary to visualise time. The staff must prepare the children for transitions and help create a sense of organisation. A verbal announcement, along with visual support, can be a good measure, but one must first make sure to have the child's attention.

In these transition situations, it will often be necessary for the children to wait. It is important that the staff pays attention to the children with high activity levels, so that they are exposed to as little waiting around as possible. One can fill the waiting time with a concrete task or a planned and structured activity. In these transition situations, it is essential that staff members in advance have clarified who will do what, so that the situation becomes as structured as possible. The staff must make certain that the children know what is going to happen, what their role will be in it, and what they will do next. The following are important principles: one message at a time, one expectation at a time, one task at a time, one instruction at a time.

Free play - support and facilitation: Free play is defined as an activity in which the children themselves choose who to spend time with, what they will do, and to a certain extent, where they will play. Free play has an important function in the child's development. This is a realm in which social training takes place, developing the child's favourite games and teaching them new ones. The children make their own choices, what to play and who to plat with. This means that children often choose the game or activity that they are good at, as it gives them the opportunity to show their abilities and talents to others. For these reasons, free play can be an important situation for children to master. However, free play can be demanding for some children. Among other things, an independent mastery of free play requires that the children possess abilities relating to flexible attention, planning, and organisation. It is important that the staff considers which support mechanisms are needed by the restless children in order to master free play.

Before the children begin with free play, it can be beneficial to implement a structure that informs the children what they should be doing. The rules for free play should also be clear and defined for the children. This includes preparation of available materials, time, space and of which children and adults are to be present. It is important that the children know what they can play with and where they can play. For children with attention difficulties, too many choices and a play-area that is too large can quickly make the situation confusing and disruptive. The staff might decide to limit the selection of materials and toys. In that way, they can prevent children with difficulties from constantly getting distracted which prevents them from taking part in the game.

For many, free play can be the highlight of the day. For others, it can be the most demanding. It is important that the staff make careful and conscious decisions about when free play will take place. Free play must be planned so that all the children can succeed. The staff must be nearby and accessible to the children when needed. When children struggle in free play, they have a greater need for specific feedback from adults who let them know that they are doing well. It is important to know when the staff should step out of "invisibility" and give the children the feedback they need, without disrupting the free play.

In the coat room - organisation and needs: The long-term goal is that children become independent when dressing and undressing. For children with concentration and attention difficulties, this goal often feels challenging and far-off. Many children will find it difficult to decide which clothes to wear and will need clear directions from the staff.

In addition, some of these children will have motor and sequencing issues, which means that the process of dressing and undressing takes a long time and is difficult for them to master. If a child takes a very long time getting dressed, one must consider whether the goal of independence is more important than the child getting out of the coat room to take part in the activity that is waiting outside. If a child is consistently slow and play tends to already have begun when he or she gets to the playground, it may be more important for the child to receive assistance with getting dressed. It is often a good idea for the staff to create a plan with an aim of reducing the amount of assistance given to the child. The plan should include a gradual reduction of help, from the child being fully helped by one of the staff members, to partial help, to full independence..

"The assistant has agreed with Petter that every time he remembers to change in the coat room, he gets a spaceship sticker as a reward."

The staff can discuss how to make the coat room the best place for children to change in and out of their outside clothes. To prevent a noisy situa-

tion, it might be preferable to avoid that all the children change at the same time. Restless and inattentive children need a fixed structure. Rather than operating within a free structure, these children will often benefit from being occupied during the transitional situation. An example would be designating this waiting period as "quiet time", in which the children go to an assigned spot to engage in a predetermined activity, such as to look in a picture book or similar.

Sequencing issues and planning difficulties are often a problem for children with attention-related difficulties. This includes, among other things, knowing what order to do things in. In the coat room situation, this may mean that some children will put on their boots before putting on their outside trousers and so on. The role of the staff in such a situation is to support, encourage and help the children with getting dressed in the correct order.

