Joey’s Story

Joey is a typical seventh grader. He likes to play sports and spend time with his friends. He enjoys video games and eating pizza. However, Joey has had some lingering problems in school since he was in first grade.

He forgets about many of his assignments. He loses his backpack at least once a week. During English class he daydreams and loses track of what he should be doing. Joey turns in homework that is so disorganized and messy that his teachers often have trouble even reading it. He fails to pay attention to important details and rushes through his assignments. This causes problems for Joey in school because these careless mistakes are affecting his grades.

It is also causing problems for Joey at home. He forgets about his chores or he just starts them and never finishes. He’s done this his whole life. Joey’s mother is also tired of seeing his poor grades. She knows that when he puts his mind to something he can do it.

She tries to help him with his assignments but sometimes he gets so frustrated that he just gives up exclaiming, “What difference does it make, I’m too stupid to learn this stuff anyway!”

Joey and his mother argue about school and it always ends up making them both feel very bad afterwards. She knows he can do better.

Attention Deficit Hyperactivity Disorder or ADHD

By Barbara A. Postol, University of Pittsburgh

What?

Attention Deficit Hyperactivity Disorder, more often referred to as ADHD (or ADD, which is the same thing) is one of the most common childhood disorders. The symptoms of this disorder certainly can have a strong impact on the classroom setting with behaviors ranging from disruption to daydreaming. Unfortunately, ADHD has many misconceptions. These consist of it not being a “real” disorder, one that is overly diagnosed, the result of poor parenting or a disorder that doesn’t affect girls¹. In a general education classroom, it is estimated that at least one or two students will have ADHD (Nowacek & Mamlin, 2007). It may be more common that you thought. Perhaps you may not have a clear, accurate understanding of what ADHD exactly is?

ADHD is a chronic condition. Research has consistently demonstrated that ADHD affects every aspect of life from social activities to school and
work. Adolescents with ADHD are more likely to drop out of school, delve into antisocial activities and have fewer friends than those young people without the disorder. The criteria for being diagnosed as having ADHD are very specific and distinguishable from simply being “hyper” or “forgetful”.

Presently, the type of ADHD that a child can have is classified as “Predominately Inattentive”, “Predominately Hyperactive or Impulsive” or “Combined type”.

Each type consists of having six symptoms that have been present for at least six months and are impairing the child. This diagnosis is obtained by a qualified, mental health professional.

Inattentive ADHD consists of the following:

- Often failing to give close attention to details or making many careless mistakes in schoolwork or other activities
- Often having trouble focusing on tasks or other activities
- Often not seeming to listen when spoken to directly
- Often not following instructions and failing to finish schoolwork or chores
- Often having trouble organizing
- Often avoiding, disliking, or not wanting to do things that take mental effort for a long period of time (for example, schoolwork or homework)
- Often losing things necessary for school or other activities
- Often being easily distracted
- Often being forgetful in daily activities

Students who have Combined type ADHD are those who exhibit at least six inattentive symptoms and at least six hyperactive impulsive symptoms.

Additionally, some impairing symptoms had to have been present before the age of seven, symptoms must be present in two or more settings (for example, at school and at home) and there must be clear evidence of significant impairment in social or school functioning. Also, symptoms cannot be because of other disorders (such as an Anxiety disorder or a developmental disorder.)

“Because ADHD is an “invisible disability,” … socially inappropriate behaviors that are the result of ADHD symptoms are often attributed to other causes.” help4adhd.org

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"ADHD is one of the best-researched disorders in psychiatry, and the overall data on its validity are far more compelling than for most mental disorders and even many medical conditions." – American Medical Association Council on Scientific Affairs, from chadd.org

So What?

Many educators may or may not be aware which of their students has ADHD. Often, medication is an indicator that a student is receiving pharmacological treatment for ADHD. There are numerous stimulant and non-stimulant medications used to manage symptoms of ADHD. However, many of the newer drugs are long lasting, meaning that a student can take his or her medication at home and a dose at school isn’t necessary. If this is the case, you may be unaware if some of your students have ADHD.

