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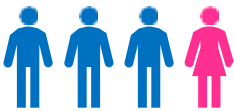
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香港大學藥理及藥劑學系



# ADHD OVERVIEW

## What is attention-deficit/ hyperactivity disorder (ADHD)?

### Key figures



**3:1** Male to Female **Ratio**  
in ADHD patients

People with ADHD have weaker control over **attention** and **impulses** than similarly aged peers. ADHD is believed to be caused by **structural** and **functional** impairments in the brain.

#### Structural

Developmental impairment at the pre-frontal cortex affects executive functioning



#### Functional

Dopamine deficiency limits the ability to regulate attention, emotion and behaviour



Tendency of **lower sensitivity** in identifying **girls** with ADHD leading to **delay** in referral for professional **diagnosis**

## How is ADHD classified?

ADHD is classified into **3 major subtypes** in the American Psychiatric Association's Diagnostic and Statistical Manual, fifth edition (DSM-5).



Around **1-2** students with ADHD in a **class of 30**

1

#### Predominantly inattentive

Mainly symptoms of inattentiveness with fewer symptoms of hyperactivity

2

#### Predominantly hyperactive impulsive

Mainly symptoms of hyperactivity with fewer symptoms of inattentiveness

3

#### Combined

Both inattentive and hyperactive presentation criteria are met

Preliminary tests  
for ADHD

SNAP-IV 26-item scale (Child)  
(modified by Alberta Counselling Centre)

<https://bit.ly/3eLz2Zq>



Adult ADHD Self-Report Scale - V1.1  
(ASRS-V1.1) (World Health Organisation)

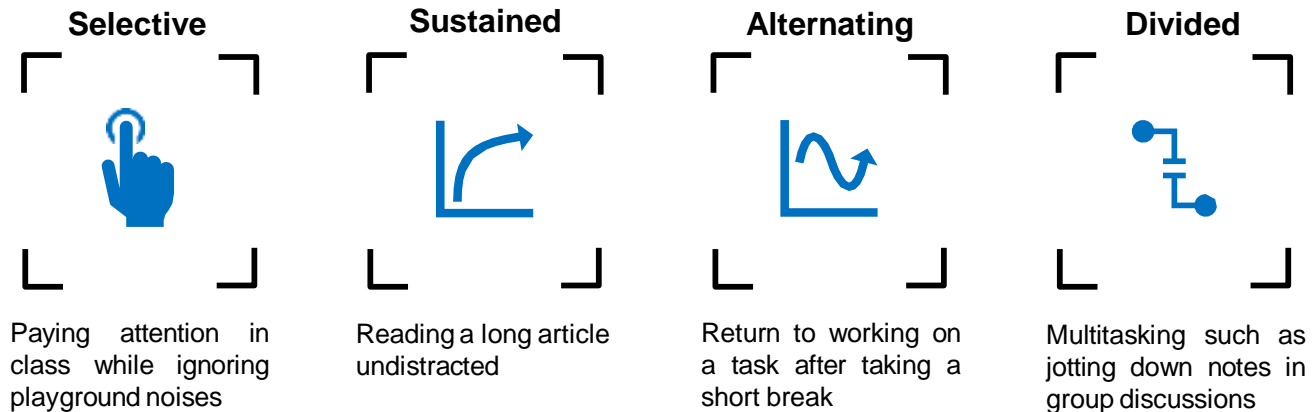
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# SIGNS & SYMPTOMS

## Does keeping eye contact mean a student is being attentive?

Not necessarily! Attention is critical in many aspects of our daily lives. There are different subtypes of attention. Below are the different types and their respective examples:



## Is sleeping in class or being active a sign of ADHD?

Not always! But close attention should be given if a student exhibits various signs and faces more difficulties when compared with similarly aged peers, and that the symptoms are present persistently from a young age (before 12 years old). Please pay attention if:

Symptoms present for  $\geq 6$  months in  $\geq 2$  settings

Symptoms directly impair quality of social, school, or work functions

Symptoms are not better explained by other mental issues

## How are ADHD symptoms classified?

### Inattentive

- Careless (e.g. submit incomplete tasks; leave signed parent's letters at home)
- Does not appear to be listening during conversations
- Unable to sustain attention in class, avoids tedious tasks and gives up easily
- Easily distracted with or without external stimuli, daydreaming, unnecessarily slow at tasks
- Unable to follow long and multi-step instructions
- Disorganised (e.g. messy drawers, overloaded bags)
- Poor time management and fails to follow routines

### Hyperactive

- Prolonged hyperactivity and restlessness
- Unable to remain seated and may stay off-seated
- Fidgety limbs and difficulty in working quietly
- Impatient and fails to wait for his/ her turn
- Blurts out sentences and interrupts conversations
- Gets injured or breaks things easily
- Intrudes on others during tasks or fiddles with others' properties without permission

ADHD is associated with weaker executive functions and not necessarily low intelligence or dyslexia

Being still while playing games  $\neq$  having sustained attention as there are constant visual and auditory stimulation

# Symptom



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# Development

## ADHD symptoms over time

ADHD symptoms vary with age; hyperactivity and impulsivity may reduce while inattentiveness tends to impact daily life more significantly over time. Limitations in executive functioning can affect daily functions, social relationships, and mental health. Others may fail to see the difficulties faced by people with ADHD and may mistakenly attribute their symptoms to laziness or poor intentions. Repeated social failures in patients with ADHD can affect social acceptance and increase the risks of various mental health issues.