Organised activities - follow-up: Organised activities are defined as games or activities that possess a clear structure. The staff are responsible for planning, preparing, organising, and carrying out the activities. Both children and adults are given a clear framework, and therefore know what is going to happen and what they are expected to do. During such activities, the structure of the context will be important for mastery among those children who have a high level of activity or difficulties with concentration and attention. There are challenges for children who lack impulse control and attention issues when it comes to interacting with other children.

Examples include learning to wait their turn, sharing toys and materials, or simply not bumping into others. The challenges for staff members in this situation are to determine how to participate and engage in a balanced way by being clear and concise without being dominating.

Most planned activities are related to specific objectives and one must weigh these goals against the kindergartens more general everyday goals. This might include learning to wait ones turn, to pass on materials to others, to ask for help, to assist another child or to praise or say something nice to another child. The staff must consider which framework factors are important and what is needed to give a child with high levels of activity and attention difficulties a sense of joy and mastery through organised play and activity.

For children with ADHD-related difficulties to experience mastery, it is necessary that an adult facilitates and gets involved during these activities. It is also necessary that an adult assumes the responsibility for ensuring that the child understands the situation and is prepared for what is going to happen. The staff members must ask themselves: “Is it enough to provide information with visual support in group situations or does the child with challenges need a one-on-one message in addition?

Gatherings - concentration and attention: During gatherings it can be demanding for a child to sit quietly, to keep track of changing topics and to be able to wait for his or her turn. Because some gathering settings are presented in dialogue form, the children should possess both focused and divided attention. The staff must be aware of changes in conversations both between the children themselves as well as between adults and children.

Impulsive children with a high level of activity are often unable to focus. They lose their attention, grow restless and may need to leave the group. Gatheringsare likely the most structured and adult-run activity in a kindergarten. The conditions are often predictable and clear, but it also demands increased attention, calmness and social adjustment.

What are the considerations that define where and how the children are placed during gatherings? Children with high activity levels and attention difficulties are different when it comes to where and how they should sit during gatherings. For some, it would be most appropriate to have a fixed location, preferably at one end of the group. For others, the best structure may involve sitting on a chair at the end of a row. Some will, due to restlessness, benefit from sitting on the floor or fidgeting with an eraser, a bag or something similar. When the staff presents an idea, it is best to focus on the part that attracts attention, to be specific, and to make it easy to visualise the message. To avoid misunderstandings, it is advisable to use short sentences. It will be useful for the staff to observe the group on an ongoing basis, especially regarding a child who needs support and follow-up. It can be challenging to support, follow up and predict the child's needs. The staff members who observe the child must have a plan B in advance if the child fails to stay concentrated. The best solution could be to propose other activities, but this must not be presented as a defeat.

In order to compensate for the possible difficulties, the following series of measures are recommended:

Measures targeting attention difficulties

- Give one announcement at a time. Make sure to have eye contact with the child.
- Adjust the activity difficulty and length of games, gatherings, reading, mealtime, arts and crafts and projects.
- Set clear goals.
- Allow extra time to solve or complete tasks in both play and learning situations.
- Use positive feedback and closely follow-up the child.
- Use toys, learning aids and methods that are motivating, such as exciting toys, free play, computer games, books, etc.
- Use frequent positive feedback following the completion of tasks.
- Prepare the child for the daily schedule, by for instance using an illustrated day plan.

Measures targeting impulsivity and hyperactivity

- Ignore unusual behaviour that does not create problems for the child or others.
- Allow a little disturbance, such as fidgeting or small breaks - under the condition that it is agreed upon in advance and does not disturb group activities.
- Give the child opportunities to be physically active before starting an activity that requires them to sit still.. The child might need help adapting to the quiet activity afterwards.
- Make use of clear and simple rules that the child understands.
- Use rewards for positive behaviour, to train impulse control.
- Use "learning by doing".

