

ATTENTION- DEFICIT/ HYPERACTIVITY DISORDER (AD/HD)

SYMPTOMS OR BEHAVIORS

The U.S. Dept. of Health and Human Services lists three types of AD/HD—each has different symptoms.

Children with inattentive disorder may:

- Have short attention spans
- Have problems with organization
- Fail to pay attention to details
- Be unable to maintain attention
- Be easily distracted
- Have trouble listening even when spoken to directly
- Fail to finish their work
- Make lots of mistakes
- Be forgetful

Children with hyperactive-impulsive disorder tend to:

- Fidget and squirm
- Have difficulty staying seated
- Run around and climbs on things excessively
- Have trouble playing quietly
- Be "on the go" as if driven by a motor
- Talk too much
- Blurt out an answer before a question is completed
- Have trouble taking turns in games or activities
- Interrupt or intrude on others

Children with combined attention-deficit/hyperactivity disorder show symptoms of both inattention and hyperactivity or impulsivity.

ABOUT THE DISORDER

Children and teens with attention-deficit/hyperactivity disorder (AD/HD) may be overactive and be unable to pay attention and stay on task. They tend to be impulsive and accident-prone. They may answer questions before raising their hand, forget things, fidget, squirm, or talk too loudly. On the other hand, some students with this disorder may be quiet and "spacey" or inattentive, forgetful, and easily distracted.

The U.S. Department of Health and Human Services lists three forms of AD/HD, inattentive, hyperactive-impulsive, and combined inattentive, hyperactive-impulsive. Students with inattentive symptoms may be described as "daydreamers" or "spaced out." These students are more socially withdrawn and have more frequent problems with mild anxiety than students with the hyperactive-impulsive type. They frequently experience forgetfulness and boredom. They may also have trouble remembering instructions and responsibilities, have problems with focusing, and have an aversion to mentally challenging tasks. Symptoms of inattentiveness may be difficult for teachers to detect, and many students—especially girls—are diagnosed much later or are never identified. Girls are more likely to have the inattentive type of AD/HD.

Students with hyperactive-impulsive symptoms of AD/HD often experience difficulty controlling their actions. Teachers frequently mistake their impulsive tendencies as rudeness, disregard for others, or willful disobedience. These students are likely to explore new situations with enthusiasm and touch objects without asking for permission. Their unrestrained behavior may lead to careless accidents and the disapproval and irritation of teachers and rejection from peers. Because of the nature of this type of AD/HD, it is typically identified more easily than the inattentive type. The hyperactive type of AD/HD appears to be more prevalent in boys than in girls.

Symptoms may be situation-specific. For example, students with AD/HD may not exhibit some behaviors at home if that environment is less stressful, less stimulating, or is more structured than the school setting. Or students may be able to stay on task when doing a project they find enjoyable, such as an art project. They may have a harder time when they have to work on something that is more difficult for them.

An estimated 5 percent of children have a form of attention-deficit/hyperactivity disorder (ADD or AD/HD). More boys than girls are diagnosed with AD/HD, and it is the leading cause of referrals to mental health professionals and special education programs, as well as the juvenile justice system. Students with ADD (those who are not hyperactive) tend to be overlooked in school or dismissed as "quiet and unmotivated" because they can't get organized or do their work on time.

Students with AD/HD are at higher risk for learning disorders, anxiety disorders, conduct disorder, and mood disorders such as depression. Without proper treatment, children are at risk for school failure. They may also have difficulty maintaining friendships, and their self-esteem will suffer from experiencing frequent failure because of their disability.

If you suspect that a student has AD/HD, refer the student for a mental health assessment. Many children benefit from medications. This must be managed by an experienced professional, such as a child psychiatrist, pediatrician, or neurologist who is experienced in treating AD/HD. In addition, many mental health professionals will work with the family and school personnel to find ways to teach children with AD/HD more effectively.

Children identified with AD/HD at a young age should be monitored because changing symptoms may indicate related disorders such as bipolar disorder, Tourette's disorder, or underlying conditions such as a Fetal Alcohol Spectrum Disorder (FASD). Remember that AD/HD is a neurobiological disorder. Students can't get organized or learn social skills on their own, but educators can find interventions that may greatly increase a student's capacity to succeed.

EDUCATIONAL IMPLICATIONS

Children with ADD or AD/HD may have trouble staying on task or finishing assignments. They may lose books, supplies, and homework. Students may blurt out answers before teachers can finish asking the question. They may be irritable, impatient, hard to discipline, clumsy, reckless, and accident-prone. Students with AD/HD may struggle with low tolerance for frustration and have trouble following rules. Often they are "poor sports" in games, and they may seem intrusive or bossy in their play. As a result, students with AD/HD face social challenges because their peers may perceive them as immature and annoying. Other children may dislike them. They may come to see themselves as bad and lazy, and powerless to do any better. This "chain of failure" can lead to depression, low self-esteem, behavior problems, and, unfortunately, school failure.

INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Have the student check with the teacher or have the teacher check with the student to make sure that assignments have been written down correctly. Some teachers initial an assignment notebook to indicate that information is correct.
- Consider a Functional Behavioral Assessment (FBA). Understanding the purpose or function of the student's behaviors may help you respond with more effective interventions.
- Once you have a better understanding of a student's behaviors and learning style, consider modifying or adapting the curriculum and environment.
- Provide consistent structure and clearly define your expectations.
- When giving instructions or tasks, it's helpful to break them into numerous steps. Give the student one or two steps at a time.
- Allow the student to turn in late work for full credit.
- Allow the student to redo assignments to improve score or final grade.
- Allow the student to move about within reason. For example, give them tasks that require them to get out of their seat, such as passing out papers, or give them short breaks to exercise or stretch.
- Catch your student being good. Look for positive behaviors to reward and reinforce. Many students with AD/HD receive constant criticism for their behavior, which creates a cycle of negative behavior, poor self-esteem, and attention seeking.
- Have a secret code to help the child recognize that he/she has gotten off task and must refocus. This helps the student stay on task without embarrassment.
- Allow a child to use tables or formulas—memorization may be very difficult.
- Allow the child to answer directly in a booklet. This reduces the amount of movement and distraction during an assignment.
- Teach students with AD/HD self-monitoring techniques. Help them identify social cues from their peers and adults that would suggest a need for a behavior change. Also help students identify an aid or technique that will help them calm down or refocus, such as exercise, short breaks away from stimulation, or meditation.
- Reduce stress and pressure whenever possible. Children with ADD or AD/HD are easily frustrated. Stress and pressure can break down a student's self-control and lead to inappropriate behaviors.
- Teach social skills.
- Ask parents what works at home.

For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.

RESOURCES

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

8181 Professional Place, Suite 150
Landover, MD 20785
301-306-7070 • 800-233-4050
www.chadd.org
Support, information, resource center

Landmark College

1 River Road South
Putney, VT 05346
802-387-6718 • www.landmark.edu
Specialized college and national research facility for students with AD/HD and learning disabilities

Publications

Teaching Children with Attention-Deficit/Hyperactivity Disorder: Instructional Strategies and Practices, a report by the U. S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, 2004. Available from the Department's website at www.ed.gov or by calling 877-433-7827.

Teaching the Tiger: A Handbook for Individuals Involved in the Education of Students with Attention Deficit Disorders, Tourette Syndrome, or Obsessive-Compulsive Disorder, by Marilyn P. Dornbush and Sheryl Pruitt, Hope Press, 1996. Available from www.hopepress.com

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