### Preschool Years

Common comorbidities for preschool students with ADHD include oppositional defiant disorder (ODD) and speech and language disorder

#### Challenges

- Hyperactivity and restlessness
- Inattentive to instructions or requests
- Argumentative, disobedient, impulsive, and impatient
- Prone to injuring self or others

#### Social-interpersonal Issues

- Strained relationships with parents, caregivers, and teachers
- Disciplined frequently for misconduct
- Arguments and fights with peers
- Poor social skills and temper control

#### Mental Health Issues

- Loneliness
- Anger issues
- Lowered self-esteem
- Stress

### Primary School

Common comorbidities for primary school students with ADHD include learning disabilities, ODD, conduct disorder, and Tourette's syndrome

#### Challenges

- Fail to follow instructions in class
- Poorer academic performance
- Hyperactive and restless in class
- Disorganised in various aspects of life (e.g. desk, room, missed submissions)

#### Social-interpersonal Issues

- Similar with preschool years
- Potential school avoidance
- Judged by peers for incompetence and disruptive behaviours
- Impulsive, impatient, and argumentative

#### Mental Health Issues

- Similar with preschool years
- Depression
- Anxiety

### Adolescence

Common comorbidities for adolescents with ADHD include conduct disorder, depressive and anxiety disorders

#### Challenges

- Less hyperactive but still restless
- Academic and career difficulties
- Involvement in substance abuse, dangerous driving, or illegal activities
- Disobedient and resist supervision

#### Social-interpersonal Issues

- Similar with primary school years
- Weak social skills, emotional control, and failure to recognise social cues
- Fail to maintain relationships
- Offend others easily

#### Mental Health Issues

- Similar with primary school years
- Bipolar disorder
- Substance abuse

### Adulthood

Common comorbidities for adults with ADHD include conduct disorder, mood and anxiety disorders

#### Challenges

- Careless, disorganised, and tardiness
- Challenges with employment
- Involvement in addictive activities (e.g. gambling, gaming)
- Treatment adherence issues

#### Social-interpersonal Issues

- Impatient and impulsive
- Fail to care for family (e.g. bills, chores)
- Increased likelihood of having children with ADHD and difficulty in parenting
- Isolation; poor relationship with others

#### Mental Health Issues


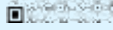
- Similar with adolescence

# Referral

## ADHD services referral map

### Preschool

Assessment in Maternal and Child Health Centre (MCHC), referred by pre-school educators (Comprehensive Child Development Service)

→ Referral form for educators :   
<https://qr.go.page.link/d2kqy>  
 → MCHC sends final reply to the education centre 

Evaluation by Educational Psychologists (EDB or school sponsoring body), referred by teachers or social worker

→ Provide referral letter and intervention recommendations and/ or assessment summaries to the school and parents

### Primary & Secondary School

Educational Psychologists' evaluation (EDB or school-based), referred by Special Educational Needs Coordinator (SENCo) or social worker

→ Provide referral letter, intervention recommendations, or assessment summaries to the school and parents

Parents may raise concern to and request referral from the Student Health Service (SHS)

→ Provide assessment summary to parents

### Adulthood

#### Private Psychiatrists<sup>1</sup>

•Kowloon:  
<https://qr.go.page.link/JkflP>  
 •HK Island:  
<https://qr.go.page.link/QvmTW>



Kowloon

**Financially concerned** individuals may seek private psychiatric evaluation in via funding programs in our website



HK Island

Evaluation at General Out-patient Clinics/ by registered medical practitioners

→ Provide referral letter to parents

Assessment by Clinical Psychologists/ Educational Psychologists in private clinics or other organizations

→ Provide referral letter and intervention recommendations and assessment reports to the school and parents

Integrated Community Centre for Mental Wellness (ICCMW) (target: in secondary school or beyond)

→ Referral to psychiatric evaluation

- Self-application; or
- Referral through doctors, social workers, allied health professionals or government departments, etc.



List of ICCMW: <https://qr.go.page.link/7XC6c>

### Below 6 years of age

**Further Assessment:** Department of Health Child Assessment Service (ages ≤12)

→ Provide assessment summaries for the school and parents; Diagnosis may be made if a psychiatrist is present

→ Please bring documents required (<https://qr.go.page.link/ZWpcE>) and complete registration form (<https://qr.go.page.link/nVBoE>)



Documents required



Registration form

### At or Above 6 years of age

Referred to Hospital Authority's Psychiatric Day Hospital/Child & Adolescent Psychiatric Day Hospital

#### New appointment booking documents:

1. HKID card (or a valid identity document)
2. Referral letter issued within the last 3 months from a Clinical Psychologist/ Educational Psychologist/local registered medical practitioner
3. Original local residential address proof issued within 6 months (e.g. utility bills, tax bills etc.)
4. School report/ exam or test paper samples (if applicable)

#### List of clinics:

<https://qr.go.page.link/J9uE7>

#### Waiting time for new case booking:

<https://qr.go.page.link/DmC1f>



List of clinics



Waiting time for new case booking


## Legend


The different colors and outlines represent each age group and the available services

 Preschool

 Primary & Secondary School

 Adulthood

 **Diagnosis and treatment** (Medication and/ or Behavioural Therapy)

 **Preliminary assessment** for further referral and early support (e.g. training, accommodations, counselling, behavioural therapy)

<sup>1</sup>Source from Hong Kong Association for AD/HD

# Treatment

## Treatment overview

Patients and parents can consult **professionals** (i.e. psychiatrists and social workers) on the **choice of ADHD treatment strategy**. There are both **pharmacological** and **non-pharmacological** (e.g. counselling, behavioural therapy, family education) **treatments** for ADHD. The **aim** of treatment is to **reduce severity** of ADHD symptoms and impairment, and **improve patients' quality of life** (e.g. psychological well-being, education, occupation).