- Switch to another activity before the child becomes restless.
- Have a clear and well-structured environment both inside and outside.
- Reduce external disturbances.
- Avoid situations and activities that, from experience, increase restlessness and impulsivity in the child.

Measures targeting motivation and mood

- Spend more time doing the activities the child does well.
- Use the child's interests, motivations and needs as a starting point.
- Allow the child to choose activities and stay updated on the child's interests.
- Offer personal follow-up whenever possible.
- Collaboration with the child on rules and consequences: Does the child understand the purpose of rules and the consequences? Does he or she experience them as useful? Does the child have any suggestions for improvement?
- Consequences must be given more promptly than with other children.
- Consequences must come more frequently than with other children.
- Provide support and encouragement, making sure to highlight progress to the child.
- Use reward systems that the child has helped to come up with, such as choice of target behaviour and consequences.
- Rewards and encouragement must be more specific for children with ADHD than for other children.
- The reward should change more often than what is common for other children.
- Accept and take into consideration that the child's performance will vary.
- Find small and clear objectives with frequent rewards.
- Teach the child emotional control and conflict resolution with social skills training
- Disengage in situations where children "lock" themselves to avoid unnecessary conflicts and power struggles. Return to the child at a later time.
- Reduce time pressure and stress.
- Use alternative activities in learning such as carrying out practical tasks.
- Be aware of the child's strengths and functional difficulties and focus on positive behaviour, help the children avoid seeing themselves as lazy or naughty

Read the book, Children with ADHD in Kindergartens, about how the educational staff has facilitated kindergarten for four children with ADHD - Sander, Kari, Petter and Andrus, Pages 153-192.

FOCUS ON MOMENTS OF PROGRESS

When working with kinderkarten children who have ADHD, one tends to have both good and bad days. It is quite normal that the kindergarten staff feels confused—after experiencing a period of successful interventions, one might suddenly observe a regression in which everything about the child becomes chaotic and difficult. It is easy to understand that staff members feel like they have failed. In these moments, it is tempting to give up.

By choosing to focus on each moment of progress, one will likely feel more motivated for further work and believe more strongly in one's own competence. Adults can support and encourage each other so that they can observe the child closer and identify the environmental conditions that trigger problems. This will allow them to consider other strategies of addressing the child's behaviour. Nevertheless, if the challenge is too complex, it is recommended to seek help from other professional services.

Most important: Don't give up!

CHAPTER 5:
COOPERATION

Cooperating with parents of children with ADHD: Daily communication, mandatory parent-teacher conferences and having “the serious talk”.

Collaborating with other services: municipal, county and state services.

Supervisory groups and family programs

COOPERATING WITH PARENTS OF CHILDREN WITH ADHD

The Norwegian Kindergarten Act states that the day care should be designed in mutual understanding and close cooperation with parents. Maintaining daily communication with parents is important for creating a positive relationship and safe cooperation. For the sake of the communication that takes place between a child and his or her parents, it is crucial that the parents are given insight into the kindergartens activities and schedule. Through this, parents also acquire a deeper understanding of what is expected of them and why it is important that they get involved with their child's kindergarten. Cooperation with parents is particularly important when it comes to families who, for various reasons, are struggling, or when children do not fit in and develop as expected.

Children with ADHD can behave differently at home, which means that parents and the educational staff may assess behavioural challenges differently. This may be because children are seen, challenged and supported differently at home than in the kindergarten. The children can also have challenges when it comes to interacting with large groups. In such cases, cooperation can be difficult. It is important to remember that all parents want the best for their children and do the best they can. Guidance from the educational staff or others, may in some cases be important. In general, emphasis should be placed on how to create a good relationship through systematic cooperation with parents: daily communication, mandatory parent-teacher conferences and having a serious conversation with them, meaning a planned meeting with the parents in which the kindergarten staff expresses concern for the child's development.

