

# ADHD

EDS 245 Psychology in the School  
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<http://www.pediatricneurology.com/sound.htm>

## Introduction

- **What is attention deficit hyperactivity disorder (ADHD)?**

What are the signs of ADHD?

- **Inattention**
- **Impulsive**
- **Hyperactivity**

- Many children with ADHD have signs of both **hyperactivity** and **attention problems**. This is called **combined type ADHD**.
- When children have significant problems with **hyperactivity** and **impulsiveness** and fewer problems with attention, it is called **predominantly hyperactive-impulsive type ADHD**.
- Some children mainly have problems with inattention and fewer problems with hyperactivity and impulsiveness. This is called **predominantly inattentive type ADHD**.

- Other conditions, such as learning disabilities, **depression**, **anxiety disorder**, and **oppositional defiant disorder**, are sometimes mistaken for ADHD. They may also occur along with ADHD, which can make diagnosis of the primary problem difficult.

## Disorders that sometimes accompany ADHD

- Learning Disabilities
- Tourette Syndrome
- Oppositional Defiant Disorder
- Conduct Disorder
- Anxiety and Depression
- Bipolar Disorder

### What causes ADHD?

- While the exact cause is not clear, researchers have found that ADHD tends to run in families.
- Ongoing research is focused on identifying genes that cause a person to be susceptible to ADHD.
- Studies have also shown a possible link between alcohol and tobacco use during pregnancy and ADHD.

### How is ADHD diagnosed?

- ADHD is often diagnosed between 6 to 12 years of age.
- Children in this age group are most easily diagnosed because symptoms become more noticeable in school.
- It is more difficult to diagnose under age 6 because the symptoms can also occur periodically during normal development.

- ADHD is diagnosed by first having a thorough medical examination to rule out other conditions. An evaluation by a pediatrician, family doctor, psychologist, or child and adolescent psychiatrist uses specific criteria established by the American Psychiatric Association (APA).
- Observations of a child's behavior documented by parents, classroom teachers, and others who have regular contact with the child are evaluated.

### How is it treated?

- Treatment can help control symptoms. Stimulant medications, such as amphetamine (examples include Dexedrine or Adderall) and methylphenidate (examples include Ritalin, Concerta, or Metadate CD), are effective in controlling symptoms in children.
  - A new medication for ADHD, atomoxetine (Strattera), has recently been approved. This nonstimulant medication may provide an alternative when stimulant medications are not effective or not well tolerated.
- Studies show that some children who receive behavioral therapy along with medication improve more than those who receive medication alone.

- Often, extra support at home and at school and counseling help children find success at school and feel better about themselves.
- Doctors recommend that children be closely followed after they begin to take medications for ADHD.
  - Side effects—including loss of appetite, headaches or stomachaches, tics or twitches, and problems sleeping—usually decrease after a few weeks on the medication, or the dosage can be lowered to offset them.

### Book Suggestions

- For ages **4 to 8 years old**
  - Sparky's excellent Misadventures: My A.D.D. Journal by Phyllis Carpenter, Marti Ford, and Peter Horjus
  - Otto Learns About His Medication: A story about medication for children with ADHD by Matthew, MD Galvin and Sandra Ferraro
- For ages **9 to 12 years old**
  - Learning to Slow Down and Pay Attention by Kathleen G. Nadeau, Ellen B. Dixon, John Rose, and J.R. Rose Caroline Janover and Rick Powell
  - Zipper: The Kid with ADHD

## Types of ADHD

- Primarily Inattentive Type (314.00)
- Primarily Hyperactive-Impulsive Type (314.01)
- Combined Type (314.01)
- Not otherwise specified (314.9)

## Diagnostic Scales

- **Conner's Parent and Teachers Questionnaires**
  - Gold standard survey, but copyrighted and expensive
  - (1985) Psychopharmacology Bulletin 21:816
  - Available from Multi-Health Systems: 800-456-3003
- **ADHD Rating Scale-IV**
  - Dupaul (1998) ADHD Rating Scale IV, Guilford
- **Barkley** (1991) ADHD workbook, Guilford Press
  - Scales and Surveys for ADHD evaluation
  - May be photocopied freely

## Diagnostic Scales, cont.

- **Achenbach Behavioral Checklist**
  - Available from (802) 656-8313
- **ADD-II Comprehensive Teacher Rating Scale (ACTeRS)**
  - Available from MetriTech: (800) 747-4868
- **Child Behavior Rating Scale**
  - Available from Western Psych. Resources: 800-648-8857
- **Copeland Symptom Checklist for ADD**
  - Available from Resurgens Press: (404) 457-2004

## Who completes the rating scales?

- Parents (together or separately)
- Teachers
- Caregivers
- Extracurricular staff, teachers, coaches

## Classroom Interventions for students with ADHD

## Accommodations

- Goal is to provide an environment that best fits the needs of the child
- Focus on being proactive rather than reactive
  - In the end will save time and effort

(Reid, 1999)

## Scheduling

- Provide a written schedule of daily activities and use it as a routine
  - Post in the same designated area
  - Provide cues reminding students of materials needed and task goals
  - (Reid, 1999)
- Schedule more challenging activities in the morning (Piffner & Barkley, 1998).
- Schedule un-preferred activities prior to preferred activities (Reid, 1999)

## Physical Setup

- Seat child within close proximity to teacher
- Avoid seating child next to doorways, windows or high traffic areas (Bender & Mathes, 1995).
- Arrange desks in rows for independent work
- Pair student's with good behavioral models for group work
- Provide an office area for completing independent work.
- If appropriate, provide a stand-up desk
- (Reid, 1999)

## Classwork

- Break assignments up into shorter tasks and provide immediate feedback (Reid, 1999)
- Allow for peer tutoring (both ways)
  - (Reid, 1999)
- Allow student to self pace
  - (Whalen & Henker, 1985).
- Provide auditory cues that remind students of appropriate behaviors and to stay on task
  - (Heins, Lloyd, and Hallahan, 1986).

## External Reinforcement

- Tangible rewards encourage a higher performance
  - (Brock, para. 23)
- Positive and negative consequences need to be immediate and given more frequently
  - Rewards need to be rotated as they can become old and ineffective
  - (Piffner & Barkley, 1990).

## Classroom Management

- Have clear set rules and consequences
  - Provide frequent reminders
- Actively monitor behavior
- Give reprimands privately and calmly.
- Reprimands should be brief and to the point
- Increase effectiveness through close proximity and eye-contact
- (Reid, 1999)

## Token Economy

- Method where students receive tokens that they can turn in for prizes or privileges
- Important to set standards for what behaviors will earn tokens
- Don't set standards too high since the goal is for the student to earn the tokens
  - Standards can always be raised later
- Give tokens more frequently at the beginning and gradually lengthen intervals
- Choose privileges and prizes important to the student
- (Reid, 1999)

## Home Intervention for students with ADHD

## What you can do at home to help a child with ADHD

- Make a schedule
- Keep an assignment book
- Decide a place conducive to studying
- Get the child used to using a highlighter
- Keep a journal
- Get him involved in extracurricular activities
- Biweekly/monthly outings
- Counseling

## Continuation...

- Make simple house rules
- Reward good behavior
- Structure day to fit your child
- Family reunions/outings
- Find activities that promote interest
- Catch your child when doing something good
- Behavior-be consistent

## Continuation

- Time-in strategy
- Give responsibilities

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