## Non-Pharmacological Therapy

Often used in addition to pharmacological treatments, non-pharmacological treatments focus on managing daily life challenges and behaviour modifications. Some non-pharmacological therapies can be used in school environments, and teachers are highly encouraged to be a part of students' treatment support. While utilising non-pharmacological therapy to support students, it is important to maintain consistency in the process of rewarding good behaviours and discouraging/ punishing bad behaviours.

### Education and Information

Help students and parents understand the characteristics of ADHD, the possible difficulties ahead, and the considerations in choosing the right treatment plans etc.

### Parental Support or Parenting Training

To teach skills related to time and behaviour management; help create a structured environment and foster independence; establish a reward/ punishment system; help build self-esteem; develop interests; facilitate parent-child relationships etc.

### Behavioural Therapy

Behaviour modification and cognitive behavioural therapy etc.

### Executive Functioning Training

Time management, organisation, self-inhibition, prioritisation, planning etc.

### Social Skills Training

Emotion regulation, group discussions, modeling, role-playing, feedback etc.

### Others

Sensory integration therapy, counselling, problem-solving training, academic support groups etc.

Refer to our **Patients' Toolkit** for more info on "Additional help for people with ADHD".

## Therapy Examples

### 1. Supportive Learning Project of Heep Hong Society (Chinese):

<https://qr.go.page.link/4brxP>



### 2. Activities from Hong Kong Association for AD/HD (Chinese)

<https://qr.go.page.link/jgQWU>



### 3. Baptist Oi Kwan Social Service Employment Supporting Service for ADHD

<https://qr.go.page.link/GgCG8>



### 4. TWGHs Jockey Club Project COMPASS (Chinese):

<https://qr.go.page.link/pDU8y>



### 5. TWGHs Jockey Club "Parents as Coaches" Project (Chinese):

<https://qr.go.page.link/fVVNg>



*No time for non-pharmacological training? Medication alone can be effective in reducing ADHD symptoms. As parents are children's major caregivers, they can be encouraged to discuss with professionals about the optimal treatment plan and taking any concerns and limitations into account.*

# Pharmacological therapy

## Points to note:

When discussing about pharmacological therapy with parents, clarify that medications do not cause long-term changes in habits or behaviours. Instead, medications can help alleviate symptoms of ADHD and suppress negative behaviours. This can improve focus whilst learning and enhance treatment effectiveness with concurrent non-pharmacological treatments. Refer to our **Parents' Toolkit** for more information on medication treatments.



## Points to communicate to parents and other teachers:

- Schedule activities/ tasks e.g. homework during the medicated period to help maximise student's productivity
- Fully adhere to the psychiatrist's instructions to maximise treatment effectiveness
- Monitor changes in performance, side effects, and effectiveness before and after treatments, and during dose adjustments made at school/ home
- Consult a psychiatrist to optimise drug dosage and treatment plan
- According to the UK National Institute for Health and Care Excellence (NICE) guideline, non-pharmacological management should be the first-line treatment for moderate ADHD cases; pharmacological treatment should be considered when other forms of treatment are ineffective

## Medication

### 1. Stimulant Medication

- 3 main types available in Hong Kong
- Ritalin, Ritalin long-acting, Concerta

Stimulant medication works by targeting neurotransmitter imbalances in the brain by facilitating nerve network communication among cells; it is not used in patients:

- Below the age of 6
- Allergic to stimulant medication
- With Tourette's Syndrome, psychosis, anxiety, tension, or agitation

### 2. Non-Stimulant Medication

- 3 main types available in Hong Kong
- Strattera, Imipramine, Clonidine

## Pros & Cons

### Pros

- A study has shown that medication-alone is effective in reducing ADHD symptoms, however not to the extent of combined therapy (which shows the best treatment result)

### Cons

- Possible side effects from the use of medication (e.g. headaches, dizziness, sleep problems, loss of appetite)



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**A-STEP**

# Maximising the effectiveness of therapies

## Combined Therapy

Combined therapy provides the best treatment result along with the benefits of a lower medication dosage based on the U.S. MTA study (1999) and a Hong Kong study (So, Leung & Hung, 2008)

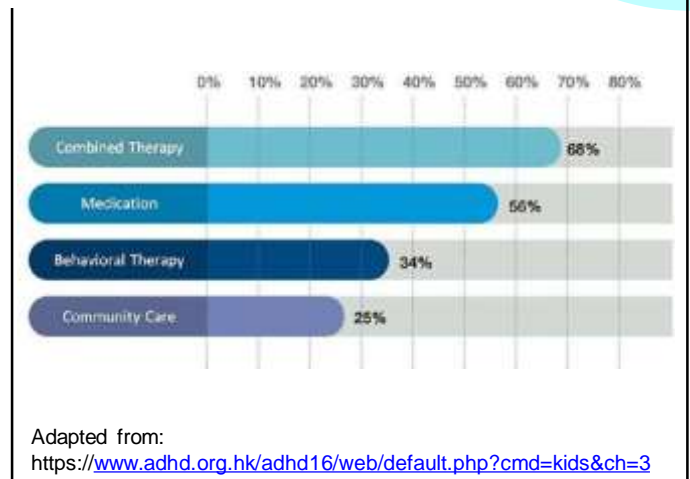
## Medication Therapy Only

Medication therapy alone can effectively reduce ADHD symptoms but less so in oppositional behaviour, anxiety problems, and learning disabilities