Parent-teacher conferences are mandatory in Norway, are usually carried out twice a year and focus on topics relating to a child's well-being and development. Many kindergartens regularly use the same forms for these conferences. To the greatest degree possible, the first conversations should address "safe" topics. However, if the staff member is concerned about a child, this must be brought up with the parents early on. The staff are dependent upon the parents' knowledge, experiences and opinions to take good care of the child while in kindergarten. Throughout the conversation, kindergarten staff must emphasise that the parents' insight and opinions are important and valued. Parents have first-hand knowledge of their child and know best what he or she prefers to do and what they master well. The parents should be encouraged to ask questions and the kindergarten staff should ask questions in return – this kind of dialogue promotes cooperation. All meetings with the parents should be well-planned and have a set goal. The agenda should be short and the staff should allow for 5-10 minutes after the conversation to make an evaluation and conclusion.

If possible, a serious conversation should wait until the staff knows the child well and has collected enough information about the child's behaviour. Experience shows that the conversation becomes easier when staff and parents have a good relationship and when the staff has defined and specified the problem. It may be a good idea for the staff member, perhaps with the help of a colleague, to clear his or her head of disruptive thoughts and feelings before the conversation. One can also have a colleague present as an observer or partner to help with further work after the meeting. The staff member can also ask colleagues for help if he or she feels anxious about the reactions of parents. It can be helpful to role-play the meeting with colleagues in advance.

Parents often need time to digest a serious message and should therefore be advised of any concern well in advance of the serious conversation. The topic should be known to parents through daily communication and former parent-teacher conferences. Parents should also have time to process their own observations and assessments.

The child's situation in the kindergarten should always be in focus and it is important to be fact-based and specific, as well as to avoid expressing opinions about the child's behaviour

that are excessively concerning. There is a big difference between the statements "Peter often shows aggressive tendencies" and "Peter often gets angry with the other children when playing in the sandbox, and he sometimes hits and throws sand on the others." By describing the behaviour precisely, such as referring to observations made in particular situations, one will do a lot to avoid blame. In this way, one can lay down the foundations for efficient teamwork.

"Peter often gets angry with other children when playing in the sandbox and he sometimes hits and throws sand on the others."

Read more about cooperating with parents in chapter 5 of the book Children with ADHD in Kindergarten.

COOPERATING WITH OTHER SERVICES

The framework plan for the kindergartens content and tasks emphasizes the role of interdisciplinary and comprehensive thinking when it comes to children with special needs. The various support services have different competence and can assess the situation from different angles, which can provide a more complete picture. Therefore, kindergartens will benefit from cooperation. The following is a list of some municipal and state services that the kindergarten can benefit from cooperating with:

Municipal services: the school, Educational-Psychological Service (PPT), the health service, general practitioner and child welfare service (barneverntjenesten).

County municipal and state services: child and adolescent psychiatric outpatient clinic (BUP), state special pedagogical support system (Statped), and the habituation service (HAB).

Some health trusts have created guidelines, materials and manuals that show the different services areas of expertise. See www.ADHD-behandlingslinje.no.

Support Groups
In order to coordinate individual adjustments and provide a combined service for the child and the family, a support group in which several professional services participate is often established. It should be clarified who is responsible for coordinating with and following up each individual child. If the supervisory group considers that the child has long-term and complex needs for extensive help, there should be an individual plan prepared for the family.

Family Programs
Behavioural training programs can reduce symptoms and prevent negative development,

especially in kindergarten children. It varies what the individual municipality offers in terms of programs. Some of the programs are also offered at BUP.

Some of the programs that may be relevant include:

- COS (Circle of Security - parental guidance course).
- DUÅ (The Incredible Years).
- PMTO (Parent Management Training - Oregon).
- TIBIR (Early intervention for children at risk).

Read more about cooperation with other services in chapter 7 in the book Children with ADHD in Kindergarten

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ADHD Norway is a nationwide, voluntary organization that works for people with ADHD and their families.

ADHD Norway's vision is a good life for everyone with ADHD.
Our basic values are inclusion, mastery, openness and equality.

ADHD NORGE