Medication does not cure ADHD; it simply helps a student better cope with its symptoms. Medication is not the only treatment for ADHD either. Non-medication type treatments such as behavior therapy are also beneficial.

Approximately three to seven percent of school-age children have ADHD. It has long been thought that boys with ADHD outnumber girls by approximately three to one, but this notion of ADHD predominately affecting boys is incorrect. Current research indicates that the actual numbers of boys and girls with ADHD may be nearly equal.

ADHD affects many children and can be especially difficult for children from low socioeconomic backgrounds who show more severe symptoms of the disorder compared to their middle and upper income cohorts.

Now What?

So now that you know a little more about what ADHD really is and how it affects young people, what can you do to help your students who may be exhibiting these types of behaviors in your classroom?

Some suggestions that can benefit all students and especially those who may have ADHD are:

- **Allday & Pakurar (2007)** researched a simple technique which was teacher greeting. At the start of class, teachers greeted the students at the door who were frequently off-task with positive sentences such as “I’m glad you’re here today” and found that this simple antecedent increased on-task behavior.

- **Rafferty (2007)** suggests the following strategies: Classroom rules, individual contracts, positive reinforcement, planned ignoring, and redirection.

  **Classroom rules:** You are probably already using these, but adding students’ input and using positive language could be beneficial.

  **Individual contracts:** Work best addressing one reoccurring problem with a student. A goal is set, a reward for achieving the goal is stated, and a date in which the reward given specified.
“Ignore minor inappropriate behaviors that are not disrupting other students and if you must discuss inappropriate behaviors with a student, do so privately”

Positive reinforcement: We all probably over-correct inappropriate behaviors, which may actually reinforce them. It is a good idea to reinforce the positive behaviors, too! It works best immediately following a desired behavior with a positive response.

Planned ignoring: This means not devoting a lot of time responding to minor, inappropriate behaviors. Being consistent is important, as well as reinforcing appropriate behavior.

Redirection: An example of redirection is when you notice a student is upset, you could ask him or her to run an errand or help in another way to get the student away from a stressful situation providing time to calm down.

✓ Jurbergs, Jennette, and Kelly (2007), suggest school notes sent home. A teacher evaluates a student’s behavior, the student brings the note home, and parents provide consequences based on those behaviors. Parents have the ability to offer reinforcers that aren’t available in school.

✓ Incorporating the affective needs of middle school students (or their interests) allows them to be better contributors to the classroom. This can be done by allowing students to help make decisions, activities such as group learning, and allowing group work according to interest. (See Wood & Jones, 1997 for more suggestions.)

Websites

These websites provide substantial information about everything you would like to know about ADHD.

http://www.aap.org/healthtopics/adhd.cfm
The American Academy of Pediatrics website provides comprehensive information about ADHD

http://www.chadd.org/
Children and Adults with Attention Deficit Hyperactivity Disorder website offers numerous, current topics about ADHD

http://www.help4adhd.org
National Resource Center on ADHD includes a substantial about of information regarding ADHD, including a “school” section

"Positive feedback and praise from adults are essential if the adults hope to foster a student’s participation in positive ways”–Rafferty

1, 2, 3, 4, 5, 6, 7, 8 Children and Adults with Attention Deficit/Hyperactivity Disorder, [http://www.chadd.org](http://www.chadd.org)
Bibliography


Jurberg, N., Palic, J., & Kelley, M.L. (2007). School-home notes with and without response cost: Increasing attention and academic performance in low-income children with attention deficit/hyperactivity disorder. *School Psychology Quarterly, 22*(3), 358-379. This study examines the effectiveness of notes sent home from school in relation to academic productivity and on-task behavior in the classroom. The participants are low-income, African American children who have been diagnosed as having ADHD.

Nowacek, E.J. & Namlin, N. (2007). General education teachers and students with ADHD: What modifications are made? *Preventing School Failure, 51*(3), 28-35. In this study, the authors examined elementary school teachers’ understanding of what ADHD is and what behavior and academic modifications teachers used in their classrooms for children who have ADHD.


Wood, K.D. (1997). When affect informs instruction. *Childhood Education, 73*, 292-296. This article addresses the needs that adolescents have during that developmental period.