## Behavioural Therapy Only

Insignificant impact with behavioural therapy alone

## Therapy effectiveness



## Treatment Q&A

### What should I pay attention to when my students begin their medication use?

Pharmacological treatment is typically initiated with the lowest dosage, which is gradually increased until optimised – this is called dosage titration, and can take up to 6-8 weeks. Teachers can assist psychiatrists in optimising treatment arrangements for students treated with medications by observing and informing their parents about the following behaviours:

**1. Academic performance before and after medication** (e.g. academic achievements, assignment submission record)

**2. Effectiveness of medication and any reduction in symptoms** (e.g. improved attention, reduced impulsivity or hyperactivity)

**3. Any side effects** (e.g. appetite loss, headache, abdominal and stomach upset, fatigue, nausea/ vomiting, dizziness, higher resting heart rate, emotional changes)

**4. When medication wears off, take note of any negative emotions, fatigue, or rebound of ADHD symptoms etc.**

### Should students try multiple alternative treatments?

**Not unless you have discussed with a psychiatrist!**

The following alternative treatments showed no significant effects in reducing ADHD symptoms or low effectiveness limited to certain people (Sonuga-Barke et al., 2013):

- restricted elimination diets, neurofeedback trainings, attention/ working memory cognitive trainings, free fatty acid supplements, artificial food colour exclusions

Patients should **discuss with psychiatrists** before attempting alternative treatments to avoid unnecessary costs in health, time, and money.

### Should students only take medications during test and exam periods?

**Always consult a psychiatrist first!** Cessation or reduction in medication use during the treatment course without proper medical advice may lead to adverse effects (e.g. withdrawal symptoms). **Consult professional opinions from a psychiatrist** before amending the treatment plan.

# Managing ADHD

## What happens if ADHD is not properly managed in school?

Students with ADHD may exhibit symptoms that affect learning performance and discipline in school. Support should be offered to manage their difficulties and prevent their challenges from also affecting peers and teachers. These are some possible scenarios:



### Scenario

Student with ADHD may ask the teacher to repeat instructions continuously, which can influence lesson progress

### Association with ADHD

Short sustained attention and weak working memory due to ADHD



### Scenario

Student with ADHD may have record of late/incomplete assignment submission and face challenges in finding groupmates

### Association with ADHD

Disorganisation and social challenges due to ADHD



### Scenario

Student with ADHD may easily get into conflict with peers and can distract others in class

### Association with ADHD

Impulsivity and restlessness due to ADHD

## Strategies to manage students with ADHD

Teachers can support students with ADHD in reaching their learning goals. Most strategies provided in this toolkit can benefit the entire class.

Watch this video from CHADD to learn more about the reasoning behind the strategies:  
<https://qr.go.page.link/Mh74q>

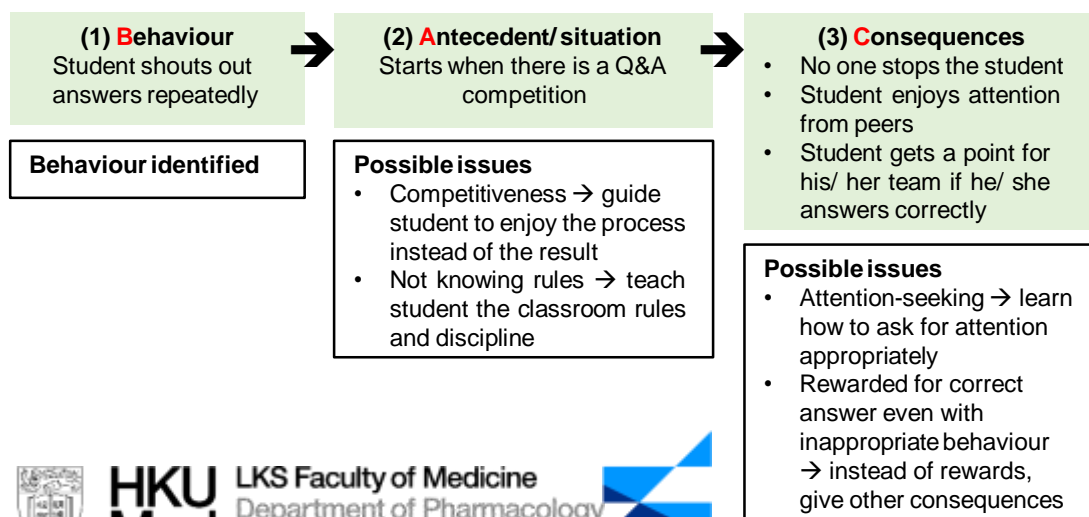


## ABC Chart of Functional Behavioural Assessment (FBA)

To start with and to optimise the effectiveness of a strategy, the underlying issues should first be accurately identified (i.e. cause of problematic behaviours).

