

Attention-Deficit/Hyperactivity Disorder



Symptoms or Behaviors

The U.S Department of Health and Human Services lists 3 forms of AD/HD, each with 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.

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 though 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 FASD.

Remember that AD/HD is a neurobiological disorder. Students can't get organized or learn social skills on their own, but you can find interventions that greatly increase their capacity to succeed.

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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. 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. Many teachers will choose to 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 will help you respond with 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 1 or 2 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.
- 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.
- Ask parents what works at home.

Resources

Attention Deficit Information Network
58 Prince Street, Needham, MA 02492
781-455-9895
www.addinfonetwork.org
Support, information, community 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

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

Publications

Identifying and Treating Attention Deficit Hyperactivity Disorder: A Resource for School and Home*, a report by the U. S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, 2003.

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.

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

* Both reports are available from the Department's website at www.ed.gov or by calling 877-433-7827.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. For more information, consult "Reporting Child Abuse and Neglect: A Resource Guide for Mandated Reporters," available from the Minnesota Department of Human Services.

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.