There can be many underlying reasons behind a certain behaviour. Often, there are **antecedents (A)**, which are the preceding stimuli or situations that lead up to the undesired **behaviour (B)**. The behaviour can also be encouraged or discouraged by the **consequences (C)** faced following the behaviour.

Applying the ABC chart of Functional Behavioural Assessment (FBA) in different situations helps identify the specific reasons behind a behaviour. It is potentially beneficial to all students in a class.



Watch the following videos to learn more:

**Link 1:**  
<https://qr.go.page.link/JVXTm>

**Link 2:**  
<https://qr.go.page.link/VXvnx>



Link 1



Link 2



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## Classroom Management & Accommodations

Effective classroom management ensures that lessons run smoothly. Accommodations can help students with ADHD reach learning objectives more effectively by minimising the demand on attention control or executive functioning.

### Differentiate tasks

- Task instructions: use varied **colours**, **fonts**, **highlights**, pictures, and layouts
- Use graphic organisers or demo questions
- Simple, consistent, and unrepetitive tasks (↑ success and increase learning motivation)
- **Homework accommodation ideas:**  
<https://qr.go.page.link/Lg28x>



### Reminders

- Provide specific **visual** and **verbal reminders** of previous teachings, lesson objectives, remaining task time, lesson summary, to-do for lesson transitions etc.
- **Check understanding** by requesting students to rephrase task instructions
- Teach **memory aids** (e.g. mnemonics)

### Establish structure

- Establish routines, rules, and acceptable behaviour in advance
- Example: Homework submission at stations with photos of the responsible teachers or matching colours with workbooks for easy recognition
- Example: Students to indicate their needs with certain hand signals

### Goals and monitoring

- Provide **clear expectations** and teach **self-monitoring**
- Set **reasonable** and **specific expectations** for optimal challenges and avoid misunderstanding
- Encourage the use **rubrics**, **checklists** and **memo pads** for **self-monitoring** and nurturing self-efficacy
- Reaching expectations and self-efficacy can help build **self-esteem**

### Simplify learning

- **Break down tasks** to help reach smaller goals quicker with higher motivation
- Allow non-distracting physical movements
- Give **breaks** where necessary (e.g. supervised breaks in exam)
- Allow sufficient **task time** (extra time in public exam requires support from Educational Psychologist)
- Set **reasonable amount of homework**
- Use of various **response methods** (e.g. gestures, response cards) or **formats of assignments** (e.g. short videos, presentations, drama)
- Find appropriate **assistive technology** to retain students' attention (e.g. tablets):  
<https://www.atselect.org>



### Reduce distractions

- **Special seating arrangement** (e.g. away from windows/ doors, near the side of room/ teacher/ role models, special rooms in exam)
- Regular reminders to **tidy up** desks and drawers
- **Minimise interruptions** during tasks
- Present tasks one after another
- Reduce unnecessary distractions and decorations

### Get organised

- Create **designated areas** for materials/ activities
- Provide **demonstration** and **guideline** on tidying up and neat organisation
- Remind, allow time for and monitor the use of student planners in class
- Provide **guiding notes** and **teach note-taking techniques**
- **Advise work pace** and help set time limits

• **Create inclusive classrooms** – benefit the whole class with these strategies!

- Acknowledge that students learn effectively in varied ways
- Apply strategies that support everyone in class reduces potential embarrassment and discrimination
- Design your class with Universal Design for Learning guidelines to accommodate for different students: <https://udlguidelines.cast.org/>



# Strategies in building positive behaviour and reducing negative behaviour

How can teachers build positive behaviours and reduce negative behaviours?

## Build positive behaviour

### 1. Explanation and modelling

- Identify and teach positive behaviour by explaining in detail or modelling the behaviour

### 2. Overcorrection

- Return to the original situation and practice the positive behaviour repetitively

### 3. Reinforcement

Always try positive strategies first!

## Reduce negative behaviour

### 1. Verbal reprimand

- Immediate and brief in a firm tone issuing a direct instruction/ reminder of positive behaviour
- Avoid lecturing

### 2. Punishment

	Example 1	Example 2
Reinforce (↑) <b>positive</b> behaviour	Play a <b>game</b> at the end of class as reward for being attentive and efficient in class	<b>Reduce workload</b> in penmanship with neat and accurate handwriting
Punish (↓) <b>negative</b> behaviour	Write an <b>apology</b> letter for being impolite to a peer	<b>Take away stickers</b> for leaving the seat in class

### Attention! ⚠

**Reinforcements** are not necessarily tangible gifts (e.g. stickers and snacks); they can be intangible rewards (e.g. game and being praised in public)

**Punishments** for students with ADHD best not involve taking away their breaks. Students with ADHD can focus better following active movements

**Praising** good behaviour > **Punishing** bad behaviour!

## When and how to give reinforcements or punishments?

### Reinforcement

- Reinforce **immediately** after positive behaviour and **explain** what is being reinforced
- Reinforce **every time** positive behaviour occurs **initially**, gradually reinforce in **variable schedules** (e.g. every 3-5 events) when behaviour is learnt
- Never reinforce negative behavior, bribe or tease** student with reinforcement

Types of appropriate behaviours that can be taught and encouraged:

- Replacement behaviours** that can be done easily e.g. hand-raising instead of shouting for attention
- Appropriate **incompatible behaviours** that cannot occur with the negative behaviour simultaneously e.g. playing fidget cubes in one's pocket instead of play with others' belongings
- Complete omission** of negative behaviour within some time e.g. not poking others for 5 minutes
  - Suitable for handling **dangerous** negative behaviours
  - Gradually **increase** the time interval required for reward if successful
  - Reset the clock** if negative behaviour appears
- Reduced frequency** of negative behaviour within some time in comparison to prior intervention, working as an intermediate step

### Punishment

- Punish with appropriate severity** and **allow for corrections** to reduce risk of students giving up
- Consequences** of negative behaviour should be natural and relevant:
  - Example: Being late for exam
    - ✓ No time compensation
    - ✗ Deduct exam time even further
- Response Cost**
  - Withdrawal of rewards, privileges, or the chance to obtain privileges
  - Use **only as part of reinforcement system** and quickly reinforce positive behaviours again as it tends to be ineffective over time
  - Give **2 warnings** before punishing
- Time-out**
  - Temporarily separating student from where a misbehaviour has just occurred
  - No interaction during time-out
  - Location must be safe and discrete
  - Specify reasonable time limit in advance
  - Indicate that this is an opportunity for calm reflection and not necessarily a punishment

- Be patient and compassionate
- Be calm and firm, not to be emotionally affected by student's behaviour
- Avoid power struggles
- Find various effective reinforcers
- Maintain consistent practice of reinforcement and punishment



# Facilitating peer relations for students with ADHD

## Create a positive environment

- **Encourage** efforts, respect, and self-correction
- **Create opportunities** to demonstrate strengths, interests, or struggles to nurture mutual support, compassion, and appreciation
- Create **incentives** for **inclusion** among students
  - Assign duties according to individual strengths
  - Giving students with ADHD opportunities to choose whom to share rewards with
- Create **structured opportunities with instructions** for collaboration with peers
- Create **verbal or visual reminders** of appropriate social behaviours and solutions to problems with students

## Promote self-awareness

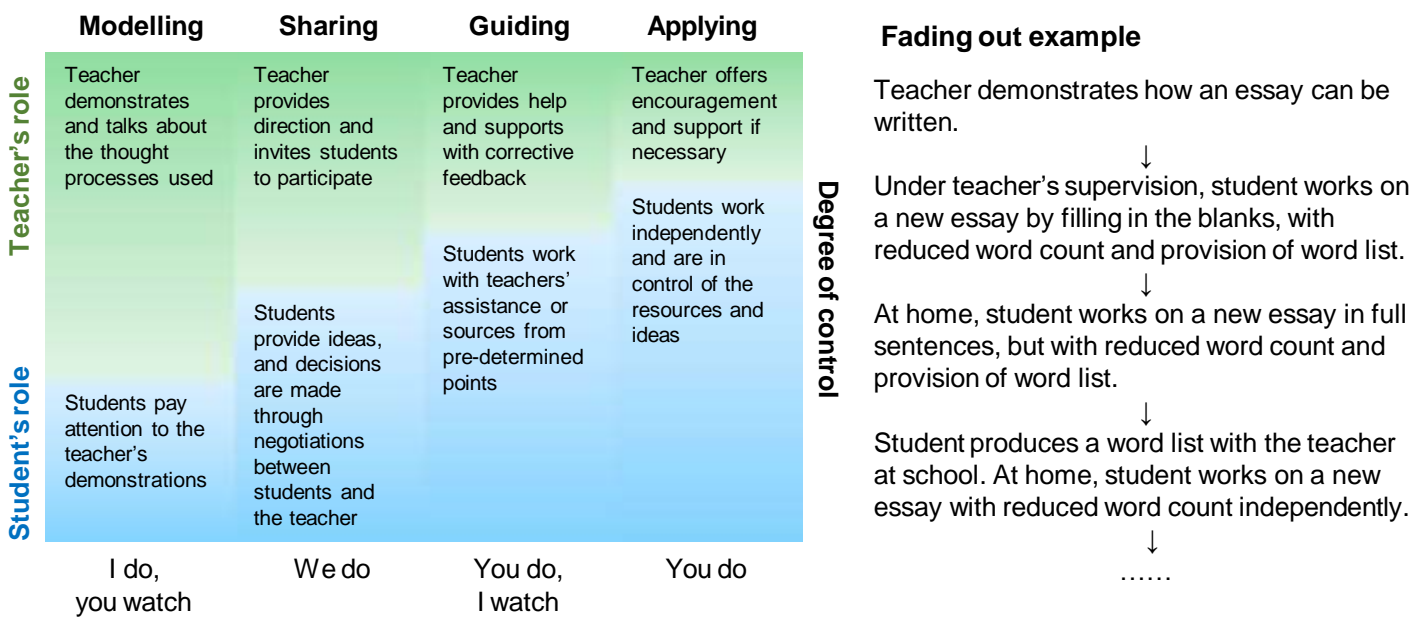
- Guide self expression and description of issues:
  - **Students' perceptions** (e.g. the cause of an event)
  - Their reactions (e.g. emotional, physical)
  - Their expectations (e.g. of self and how issues can be solved)
  - Tips and strategies to modify their future attempt to similar issues

## Provide feedback privately

- Provide **instant feedback** so students know if they are on the right track
- **Be discrete** to help maintain self-esteem

## Gradual Release of Responsibility (Pearson & Gallagher, 1983) and Fading Out

Accommodation strategies should be flexible with their effectiveness constantly reviewed. Improvements seen in students may call for changes in the strategies used or their intensity and duration. The goal is to help students gradually attain a higher level of independence.

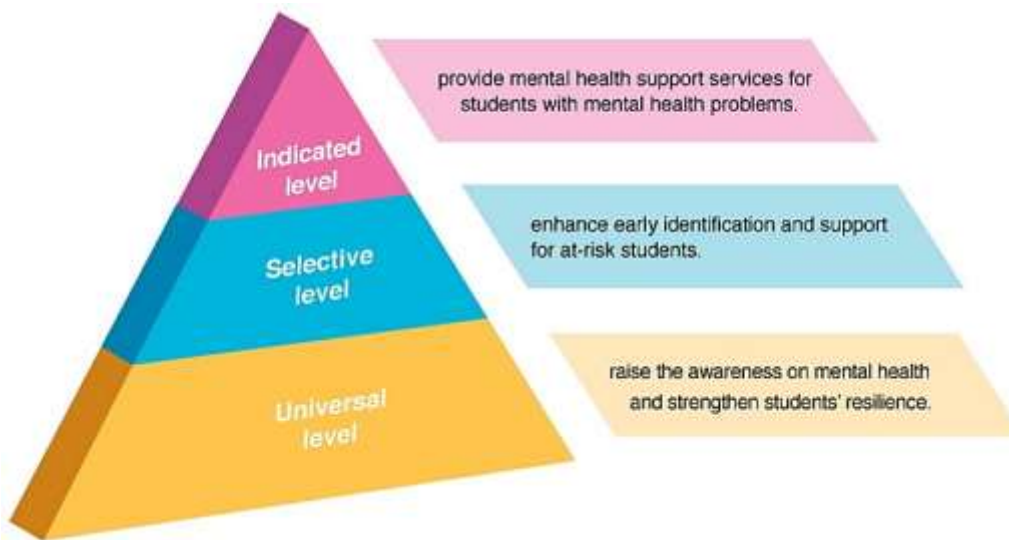


## Collaborating with & supporting parents

- **Observe** and **record** the effectiveness and any side effects of medication use
- Set **reasonable expectations** and keep **regular contact** for progress review; explore the student's strengths and interests
- Some parents ask for **grade retention**; help weigh the potential benefit against the drawbacks (e.g. being taught by unfamiliar teacher, losing friends, lowering self-esteem)
- **Share positive observations** with parents through "sunshine calls" to enhance parent-teacher communication
- **Share resources** on effective learning and behaviour modifications with parents

## The Three-Tier Support Model

The Three-Tier Support Model has been highly advocated by the Education Bureau for educators to implement at schools. Teachers are encouraged to adopt this model to better support students with different needs and promote their mental health.



Source: <https://mentalhealth.edb.gov.hk/en/whole-school-approach/three-tier-support-model.html>

### Tier 1: Universal Level – Quality teaching

Schools should highlight the education and importance of mental health awareness, and ensure and enhance mental health understanding amongst all students, teachers and parents. Meanwhile, teachers should pay attention in their routine teaching to observe learning difficulties and classroom behaviours of all students. This facilitates early detection and support provision for students in need, stigma reduction, encouragement of help-seeking where necessary, and creation of a comprehensive and inclusive classroom.

### Tier 2: Selective Level – Additional support

Early identification and support for suspected special education needs (SEN) students should be emphasised in schools. Small group interventions should be made available to at-risk students, where they will be able to receive additional assistance out of their usual classes, including in-depth feedback and communications, special support classes, skill training groups etc..

### Tier 3: Indicated Level – Intensive individualised support

Students identified with risks of mental health conditions (or diagnosed) should receive timely and relevant support services. Professionals (e.g. educational psychologist, counsellor) may be invited to evaluate needs and hold thorough discussions with students, teachers and parents, providing referrals to healthcare services where necessary. Short-term and long-term individual learning and behaviour management plans may be devised to accommodate diverse needs of targeted students.

For more information about the model, please refer to the Operation Guide on the Whole School Approach to Integrated Education provided by the Education Bureau of the Government of the HKSAR.

[https://sense.edb.gov.hk/uploads/page/integrated-education/guidelines/ie\\_guide\\_en.pdf](https://sense.edb.gov.hk/uploads/page/integrated-education/guidelines/ie_guide_en.pdf)





## Tips for educators during COVID-19

**COVID-19** has induced new modes of education, bringing various uncertainties, difficulties and stress to students, parents, and teachers. **Equip yourselves** with the tips below in teaching while holding **realistic expectations** during such difficult times.



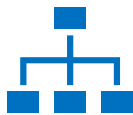
### Teaching methods

- **Interactive flipped classroom** (and collaborative teaching) may support online, face-to-face, and hybrid modes of teaching
- **Hands-on activities** with household materials
- **Multi-sensory** learning (e.g. podcasts, videos)
- Set **realistic objectives**, be **inclusive** and accommodate all students during assessments and class activities



### Adapted discipline

- **Provide positive feedback** and set **reward systems** on self-discipline and compliance
- **Adapt rules** to accommodate **online learning** and **set out the rules clearly**
- Promote self-advocacy and **provide ways** for students to **seek help** during and after class



### Maintaining structure

- **Structured class** and **familiar routines** help students with ADHD keep up with progress
- **Organise methods and platforms** for assignment management and submission
- **Unify class** or **teaching transition** with colleagues
- **Prepare protocols** for gradual resumption of face-to-face teaching



### Online platforms

Below are some **online platforms** that can help **facilitate learning**:

- **Explain Everything** as an interactive whiteboard
- **Gather town** which mimics the classroom and social situations
- **Kahoot** for Q&A sessions to enhance interactions during online lessons



### Parent collaboration

- **Provide instructions** and **advice on technological troubleshooting** for online classes
- **Accommodate** for difficulties due to family factors that may affect online learning
- Encourage **social interactions, intellectually stimulated activities**, and **discipline** at home
- Seek parental support for homework and class



### Support for teachers

- **Hong Kong Red Cross Shall We Talk Service**
  - WhatsApp: 51645 040
  - Telegram: @hkrcshallwetalk
- **EDB teacher's helpline** (8am-8pm): 2892 6600
- Richmond Fellowship of **Hong Kong Justone 24-hour hotline**: 3512 2626
- **Praying Hearts Counselling Centre** (10am-10pm): 8101 2929

# Educators' Personal sharing

...some students with ADHD also show **attention-seeking** behaviour...

In my observation, students **being aware of their own condition** (ADHD) has its benefits. That includes **higher initiatives** in **regulating impulses** or **managing issues** by themselves.

**Classroom management** is the **key** in teaching students with ADHD, more so than pedagogy. I do not give direct instruction when I want to promote positive behaviour. Instead, I tend to **prompt for students' agreement** on the **motivation behind** such behaviour, which tends to lead to **greater compliance**. Students should have the **ownership** of their behaviour and decision-making.



Mr. Wong

Secondary School Teacher  
(Liberal Studies)

I previously supported several junior secondary students with ADHD. Their common symptoms were being restless in seats, running around campus all the time, leaving things at home, and being resistant towards boring activities.

When students failed to bring stuff back to school, I would **supervise** them to write on their **student planners**. The monitoring was more regular initially and required an establishment of **reward and punishment system** (e.g. reward of snacks/ gifts) for timely assignment submission for a week. If they failed to meet the goal, that is all right. I would **reflect with them**.

Regarding their restlessness, I granted them **opportunities to release pent-up energy** by running on the school treadmill or in secured areas during lunch or break time.

The school also arranged **group trainings and activities** for them, such as boardgames and a training program from the Heep Hong Society. If needed, they may also receive services from the Speech Therapist and Occupational Therapist.

The most memorable case was supporting a highly impulsive and hyperactive student. There were several times when he suddenly smacked down on his desk and stood up when I was talking. Later in our discussion, I understood that he sometimes had **difficulty controlling the urge**. In other times, especially under **medication** and with a conscious mind, he could **suppress the impulse**. I also learned about the **issues that concerned him**. Every time he exhibited behavioural issues, I analysed the **possible misinterpretation** and **consequences** with him. Under **repeated reminders**, his behavioural problems reduced noticeably.

...The training program from the Heep Hong Society has introduced some effective **visual reminders and catchphrases** for **self-regulation**. When students began to get agitated, simply holding the signs up was helpful to remind students to self-control.



Ms. Ng

Special Educational  
Needs Support  
Teacher in  
Secondary School

Students with ADHD are comparatively more **active** and find it **harder to concentrate or sit still**. Teachers will need to **keep a close eye** on them... One way to manage them is to **build good rapport** with them **before making an agreement** with them.



Ms. Chan

Primary School Teacher  
(Chinese)

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### ADHD Foundation (HK)

<http://www.adhd.hk/web/subpage.php?mid=16>

### Children and Adults with Attention-Deficit Hyperactivity Disorder (CHADD)

<https://chadd.org/about-adhd/coexisting-conditions/>

<https://chadd.org/for-educators/overview/>

<https://chadd.org/for-parents/treatment-overview/>

### Chow Tai Fook Charity Foundation – Psychiatric Medical Subsidy Project

<http://ctffunding.nlpra.org.hk/----1.html>

### Department of Health Child Assessment Service

<https://www.dhcas.gov.hk/tc/adhd.html>

[https://www.dhcas.gov.hk/file/conditions/ADHD\\_Eng\\_18072018.pdf](https://www.dhcas.gov.hk/file/conditions/ADHD_Eng_18072018.pdf)

### Hong Kong Association For AD/HD

<https://www.adhd.org.hk/child-adhd-cure.aspx>

### National Institute for Health and Care Excellence Guideline

<https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#managing-adhd>

### “Child with Attention Deficit/ Hyperactivity Disorder (ADHD)” Presentation from Head of Child and Adolescent Psychiatry in Queen Mary Hospital (Dr. Chan Kwok Ling)

<https://www.edb.gov.hk/attachment/tc/edu-system/special/support/wsa/secondary/24b.pdf>

### Variety Butterfly Program

<https://www.variety.org.hk/how-we-help>

### Yan Oi Tong Mrs Shi Lop Tak Youth & Children Medical Foundation – ADHD Funding Scheme:

[https://yotwww-uat.yot.org.hk/?r=site/page&id=30&\\_lang=en](https://yotwww-uat.yot.org.hk/?r=site/page&id=30&_lang=en)

### Education Bureau, the Government of the HKSAR

<https://mentalhealth.edb.gov.hk/en/whole-school-approach/three-tier-support-model.html>

[https://sense.edb.gov.hk/uploads/page/integrated-education/guidelines/ie\\_guide\\_en.pdf](https://sense.edb.gov.hk/uploads/page/integrated-education/guidelines/ie_guide_en.pdf)

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